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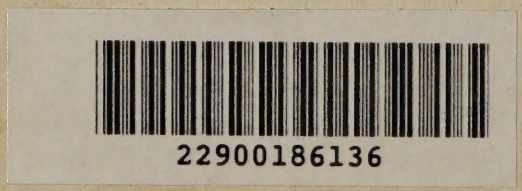

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ORIGINAL COMMUNICATIONS.

SKETCH OF THE LIVES AND OPINIONS OF THE CHIEF ALCHEMICAL AND CHEMICAL PHYSICIANS OR IATRO-CHEMISTS.

By M. DONOVAN, Esq., M.R.I.A.

AMONGST the causes which long retarded the improvement of the healing art, the superstitions of astrology and the delusions of alchemy occupied a prominent position. Both professed to confer extraordinary advantages, one contributing the prognosis of disease, and the other its cure. Neither fulfilled its promises; and for centuries, patients and physicians were deceived by fictitious science.

After a long and strong hold on the credulity of mankind, astrological medicine descended to its tomb, where we may be permitted to hope its ashes will never more be disturbed. But medicine was still embarrassed with a restless associate supported by advocates fully as powerful, as presumptuous in its objects, more energetic in its efforts, and not less delusory in its professions. Such was alchemy, an art which aspired at conferring on human nature all that seemed desirable to man. It professed to create wealth by transmuting worthless matter into gold, silver, and gems; and it promised health through the intervention of an universal medicine which was to cure all diseases and prolong life indefinitely. Could anything be more splendid if attainable? The secret of the philosopher's stone and panacea once divulged, no one would think of dying unless a few unreasonable beings whom nothing could satisfy.

At what time alchemy made its appearance in the world we are ignorant. In order to enhance its importance through the magnifying medium of antiquity, the adepts, dating their origin as far back as they could, pretended that their art was known to Adam and Noah; that it was diffused by the descendants of the latter after the deluge; that in Egypt, the nursery of all knowledge, it took root; was taught by the priests to Pythagoras during his residence amongst them, at his earnest and long-continued solicitation; and that by him it was brought to Europe. According to Zozimus, angels, enamoured of the daughters of men, in return for their favours, taught them how to make gold and silver.

The art was certainly cultivated in very remote times. It is with much hesitation that I submit the following considerations relative to a passage in the Apocalypse, which has been explained by competent persons in a very different manner. In ch. xxi., v. 20, in an enumeration of precious stones, is mentioned the chrysoprasus, which etymologists derive from χρυσὸς gold, and πράσον a scallion. Pliny says its colour resembles the juice of a scallion (porrum), but inclines a little to the colour of gold. We know that this naturalist was sometimes misled by his imagination: was his imagination, in this case, influenced by etymology: has any one a clear idea of a precious stone of the colour of scallion-juice inclining to gold: what could induce any nation to derive the colour of a precious stone from that of scallion-juice; but above all, to qualify it by a resemblance to the colour of gold, when the thing could be so easily expressed by some more familiar comparison? It appears to me that the word may be derived, not from πράσον, but from πρασσω, I make: it occurs in a list of precious stones: what can be more precious than that which makes gold—the gold-maker—the philosopher's stone. It is to be recollected that this pseudo-science of making gold is really very old, although not so old as is pretended by the alchemists. The transmutation of bodies by a change in their elementary matter was well understood in some of the ancient systems of philosophy; there is nothing improbable in supposing that the possibility of the most valuable of all transmutations had entered into the minds of men; and that a precious stone might be supposed to have some influence in effecting the change, just as in after ages the philosopher's stone was believed to be efficient for the same purpose. If there be any truth in all this, the first notions of alchemy might have been current in the time of that of St. John who wrote the Apocalypse: and we know that in two centuries after, the art of making gold had become quite a common pursuit in some parts of the world.

The conquests of the Arabians in the southern parts of

Europe made them acquainted with this pretended art; by them it was prosecuted with ardour, and many chemical compounds of real value were discovered. It was, in fact, alchemy that promoted chemistry; and the search after an imaginary universal medicine ended in the knowledge of particular remedies infinitely greater in value. The term alchemy first occurs during the reign of Constantine the Great; but the art itself was at that time pretty generally practised.

Some knowledge of the art of making gold was professed by the Greek ecclesiastics about the third century. That it had been much cultivated about the same period by the Egyptians is certain; the Emperor Dioclesian, after the sacking of Alexandria in the year 296, in order that the turbulent Egyptians might no longer, through the medium of the precious metals, have the means of resisting the power of the Roman empire, caused the books of the Egyptian sages on the art of making gold and silver to be carefully sought out, and burnt. The Romans, convinced that the making of gold and silver was a doubtful source of national prosperity, at length banished from Rome all persons pretending to the art of transmutation.

The first written record which we possess on the subject is a Greek manuscript by Zozimus of Panopolis in Egypt, entitled "Chrysopœia," supposed by some to be written in the fourth, by others in the fifth century; it was preserved in the royal library at Paris, and was entitled "The Divine Art of making Gold and Silver." Shortly after followed the treatise of Æneas of Gaza (A.D. 485), who affirmed that "such as are skilled in the ways of nature can take silver and tin, and changing their nature, turn them into gold."

In the fourth century also lived Jamblichus and Heliodorus, bishop of Tricea, who wrote a poetical treatise on alchemy still extant: and in the fifth, Olympiodorus and Synesius; all of them persons well known in the history of literature, who, however, misapplied their talents to the mysteries of transmutation. Synesius was a Greek abbot, afterwards bishop of Cyrene, a city of Libya, and was distinguished for his learning and piety: he was the *magnum lumen* of the alchemists of his time: was born in 365, and raised to the bishopric in 410. The work on alchemy attributed to him is no credit either to his candour or his understanding. Whosoever wishes a specimen of the allegorical jargon of the adepts who pretended to knowledge which never existed, dictated processes which could not be performed, and declared results which were out of the nature of things, let him read the learned bishop's book; and if there be a single step in his process for making the philosopher's stone which can be followed, or an important sentence in the whole book which can be clearly understood, then I have misrepresented the pious Synesius.

The first alchemistic physician of whom any account remains is Geber, a renowned character amongst the adepts. His history being in a great measure lost, the time when he lived is not now ascertainable, but the seventh century is supposed to be his era. It is said with probability that he was an Arabian physician; some say that he was an Arabian prince, others make him an Indian prince; but Leo Africanus maintains that he was a Greek christian who became a Mahometan. The alchemists affirm that he was the first who laboured at an universal medicine. Some suppose him to have been the discoverer of algebra; and Dr. Johnson derives the word "algebra" from the name Geber, as well as the very opposite word "gibberish," which he thinks alludes to the alchemistical jargon in which he indulged. He is said to have written five hundred volumes: his works now known are comprised in one small book.

Geber seems to have been an enthusiastic champion of his art, and to have entertained no very friendly sentiments for the sophisters who opposed it. In argument with them he is sufficiently laconic; to some he contents himself with merely asserting that they lie; on others he bestows a few hearty maledictions, and wishes "that they may be —— to all eternity." He declares that the mere thinking of their errors had brought on desperation and disturbed his reason, the latter of which positions the reader of Geber's book will probably be little inclined to doubt. His anticipations of his own fate are not more charitable; for he says he shall certainly be accursed if he does not correct the errors of these sophisters who deny his art; and adds, that their reasonings on the subject just amount to this argument—viz., "an ass runs, therefore thou art a goat." Speaking of the difficulty of imitating natural productions, he gives as an illustration, that "we know not how to form an ass;" a statement which comes badly from one that made so many. Yet, afterwards, he professes that "we are not ignorant how to form an ox or a goat in respect of composition." His arguments often tend to obscure rather than illustrate the subject; and sometimes, in pretending to give information, he discloses with solemnity what is puerile and self-evident. Thus, he says, "the grand question is from what things may mercury (the basis of gold) be extracted?" and he answers, "it must be taken from the things in which it is." This he considered an aphorism worth reporting. Geber, and all his successors, wrote in enigmatical language and half-expressed sentences. It was a kind of conventional jargon intended to be unintelligible to the mass of mankind, in order, as they said, to prevent their enemies and bad men from understanding their art. The most dreadful punishments were denounced against those who divulged, to the impious, secrets intended by Providence only for the comprehension of the faithful—an idea, no doubt, borrowed from the Eleusinian Mysteries. In their endeavours to disguise their art, they seem to have fully succeeded, as their writings are alike incomprehensible to friend and foe. I have read the work of Geber throughout, and can declare that in the alchemical portion I did not meet a fact worth knowing, nor an intelligible point of doctrine. His notion was, that all metals are compounds of mercury and sulphur, pure or impure; if impure, we have *merely* to remove the impurity, and the metal is changed into gold or silver. The substance that removes the impurity he calls its medicine; and he gives a process for preparing it for each of the metals. One of the ingredients is sal-ammoniac, which he prepares by mixing five parts of man's urine, one part of his sweat, one of common salt, and half a part of wood-soot; these are to be boiled to dryness, and sublimed. Gold made from this sal-ammoniac would be ten times more costly than common gold, were the fabrication of it even practicable.

The medicine necessary for converting mercury into silver is thus prepared:—Take nitrate of silver, white arsenic, precipitated sulphur, saltpetre, and sal-ammoniac; grind, and heat them in a flask for a week; take them out, and incinerate a third time. This is the ferment. Take as much as before of new matter, and join it with this ferment, and do so as before a third and fourth time. Of the resulting substance, one part will convert ten of mercury into true silver (page 266). Yet some have affirmed that Geber was not an alchemist. Geber is considered the first that laboured at the universal medicine, yet there seems reason to believe that the idea was old even in his day. More than a thousand years before the time of Geber, we find Empedocles thus speaking of himself:—"By my instructions you shall learn medicines that are powerful to cure disease and reanimate old age. . . . You shall recall the strength of the dead man when he has already become the victim of Pluto." Nay, he says, that he is followed by tens of thousands of persons "inquiring the road to boundless wealth," as if he claimed a knowledge of alchemy.

This Empedocles was an eminent physician and philosopher of Agrigentum, in Sicily, who flourished about four centuries and a half before the Christian era. We may infer that his reputation as a physician was high by the story told of his restoring to life a woman who had been dead many years; a feat also performed by Appollonius Tyanæus, who lived in the time of our Saviour, and whose miracles have been compared by some profane writers with those of the Son of God.

From the time of Geber, a number of alchemistical phy-

sicians appeared, but we may pass them by in order to notice the most celebrated of them all. Albertus Magnus was born in Lawingen in 1205, or, as some say, in 1193, and although in early life he was dull and backward in his learning, he afterwards became remarkable for his acquirements in theology, philosophy, and medicine. He was the most celebrated of all the alchemistical physicians. He gave lectures on the foregoing subjects to such numbers of pupils that no building could be found large enough to contain them, so that he was obliged to address them in the open air. Although a physician, he was at length created Bishop of Ratisbon, as Henry II. of England had a few years before consecrated his apothecary a bishop; and soon after, at the desire of Pope Alexander IV., he undertook to preach in favour of the crusades. Amongst those who were incapable of appreciating his real acquirements, he obtained credit for knowledge which he did not possess; hence he was deemed a magician, and wonderful stories are recounted of his feats and his cures. It is said that he constructed a brazen figure of a human being which spoke distinctly, and performed the useful office of opening the door for those that knocked. The conversational powers of the man of brass at length increased to so troublesome a degree, that in order to stop his talk he was broken to pieces by Thomas Aquinas, the pupil of Albertus, whose studies were disturbed by his loquacity.

Amongst other surprising acts, it is related of Albertus that he entertained William Count of Holland with a supper in the open air when the country was covered with snow. On a sudden the snow vanished, the sun shone, the air became genial, flowers sprang up, birds sang, and the trees blossomed. After supper, at the command of the magician, winter in all its rigors returned. Dark indeed must have been the age when such fables were endured.

Albert the Great descended to the grave at the age of 75, laden with honours and rewards. How different the fate of his contemporary, the unfortunate Roger Bacon, a kindred but superior genius, whose vast resources of mind, invention, and learning, shamed the age in which he lived. Persecuted and incarcerated as a necromancer having communion with devils, he bowed to his fate, the victim of oppression and neglected genius (1214 to 1292).

The works of Albertus were printed at Lyons, 1651, in twenty-one volumes folio. He wrote much on mathematics, but made no discoveries; he also wrote a treatise on natural history, but his most curious work is that on alchemy, which gives a complete view of the state of chemistry at the time. In this he affirms that there are different kinds of the philosopher's stone: a doctrine which had excited great sensation amongst the alchemists. It does not appear that he claimed to have effected any considerable transmutation.

But any deficiency in this respect was amply compensated by the wholesale transmutations of a brother church dignitary, his contemporary. This was no less than the Pontiff John XXII., one of the popes of Avignon, born in 1244, who wrote a work on alchemy; in the preface of which he informs his readers that he had made two hundred ingots of gold at Avignon, each of which weighed a quintal; yet when elevated to the papal chair in 1316, he issued a bull in which he denounces alchemy as a fraud, and condemns all persons, whether lay or clerical, who make gold or procure others to make it. It is said that after this pope's death, in 1344. no less than thirteen millions of florins, and seven millions in other value, were found in his treasury. The opinion at the time was, that this wealth was the produce of his alchemical labours. Platina admits that an immense quantity of gold was found; but Kircher denies that it was obtained by art. It was probably, as Hallam observes, the proceeds of the first fruits of ecclesiastical benefices: a tax which this insatiate pontiff established for his own benefit.

During the reign of Edward I. (1272 to 1307), who was contemporary with Pope John XXII., a remarkable transmutation is said to have been effected at the Tower of London, in the presence of the sovereign, by the celebrated Raymund Lully. This remarkable person was born in 1234, in the island of Majorca. In his early days he engaged in the service of the King of Arragon, but disgusted with the licentiousness of a military life, in which, however, he had at first freely indulged, he left the army, retired to a desert, and became a hermit. Here he had a vision, in which he believed himself called by the Saviour to undertake the conversion of the Mahometans; he therefore applied himself to study, undertook his mission, incurred various dangers during its progress, which, however, were insufficient to turn him from his purpose; he persevered with exemplary assiduity, until at length, after various unsuccessful attempts, he was stoned to death at Bugia (1315), in the 81st year of his age, by the enraged Mahometans.

He was a person of uncommon energy and perseverance; his acquirements were extensive and diversified; there were an earnestness and honesty of purpose in his efforts for the propagation of his faith, which did more credit to his heart than his head, considering the rashness of the enterprise. But all his virtues and accomplishments do not countervail the deception which he practised on the world. He professed to make gold, and being invited to England by King Edward I., he was lodged in the Tower of London, where it is said he made a quantity of gold, which was actually coined at the Mint into six millions of rose-nobles. In his last testament, Lully declares that at one turn he transmuted 50,000 pounds of mercury, lead, and tin into gold! One would incline to imagine that he believed the story.

A romantic, beautiful, and moral story is told of his love for a virtuous married lady, who, after ineffectually endeavouring to repress his unlawful ardour, succeeded by displaying her bosom, so much the object of his desires, eroded by a frightful cancerous ulceration.

Arnold Villanova, a Milanese, born 1245, lived at the same time with Raymund Lully, and instructed him in the hermetic art. Arnold was an excellent Greek, Hebrew, and Arabic scholar, and spent much of his life travelling in pursuit of knowledge. He studied medicine at Paris during twenty years, and ten at Montpelier; and for his knowledge of medicine and astrology was held in such estimation that a sect appeared under the title of Arnoldistæ. He wrote treatises on medicine, chemistry, and theology, and was considered one of the most able disputants of his age. While at Rome, he is reported to have transmuted iron bars into gold, which stood every test of its purity. Beside being a theologian, a physician, and an alchemist, he was an astrologer, and prophesied that the end of the world was to take place in 1335: a prediction which he lived to see falsified. Eminent attainments in a highly ignorant age generally drew on the possessor the imputation of practising the diabolical art; Arnold was accordingly cited before the Inquisition, but contrived to escape punishment. Having reflected on the monks, their hostility was excited against him; the faculty of theology in Paris condemned his opinions as heretical, and he was obliged to leave Paris. Yet such was the estimation in which his medical knowledge was held, that after his death a circular was issued by Pope Clement, adjuring every one under their apostolical obedience to search out and discover a treatise on medicine undertaken by him, and intended as a present to the Pope. Arnold died in 1313, aged 73.

The gold supplied to the treasury of Edward I., by Raymond Lully, which that enthusiastic alchemist stipulated should be expended on the conversion of the Mahometans, but which the prudent monarch thought would be better employed at home, seems to have given a taste to the English government for raising supplies in this independent and summary way. In 1329 the following proclamation was issued by King Edward III.:—"Know all men that we have been assured that John Rows and Mr. William de Dalby, know how to make silver by the art of alchemy; that they have made it in former times, and still continue to make it; and considering that these men by

their art, and by making that precious metal may be profitable to us and to our kingdom, we have commanded our well-beloved Thomas Cary to apprehend the foresaid John and William, wherever they can be found within liberties or without, and bring them to us, together with all the instruments of their art under safe and sure custody."

In progress of time so infatuated did the nobility and gentry become by the glittering promises of alchemy that fortunes were ruined and passed into the hands of knaves and impostors with which the world abounded. The story of the unfortunate Bernard-Georges Penot is still remembered, although the salutary lesson which it afforded was at the time unheeded. This wretched enthusiast, after expending vast sums in the pursuit of the philosopher's stone, too late discovered his folly, and strove to warn the infatuated against a delusion which left him on his death bed a miserable inmate of an hospital.

The interposition of the law becoming necessary, an act of parliament, passed in 1404, during the reign of Henry IV., which provided, that "none from henceforth shall use to multiply gold and silver, or use the craft of multiplication, and if any the same do, he shall incur the pain of felony." Yet such are the vicissitudes of public opinion that about the middle of the same century, during the reign of Henry VI. (1455), the transmutation of metals and the search after the universal medicine were permitted by patent to be exercised by particular persons, in order to enable the king to pay off the debts of the crown in real gold and silver, although the original statute remained in force and was not repealed until 1689. It is said that this legislative prohibition of alchemy did not originate so much in the universal panic which the ruin of so many noble fortunes occasioned, as in an apprehension lest government should be made independent of the supplies voted by the nation. The case has been thus stated:—"After Raymond Lully and Sir George Ripley had so largely multiplied gold, the lords and commons conceiving some danger that the regency, having such immense treasure at command, would be above asking aid of the subject, and might become too arbitrary and tyrannical, made an act against multiplying gold and silver." It may be mentioned here that this Sir George Ripley was canon of Bredlington, and an alchemist of high repute, who wrote a treatise on alchemy in verse. He is reported to have furnished £100,000 to support the war carried on by the Knights of Rhodes against the Turks.

At this time—namely, the fifteenth century, the world teemed with alchemists and their works. The Bibliotheca Chymica, a century later, contains an account of no less than 4,000 writers on alchemy. In almost all the sovereign courts of Germany there was a state alchemist associated with the state physician; and even kings themselves condescended to the operations of the crucible and furnace.

A ludicrous and characteristic story is told of the treatment of an Italian adept named Augurelli (born 1441) by Pope Leo X., which, if acted on universally, would have extinguished this kind of imposture. Augurelli not content with mere knowledge of the process of making gold, wished to convert his skill to more certain and immediate account. He therefore wrote a poetical eulogy on its value, and a description of the process. He called this effort of his muse "Chrysopœia," and dedicated it to the Pope. His Holiness, willing to confer on the poet an appropriate and equally valuable consideration, presented him with an empty purse, with this remark, "that as he could make gold, all he wanted was a purse to keep it in."

One of the most useful of the alchemists was Basil Valentine, born about the year 1394, who, although not originally destined for the profession of medicine, devoted himself to the study of it for reasons which he describes. He says that while he mixed with society he found that there was little repentance amongst men for their sins, and that they continually grew worse; he therefore bade farewell to the world, and became a Benedictine monk. In the monastery there was a monk troubled with a stone in the bladder, and as he obtained no relief from physicians, Basil applied himself to the experimental study of vegetables and minerals with a view of discovering a mode of relief for his distressed brother, and at length, as he says, succeeded. Hence arose his knowledge, and such was his progress that he declares he never failed to cure any patient he undertook. During his researches he made those famous experiments on antimony which led to the publication of his "Currus Triumphalis Antimonii," originally written in German, but soon translated into Latin and other languages. It is a curious admixture of allegory, jargon, piety, slander, anger, and falsehood, along with a valuable collection of facts and processes.

Basil seems to have entertained no great respect for the opinions and habits of the physicians of his day; he says "they know not whether their medicines be hot or dry, black or white; they only know them as written in their books, and seek after nothing but money. Labour is tedious to them, and they commit all to chance: they have no conscience: they write long scrolls of prescriptions, and the apothecary thumps their medicines in his mortar and the health out of the patient."

Elsewhere he gives us further insight into the state of the profession: "in times past (he says) long before my days, the doctors of medicine did themselves cure external wounds, and judged that a part of their office: but in these our times they take servants whom they employ in these things, and in this way the noblest of arts is become a mechanic operation; and some of those who exercise it are indeed so very rude that they know not letters, and scarcely know how to drive an ass out of the corn." Basil, then alluding to the ignorance of physicians with regard to surgery, says, they have as much knowledge of the cure of wounds "as is in the brain of a dunghill cock." He then concludes with this splendid apostrophe:—"Ye titled doctors who write long scrolls: ye apothecaries who fill pots with your decoctions as large as soup-pots that would feed some hundreds of men, blind as ye are, let me drop a collyrium into your eyes."

Amongst the wonders of his book one is a process for preparing the philosopher's stone; but as it is utterly unintelligible, it is quite safe in him to promise that, *when* procured, it produces riches, power, honour, and might: it also cures all diseases. It is made from gold; and one part of it, mixed with many thousand parts of any other metal, converts the whole into gold.

This worthy monk, himself living under vows of chastity, invented a variety of medicines, some of them for no very creditable purpose. Of his medicines he affirms they "are a sure remedy in almost any distemper." His manuscript works he concealed under a marble table behind the altar in the cathedral of Erfurt: or, as others say, behind a pillar, where they remained until the pillar was shattered by a flash of lightning.

The impostures of the alchemists were ingeniously contrived. One method of deceiving the observer into the belief of transmutation was to put a quantity of oxide of gold into the bottom of the crucible, covering the surface with a false bottom of coloured wax, or a very thin layer of crucible dust and solution of gum to imitate the real bottom: over the false bottom were placed various deceptive ingredients. When a sufficient heat was applied, the gold was reduced, and melted, while the crucible dust broke down into apparent scoriæ. Or a piece of gold was whitened with mercury, so that it looked like silver: this was put into the crucible along with the philosopher's stone, and the whole being heated, the mercury was volatilized, and the melted gold was exhibited to the admiring beholders. The method practised by Sendovogius was to plate a piece of gold with silver, and to immerse it in the elixir which he professed to have made, but which no doubt was disguised dilute nitric acid: the silver was dissolved away from the surface, and the gold left untouched: or he stirred mercury and other volatile ingredients with an iron rod containing gold in a hollow, and retained there by means of wax.

It is astonishing to think with what profound art these professed transmutations were effected, so much so as to deceive the most wary and intelligent in a manner never since explained. In the year 1710, an alchemist named Delisle, who had been a blacksmith, made gold out of lead and iron by means of an oil and a powder, some of which he gave to persons not interested in deception, who succeeded equally. The bishop of Senez wrote to the Comptroller-General of the Treasury at Paris that, being incredulous, he took every precaution against being deceived by Delisle; but that he could not resist the evidence of his senses. The Master of the Mint at Lyons wrote a certificate that he saw Delisle distil an oil, two drops of which poured on three ounces of hot mercury converted it into gold, which was presented to the Minister of State; and also that three ounces of pistol bullets being melted, Delisle handed the Master of the Mint a powder, desiring him to project a pinch of it on the lead with two drops of the oil, which, being done, the lead was found converted into gold of such purity that it stood the test of assay. This gold was coined into medals bearing the inscription "Aurum arte factum," some of which still exist in the Museum of Versailles. His reward eventually was committal to the Bastile, on his way to which he was wounded by a soldier, and at length died of the wound.

In 1620, gold was made from base metal before Gustavus Adolphus, and coined into medals bearing the king's effigy, and on the reverse, Mercury and Venus: it is even said that the king himself made gold, from which ducats were coined. A transmutation was also performed before the King of Prussia, when every precaution against imposture was apparently taken. In 1715, a transmutation was effected before Frederick Augustus, Duke of Saxony, by an apothecary, who, when his powder of projection was exhausted, was condemned to death, and only escaped by offering to make delph equal to china: he succeeded in his attempt, and thus laid the foundation of the Dresden manufactories. The elder Helvetius converted lead into gold before the Prince of Orange.

The great transmutation in the Tower of London, before Edward I., the gold resulting from which was coined into rose-nobles, has been already alluded to.

To possess the secret of transmutation was not without danger, and several persons suffered severely by their being supposed to have the means of doing so much injury to the landed and commercial interests. Lully was actually a prisoner in the Tower, and escaped from it. Thomas Dalton, who was said to have made a thousand pounds of good gold, was imprisoned, and threatened, if he did not disclose, with the loss of his head.

(To be continued.)

MEDICAL SOCIETY OF LONDON.—May 31.

Dr. Murphy, President.

Dr. Tilt read a communication

ON THE GALVANIC CATAPLASMS OF PROFESSOR RECAMIER.

After some preliminary observations, Dr. Tilt stated that he wished to draw the attention of the society to the particular mode of employing electricity, in which continued currents are generated by the contact of metals, by which means a large quantity of electricity is obtained at a low tension.

There are many machines constructed on that principle; but they are all ponderous complicated machines, liable to get out of order, and therefore requiring the guidance of some one who well understands their action. The feelings of awe, too, with which the patient generally beholds them, interfere frequently with the effects we desire to obtain. Would not, then, a milder application of the same agency, by permitting its prolonged employment, enable us to do more good than could be effected by the previously employed energetic modes of application? This simple question must have suggested itself to many, and it has suggested itself to a fellow of this society who has given great attention to the therapeutical influence of electricity. "I was very sanguine (says Dr. Golding Bird) that the current excited by a simple pair of zinc and silver plates, similar to those we employ to excite the contractions in a frog, would be found of great value in practice." But, to obtain an action, Dr. G. Bird thought it necessary to remove the cuticle from the skin; and then he found that the most oxidisable of the two metals produced sloughing of the skin, or in other words, the electrical moxa of which he had shown the utility.

Previously to this, Mr. Spencer Wells had ascertained that the removal of the cuticle is not necessary; and that, by applying to the skin, previously moistened by diluted vinegar, two plates, one of silver and the other of zinc, connected by a silver wire, a marked electrical action was obtained; disordered functions of a particular nerve were restored to their normal state, and ulcerated surfaces were rapidly healed.

For many years Professor Recamier had made use of electricity by means of the energetic apparatus usually employed; and it may perhaps be remembered that a few months ago, he presented to the French Academie de Médecine some remarks on a new mode of supplying electricity by what he called galvanic cataplasms, consisting of filings of copper and zinc enveloped in cotton wool. Lately he had improved on this rather clumsy contrivance, and he had sent Dr. Tilt the little apparatus which he had now the honour of submitting to the inspection of the fellows. Each of these cataplasms, or disks, if a scientific term was preferred, is a galvanic pile composed of twelve couples. The couple is formed by a riband of zinc and copper, and each couple is separated by a piece of flannel. On the coloured side is cotton wool; on the other, a piece of gutta percha tissue to insulate the apparatus. The only difference between the two disks is, that, in the pink one, the copper stands first, while the zinc comes first in the one covered with blue. The electrical force generated in the apparatus is sent through the copper rings, to which the insulated copper wire can be attached when the more energetic effect of the two cataplasms is required. In some people the acid perspiration of the skin is sufficient to increase the intensity of the electric action; but more active effects are produced by wetting the flannels with diluted vinegar, or a weak solution of common salt, as is seen by the action of the apparatus on the electrometer. When one of these cataplasms is tightly bound to the surface on the skin, it gives an unusual sensation of warmth,—a pricking sensation is felt, and the skin is made red; and, when two of the cataplasms are connected by the wire, and applied to the same surface, but at some distance from one another. A stronger effect is produced when one is applied to the organ we wish to influence, and another to the opposite portion of the spine. Such are the modes of application; and it may be worn day and night without inconvenience, though, in ordinary cases, it is only under application at night. In what cases this apparatus has been, or may be expected to be useful, is a question which now naturally suggests itself. In the hands of Professor Recamier, it once brought on menstruation before the usual time. He therefore intentionally applied it for that purpose, and with success, in cases of chlorotic amenorrhœa. He is trying it in such cases of sterility as cannot be accounted for by any disease, but which seems to depend on a defective ovarian action; and, amongst other cases, on an illustrious lady, whose barrenness menaces to extinguish one of the oldest dynasties of Europe, and also in the case of a Russian princess. In this last case, menstruation, which formerly lasted but thirty-six hours, now continues for six days. This is the first effect; but time alone can show whether sterility will be removed in this or the other cases. Dr. Tilt thought it would help to cure some of those tedious cases of chlorosis where a girl eats heartily, takes plenty of sleep and exercise, has nothing on her mind, and still derives but little benefit from good food and judicious treatment. In hopes that this mild electric action may take effect on the ganglionic nervous system, and give a spur to defective nutrition, he has

lately applied one of the disks to the epigastric region of a patient, and the other to the spine. Besides these trials, Professor Recamier has applied these galvanic cataplasms, with marked and rapid success, in the treatment of rheumatic and nervous pains; in one obstinate case of constipation of some years standing; in a case of asthma; and a patient suffering from angina pectoris was benefited, but not cured. Dr. Massé, and several other medical men in Paris, have found them successful in similar cases, as you will see by perusing the pamphlet Dr. Tilt presented to the society. In this communication he has merely stated the results said to have been obtained by his venerable teacher; and, if this had not been the last meeting of the society, he would have delayed drawing the attention of the society to the subject until he had been able to test its utility by his own observations. He thought, however, the matter sufficiently deserving of consideration; and if, on account of the harmless appearance of the apparatus, the fellows should be tempted to consider it ineffectual, he would beg to refer them to an authority already quoted, who says—"From what I have seen, I am fully convinced that a feeble current, if kept up for a long time in certain forms of paralysis (care being taken that the positive fluid traverses the limb in the direction of the nerves), would prove the most important mode of applying this remedy with success." It seemed to Dr. Tilt that Prof. Recamier's cataplasms would be useful; and, as it was impossible for the fellows to give them a trial without knowing where to get them, he concluded by informing them that the apparatus might be obtained of Mr. Joseau of the Haymarket, or of Mr. Bucklee of 86, New Bond-street, Oxford-street, at the cost of 15*s*.

PHARMACEUTICAL SOCIETY.—May 20.

Mr. William Ince, President, in the chair.

ADDRESS OF THE PRESIDENT.

I appear before you as the representative of the council, elected by yourselves to carry on the affairs of the Pharmaceutical Society of Great Britain. You did me the honour last year of returning me one of your council, which by lot will extend to another year. Your council proposing me as their president, I reluctantly accepted it; that reluctance arising from a sense of my own inability to do the office justice. my health not being so firm as I could wish. However, I am now here, as you see, to render an account of our stewardship. I have but little to say by way of preliminary observations to the report which will be read to you, and which it will be your duty to scan and criticise. We are very desirous that you should know all our affairs; we desire to withhold no information; and most gladly shall we listen to any remarks which may have reference to the future prosperity of the society. Before I go to the subject of the report, allow me to offer some general observations on pharmacy and its progress. It does not fall to my lot to introduce to your notice any new remedies of importance, which the genius of pharmaceutists has presented to medical science during the past year.

Some of those previously in use, however, have acquired increased reputation, while others seem destined for a less favourable result. You have cod-liver oil now in large consumption, employing considerable capital—equally beneficial to the diseased and profitable to the dispenser. Strychnine, in its various forms, is extensively employed in medicine; and, I am now informed, is used in astonishing quantities in the destruction of fur-bearing animals, the skins being less injured by this process of destroying life than some others. Chloroform increases in reputation. Cotyledon and kousso, I fear, will not stand the test of experience. The extravagant price of the latter reminds one of the recommendation of the medical man to his patient to go to Madeira, or take horse exercise, when in fact the patient had not the means to buy his daily bread. The compounds of valerianic acid are interesting, and no doubt some of them will be found to be valuable remedial agents. The salts of iron, with citric acid, ammonia, and quinine, have a continued demand.

As to our influence, we may mention the Sale of Arsenic Bill, now before the legislature, the enactments of which will not very much interfere with us. It is denuded, we think, of all mischief by the exertions of the previous examination which had been given to the subject by our committee.

I have to notice the issue of two new Pharmacopœias since our last anniversary: the one from Dublin, and the other from the Royal College of Physicians of London—to whose high privileges we most submissively bow. These Pharmacopœias are great improvements upon their predecessors; they show much advancement in a right direction, but it is deeply to be regretted that the London College, whom we are called upon to follow, should not have called to their assistance a few well-known chemists and druggists, whose long experience and extensive knowledge in practical pharmacy would have guaranteed them from some of the errors and inconsistencies which are so palpable in their last production. In this department, it cannot be doubted that men, whose every-day employment is the compounding of medicine and the improvement of pharmacy, have vastly the advantage over professional men whose time is almost exclusively occupied in the investigation of disease.

I am glad that translators and commentators of pharmacopœias are appearing from our own body. One of our former presidents announces a work on the subject, and our esteemed and valuable Professor of Pharmacy, another. I am sorry to know that Mr. R. Phillips, for many years past the able translator and annotator of the London Pharmacopœia, is no longer amongst the living: he died last week, the day before the formal opening of the Museum of Practical Geology, of which he was the distinguished scientific secretary or curator. You are aware he was originally a chemist in the Poultry. The glaring errors of the new Pharmacopœia of that day called forth from his pen a very able and acute critique on that work, in a pamphlet entitled "Some Observations on certain Preparations of the New London Pharmacopœia." I believe the remarks were so generally correct as to acquire for him great praise, and entitle him to rank as an able chemist. The college had to surrender at discretion, and ultimately chose him as their adviser.

It has given me great pleasure also to find many of our members diligently employed in duties connected with the benefit of the country, especially in the sanitary movements now so loudly demanded. I must mention the names of Mr. Liddell of Hull, formerly a London chemist, and Mr. Dakin of London, formerly one of your council.

And now will you allow me to travel back to the Pharmaceutical Society. The sittings of council, I can assure you, have been well attended: with one exception we have had a full board of generally twenty members. Our labours have not been slight; many have been the discussions; and although we have not been agreed upon some subjects (for uniformity would be dreadfully dull), yet we have always thought it right to carry out the principles of the majority in their full integrity. I need not disguise that which I have reason to believe is well known to some of you at least, that I have not unfrequently been in the minority. I may be forgiven if, for this once, I tell you that I have watched carefully the interests of this society from its commencement. I had no selfish motive to join with it. I think if I had to draw a balance it would be against me, except your favour. We sprang up into existence under the influence of threatened wrong and oppression, speedily became a powerfully united body, and then trammelled ourselves with a charter before we were quite certain what were our requirements. Under these circumstances it is not to be wondered at that everything was not altogether so representative as we could desire. I could have wished the election of council to have been in the whole body of members; the power to vote, in London, personally only; five miles from London, by post. This, I think, would have made us more united. One-

third of the council should have remained by rotation, not by lot. The secretary, and probably the professor, should have been the choice of the whole body.

I have some settled opinions with reference to the society, and you must bear with my stating them this once. One point to which I allude is that on which many of the members, in conjunction with others, memorialized the council, having reference to the Transactions of the Society and the Journal, in which they are distributed at the cost and charge of our funds. Another is the secretarial department. I am thoroughly persuaded in my own mind that no learned society or body can take rank, or station, or influence, or increase in numbers, except it has a secretary devoted entirely to its service, who, from education and scientific knowledge, is equal to take the lead in every department, and to be always available. The business of accounts, taking minutes, keeping books, carrying on ordinary correspondence, is very good and proper, and is very well done by your present secretary, who I trust will not misunderstand me in these observations, which do not detract from his services. The next notion I have is, that we are fettered in our house. It was a mistake to be here without out-door premises for laboratory purposes, for we are seriously crippled for want of space to extend our operations. Already our museum has outgrown the room devoted to it, and the secretary has ceased to have residence in the house.

The last opinion I shall mention is that with reference to our legal standing. We have made no real advance yet. Have our efforts been in the right direction? The chemist and druggist of the present day originated really fifty or sixty years ago, not much earlier. A few apothecaries, disliking to have the annoyance of being roused from their beds and boards, contrived to draw all their practice to their own little shops, and in course of time they became the retailers of physic without visiting the patients; by degrees the public began to approve of the plan, and the retailer also improved the quality of his physic, having more employment for it; moreover, enlightenment with reference to the nature and quality of drugs, opened the way to the public attempting to doctor themselves. In process of time, they required the experience of the dealer of physic to be added to the physic itself. It soon appeared desirable to take the superior medical man's advice upon paper, and thus, to a great extent, the status of the intermediate visiting apothecary was altered. The public, always alive to their own interests, saw it worked well—in fact, it was a step towards free trade. Many rushed into the new-created order; and now the chemist and druggist is expected to be always ready with his choice stock of effective drugs, and able to prepare with great accuracy the prescriptions and recipes of the medical advisers who no longer supply the medicines. From the chemist and druggist is also expected, in minor cases of disease, that relief which it is believed he can without danger give. An immense amount of good is thus effected, and much bodily suffering spared; and although it may be true that in some cases a more accurate knowledge would have deterred him from interfering, yet the trifling mischief thus effected is so completely counterbalanced by the enormous benefit conferred, that any attempt to cripple the chemist and druggist would crowd the houses of parliament with petitions in his favour. Hence legislative interference can only go in one direction—that of requiring qualification from those who call themselves chemists and druggists. . . . . .

On taking a review of the history of the society from its formation up to the present time, and comparing the previous position of the pharmaceutical chemists of this country with that which they have now acquired, the council feel assured that an important advance has been made, creditable to the promoters of the movement, and beneficial to the public.

Although the sanguine hopes of some of the founders, in regard to the sanction of the legislature, have not yet been realized, the influence of the society has been extended, and its character has been raised, by the successful efforts which have been made to promote pharmaceutical advancement, and establish a system of education. The council may congratulate the members on the comparative freedom they have lately enjoyed from those attacks and hostilities which were prevalent in former years, and which in fact were instrumental in calling the society into existence, by demonstrating the necessity of union for self-defence. The maintenance of a representative body ready to act promptly in case of any emergency arising, in which the general interests are concerned, is in itself of no small importance. But the chief weight and influence enjoyed by the society arises from the fact, that qualification has now become the basis of membership; and that during each succeeding year the ranks are reinforced with pharmaceutical chemists, who have gone through a regular course of study, and substantiated their claims to the confidence of the public by passing an examination. It cannot be doubted that this professional improvement would have been more rapid and more general, if the measures adopted for its promotion had been under the sanction of the legislature, but the maintenance of such an institution by voluntary means, at considerable expense, during a period of ten years, is a circumstance reflecting more credit on the zeal and sincerity of its supporters, than could have been conferred by even a wider field of success under the compulsory provisions of an act of parliament.

ON THE TREATMENT OF STRICTURE BY EXTERNAL INCISION.

By James Syme, Esq.,
Professor of Clinical Surgery in the University of Edinburgh.

Strictures of the urethra may be divided into three classes: First, those in which there is no real organic contraction of the canal; second, those in which the contraction admits of dilatation, and may be prevented from returning by the use of bougies; and thirdly, those which either resist attempts to effect dilatation, or return so quickly after its completion as to prevent any permanent advantage from being derived by the patient.

The first class is very numerous, in consequence of the various and frequent circumstances which, independently of contraction, tend to impede the flow of urine. Hæmorrhoidal affections, and fissure of the anus, enlargement of the prostate, paralytic states of the bladder, disorder of the digestive organs, sexual excesses, and an irritable state of the urethra, with many other derangements of a functional and organic kind that might be mentioned, are apt to occasion, more or less, uneasiness in micturition, and excite the suspicion of stricture. The introduction of a full-sized bougie would of course correct any such erroneous impression, but unfortunately cannot always be accomplished, even though there is no obstruction, through want of practice in the use of instruments, and morbid sensibility on the part of the patient. Both he and the practitioner are thus apt to be confirmed in their mistake, and led to enter upon a course of treatment not only altogether unnecessary, but frequently very injurious. It is in these imaginary strictures that various means of remedy have acquired any credit they possess, such as of course all those employed externally, or through the medium of the system; and also many others of a local kind, which could not be mentioned on the present occasion without giving offence to their respective authors or advocates, and therefore may be passed over in silence, since they never can be of any practical utility *to the patient*. At the same time, I think it right to protest openly and distinctly against any evidence drawn from this spurious source, being admitted into the discussion of what may be done with most advantage for the treatment of real organic stricture.

The dilatable form of this disease may be remedied in many different ways, through the use of bougies and catheters, flexible or rigid, and introduced occasionally, or retained permanently during the period of treatment. While it cannot be denied that the object in view may be attained by any of these modes, there is as little doubt that they

cannot be all equally beneficial, or free from inconvenience; and when they are compared together, with regard to their qualities in these respects, I think there should be no hesitation in giving a decided preference to the metallic bougie, employed at intervals of from two to four days, and withdrawn each time immediately after being introduced. This method, which has been characterised by one of the London writers as "*frivolous*," affords the certain means of dilating any dilatable stricture in the course of a few weeks, not only more easily and safely than any of the other forms in which pressure is employed to widen contractions of the urethra, but also with a greater degree of lasting effect, since it appears that the more slowly the process of dilatation is accomplished, the less rapid is subsequent relapse.

The third sort of stricture fortunately bears a small proportion in frequency to the one last mentioned, but does not do so to the same extent at all parts of the urethra. It is between two and three inches from the orifice, and just before the bulb, that organic contractions are chiefly met with. Tight strictures are much more frequent in the latter than the former of these situations, but when they do occur in the anterior part of the canal, are more apt to prove obstinate than those of the posterior position. Thus, of twelve tight strictures, the proportion may be about three in the anterior, and nine in the posterior situation, and in each of them *one* of the obstinate kind. I happen to have in my possession a letter from the late Mr. John Pearson of London, to the late Dr. John Thomson of Edinburgh, which affords a remarkable illustration of this pathological fact in the following extract:—

London, September 26, 1804.

I have lately had under my care a case of impermeable stricture, about two inches from the meatus urinæ. Being foiled in every attempt to open it, I dissected down to it, cut through the contracted part, which was as hard as cartilage, and the wound is now very nearly healed. The patient makes water in a perfectly good stream. I yesterday saw a similar case, and intend to operate on it on Thursday.

In this obstinate form of stricture, there is not only contraction of the canal, but also a remarkable thickening of the part affected, which consequently is in general distinctly perceptible through the integuments, being felt like a ring of firm consistence, and flattened form. The bougie when introduced is firmly grasped, so as to be withdrawn with difficulty, and the patient, so far from experiencing relief afterwards, usually suffers an aggravation of his distress. It is difficult to account for these differences from the cases of ordinary occurrence, or to explain the origin of a disease so peculiar in its characters. I have not been able to trace any connexion between the effect in question and the cause giving rise to it, or to distinguish any specialty of constitution favouring its production. But that there may be some predisposition depending upon the temperament, or other circumstances of individual limitation, would appear from the hereditary and collateral connexion occasionally observed between patients thus affected. A gentleman who was lately under my care for a stricture of twenty-four years' standing, told me that both his father and grandfather had died of the disease. And some time ago, I divided the stricture of a patient who was one of five brothers, three of whom had died of the disease; a fourth, who is now well, had been under my care; and this, the fifth, had run an extraordinary gauntlet of treatment, of which it may be sufficient to mention a year or two passed under the care of Mr. Guthrie, who employed a succession of catheters, and afterwards caustic; a prolonged residence at Gräffenberg, under the water-cure; and a trial of Parisian homœopathy, which nearly proved fatal in a negative way, by disregarding an extravasation of urine that took place, all through the scrotum, and over the lower part of the abdomen, and but for the skilful care of M. Cloquet would doubtless have proved fatal. It is a fact of much practical importance that there is seldom, if ever, more than one contraction of the unyielding or resilient kind in the same urethra.

Having frequently had occasion to witness the distress resulting from this form of stricture, and to regret the insufficiency of any known means of remedy, I had great pleasure in communicating to the profession a safe, easy, and effectual method of overcoming the difficulty, which consisted in dividing the contracted part of the canal upon a grooved director passed through it. The speedy and complete relief thus afforded, even in cases of the most protracted and aggravated suffering, is one of the most gratifying services that can be rendered by the art of surgery. The favourable anticipation originally entertained of it has been more than realised; and any patient who continues to suffer from obstinate stricture, can no longer attribute his wretched state to the imperfection of surgery. In the present and following papers I propose to illustrate and confirm the statements which have hitherto been offered in favour of this treatment.

I have represented it as secure against the ordinary dangers which attend operations on the urinary organs—viz., hæmorrhage, inflammation, and infiltration of urine; and may now appeal to the evidence of forty-four cases which I have thus treated without encountering any of these effects, even in a single instance. It is quite true that through awkwardness, or defective acquaintance with the parts concerned, the artery of the bulb may be cut, and other errors of a serious nature be committed, so that I am not prepared to deny the allegation of this procedure being attended with danger in "inexperienced hands." But any man of ordinary skill, who chooses to follow the directions which I have given for conducting the process, will find little difficulty in accomplishing it. And here I may remark that my commentators who speak of "long incisions" in the perinæum, and laying open the urethra to the extent of several inches, have no warrant for such statements in anything that I have said or written on the subject. I never open the urethra beyond the extent of an inch, and seldom beyond that of half, or two-thirds of an inch.

The bleeding at the time of the operation hardly ever exceeds one or two teaspoonfuls; but occasionally takes place some hours afterwards, to the amount of an ounce or two, being apparently proportioned to the hæmorrhagic disposition of the patient, and therefore to be deemed rather salutary than otherwise. If any circumstance should render it desirable to prevent the chance of this discharge, a piece of lint put into the wound at the time of its infliction will effectually do so.

As to the question of "impermeability," I simply maintain, that if the urine passes out, instruments may always, through care and perseverance, be got in beyond the contraction. It should be observed that the case here is quite different from that of a distended bladder requiring *immediate* relief. I have never maintained that in such circumstances the introduction of a catheter was always practicable; and although in the course of two-and-twenty years of hospital practice I have not happened to meet with a stricture that resisted this instrument, I neither profess security of being equally fortunate for the future, nor teach such confidence to others, especially if they are not to be daily practised in overcoming obstructions of the urethra. In my Principles of Surgery, it is said—"If the surgeon possesses the requisite tact for introducing instruments into the bladder through the urethra, and has the treatment of the case from its commencement, he will very rarely, perhaps never, be under the necessity of resorting to this puncture. But should he not be able to draw off the water by the catheter, either from his own want of dexterity, or from the existence of obstacles arising from mismanagement or previous organic alteration of the passage, as stricture or enlargement of the prostate, complicated with a lacerated, softened, swelled, and bleeding state of the lining membrane, caused by forcible attempts to pass an instrument, there can be no hesitation in having recourse to the operation. Puncture of the bladder, however performed, is always attended with more or less danger of urinous infiltration; but a doubtful remedy is better than none; and there are few states of disease more hope-

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less than complete retention of urine, permitted to follow its own course." (p. 359).

But if sufficient time and opportunity be afforded, I firmly believe that every stricture may be rendered permeable. I feel deeply impressed with the importance of this principle, and with the view of establishing it—not, certainly, to obtain an advantage over my professional brethren—I have again and again offered to undertake the treatment of any stricture, however impermeable it might be deemed, that was sent to the hospital. All those hitherto received have been afforded complete relief, either by simple dilatation, or by incision after being rendered permeable; and I venture to hope that the results in future will be no less satisfactory.

With regard to the permanence of effect obtained through incision, in my earlier communications I could only express the expectations which seemed to have a reasonable foundation; but now, with the advantage of seven years experience, I am able to speak more decidedly on the subject. It is well known that cuts, lacerations, and even slight bruises of the urethra from external violence, are almost sure to occasion stricture of the canal, unless a full-sized instrument be passed occasionally for a few weeks after the injury has been sustained; and I have, therefore, always considered attention to this circumstance essential for success. The first three cases of stricture at the bulb in which division was effected, after being treated in this way, seemed so completely divested of their contractile tendency that I expected it would never be necessary to use any precautionary measures by introducing bougies beyond the period just mentioned, immediately subsequent to the operation. In many patients this expectation has been fully realised, but in others it has been found necessary to introduce bougies for a longer time. How far these exceptions may depend upon some imperfection in the performance of the operation, the mode of healing in the wound, irritability of the system, or impropriety in the patient's mode of life, it is not very easy to determine at present, although more definite ideas may probably be acquired from more extended observation. In the meanwhile I feel warranted to state, that if the stricture be thoroughly divided, and a full-sized bougie be passed occasionally for a month or six weeks afterwards, the patient will certainly obtain complete relief from all the distress which attends the obstinate form of the disease, and require at most merely the precautionary treatment which is found sufficient to prevent the ordinary form of stricture from being troublesome. In illustration of what has been stated, I will now commence a relation of facts, which shall be continued so long as such information seems to be required by the profession.

Immediate Effects of the Operation.—As it has been alleged, and perhaps believed, though I should hope by few, that, in order to recommend the treatment of stricture by external incision, I have glossed over the unpleasant consequences of this procedure, and made it appear less formidable than the reality, I hope the following evidence will satisfy every reader who entertains any doubt upon this part of the subject, that I have not underrated the effects of the operation. To show that I do not resort to division of strictures unnecessarily, as had also been insinuated, or until dilatation is found altogether unavailing for the patient's relief, I stated in the last number of this journal the leading particulars of all the cases which had been subjected by me to operation in the Royal Infirmary, during the winter session just concluded. They amount to seven in number, and, together with an eighth which has since occurred, were treated publicly in the hospital. All the operations were performed in the theatre before the most numerous class of surgical clinical students in her Majesty's dominions, who can testify that the object in view was always attained without delay or difficulty, and that in no instance did the bleeding exceed in amount a teaspoonful. In regard to the hæmorrhage, or rather the absence of hæmorrhage, subsequently to the operation, as I cannot speak from my own personal observation, it may be satisfactory to give the house-surgeon's account of what fell within his observation, which was constantly fixed on the patients :—

Royal Infirmary, Edinburgh, May 16, 1851.

My dear Sir,—During the last seven months there have been eight cases of stricture of the urethra in the hospital, in which you have divided the stricture by external incision upon a grooved staff, previously passed through it. Every one of these eight patients I saw repeatedly in the course of the afternoon and evening after the operation, and I always took especial care to ascertain whether or not there was any bleeding from the wound. In every case the amount of hæmorrhage after the operation was very trifling—certainly never to such an extent as to make me think it at all necessary to use means for arresting it. In two or three of the cases there was no bleeding, or at all events not more than a single teaspoonful of blood; while the average amount of blood lost after the operation by all the eight patients was, I can confidently state, not more than *one fluid ounce* in each case.—I remain, my dear sir, your obedient servant,

Charles Murchison, Surgeon,
Resident Clerk, Clinical Surgical Wards.

James Syme, Esq., Professor of Clinical Surgery.

The gentlemen attending the hospital, who had daily opportunity of watching the progress of these cases, will not, I dare say, have forgotten the smiling aspect, grateful expression, and confident tone, with which my questions were answered. "How do you feel to-day?" "Quite well." "Have you any pain or uneasiness?" "None whatever." All these patients obtained complete relief, which will, I fully expect, prove permanent; but as sufficient length of time has not yet elapsed to test the permanency of their recovery, I produce them at present merely as evidence in regard to the immediate effects of the operation.

Non-existence of "Impermeability."—In December, 1849, I was applied to by a gentleman, who had come over from Ireland, in that state of extreme distress and suffering which results from stricture when the water can neither be discharged nor retained. He was aged 30, during twelve years of which he had been afflicted with the disease, and been under the care of many practitioners, not one of whom had ever succeeded in passing an instrument through the stricture, which lay between the scrotum and bulb. In a note of his case the patient gave me, he says:—"I was under Liston's care for nearly two months, and after his trying every other day to pass an instrument, I got tired of the expense, as well as the pain I suffered, and discontinued my visits to him. At—— [a large provincial town in England], I was attended for three weeks by one of the first doctors there, and nothing could be done for me by him. Also in America, many doctors have tried to pass the bougie, but always without success, and army doctors [the patient was a military officer] without end."

In a letter from this gentleman, dated the 10th of March, 1851—that is, more than a year after I had divided the stricture upon a director passed through it—the following account is given of his condition :—"On my return, last Saturday, from England, I found your kind note, inquiring after my health. In answer, I am delighted to be able to tell you, that I have never felt the slightest return of my old malady. I sometimes pass No. 7, but it is only to satisfy myself, as I think now it is of no use doing so. My health [which had been much broken when he was under my care] also never was so good; and I can undergo more fatigue, which I do, than I ever could in my whole life, and for this I may thank you, which I heartily do."

Permanence of Effect produced by the Division of Strictures.—The patient whose case is the fourth related in my treatise on stricture, lately presented himself at the hospital, and afforded an opportunity of ascertaining the result of his treatment. As the case is not long, it may be here reprinted :—"J. T., aged 36, was admitted into the Royal Infirmary, on the 29th of November, 1847, suffering very severely from stricture of the urethra. He stated that, about three years before, he had lain intoxicated in the street, during the whole of a winter night,—in the morning finding himself (to use his own expression)

"frozen to the ground;" and immediately afterwards had begun to suffer from the symptoms of stricture. In the course of the preceding winter, he had been eleven weeks in the hospital under treatment by dilatation, with considerable but only temporary relief, as the symptoms returned very soon after his dismissal. In these circumstances, it appeared necessary to divide the stricture, which was extremely tight, and seated at the bulb. I performed the operation on the 2nd of December; the catheter was removed on the 4th; and the patient was dismissed, with complete relief from his complaint, on the 3rd of January."

For three years afterwards he had continued (to use his own expression) as well as any man in the world, but then caught a gonorrhœa, and suffered from a partial return of the symptoms for which he had applied to the Perth Infirmary, and had bougies passed, with the effect of relieving him. Five months having subsequently elapsed, I found the urethra perfectly free, and introduced instruments of the full size without any difficulty.—*Edin. Monthly Jour.*

(To be continued.)

ON THE TREATMENT OF OBESITY.

By Dr. T. K. Chambers.

The subject of corpulence has not met with such consideration as it deserves; we, therefore, have great satisfaction in being able to lay before our readers an extract from a series of papers in which the light of modern science has been most admirably concentrated upon it. Obesity, though too often the subject only of witticism, is in many cases a real evil; and the practitioner will therefore gladly avail himself of any rational mode of obviating its inconvenience. In regard to treatment, Dr. Chambers observes:—

That form of disease which commences at birth, and goes on increasing during infancy and childhood, is, I believe, so invariably fatal before the age of puberty, that I do not think we have reason for hoping that it is in any way amenable to medicine. At all events, I have not been able to discover any one whose experience has led him to pronounce it curable. It is a form of monstrosity; and as the subjects of it commonly display some other bodily malformation, and a deficiency of intellect, their death is a relief from a miserable prospect.

When it begins in childhood, or about the time of puberty, we must not be deterred by the circumstance of its being hereditary from attempting to remedy the inconvenience arising from it. We cannot truly reduce our patients entirely to the average size and weight, but we may enable them to pass life in comfort and usefulness.

The later the disease commences, the more controllable it is by management, until the middle period of life is passed, and then old age impedes in some degree the benefit which we may confer, not by rendering our measures inert, but by preventing our employing them quite so actively as we should have done earlier.

The first thing indicated, in all cases, is to cut off, as far as possible, the supply of material. Fat, oil, butter, should be rigorously interdicted in the diet table. But all eatables contain some portion of oleaginous matter, and especially those most convenient to advise the use of for a lengthened period; and almost all are capable of a transformation into fat, when a small quantity of this substance is previously present. It is desirable, therefore, that the mass of food should lie in the stomach as short a time as possible, in order that at least a fatty fermentation may not be set up in it. Very light meals should be taken at times most favourable to rapid digestion, and should consist of substances easy of solution and assimilation. To this end, the time of the meals should be fixed for an early hour in the day, before exertion has rendered the powers of the entrails languid and weak. Breakfast should consist of dry toast, or what is still better, sea-biscuit; and if much active exercise is intended, a small piece of lean meat. Dinner at one, on meat with the fat cut off, stale bread or biscuit, and some plain-boiled maccaroni, or biscuit pudding, by way of second course.

Liquids should be taken, not at the meal, but half an hour after, so as not to impede the action of the gastric juice upon the mass. Here should end the solid feeding for the day; no second dinner or supper should follow, nor, indeed, any more meals be taken sitting down. A piece of biscuit and a glass of water can be taken standing up, if faintness is experienced; a cup of gruel or roast apple before going to bed.

This is not a scale of diet by any means unattainable. A butcher and retired pugilist has adopted it for some years with the greatest comfort to himself. He is able, upon it, to work in the most violent manner in a small garden which he cultivates for himself in the suburbs. He has reduced himself from twenty to seventeen stone; whereas his brother, who has not the same strength of mind, has increased to twenty-three stone in weight. Persons of more refined education ought, and often do, practise the same self-imposed restraint more easily. J. R—— has reduced himself from twenty-two to eighteen stone, and sometimes brings himself down to seventeen, but finds that he derives no particular advantage from being of the lower weight.

The smallest amount of nutriment consistent with the health of the individual can be found by experiment only; but we need not fear that ten ounces of solid food a day is too little, for the last-mentioned gentleman confined himself for a long period to that quantity, and found his mental and bodily powers always equal to the strain which the pursuit of a laborious profession in London demands. It may be remarked, by the way, that it is often advisable to add a small allowance of malt liquor at dinner, as otherwise the craving of the appetite is less easily appeased. The beers to be avoided are of course the thick, sweet kinds, but that which is thoroughly fermented, at a low temperature, in the Bavarian way, seems to contain very little injurious matter.

I do not know that any advice concerning sleep is peculiarly applicable to obese persons, beyond what we should recommend to all classes of men. A draught of morning dew, "nocturni roris auram ante solis ortum bibendam," which Aurelian prescribes for the corpulent, is equally beneficial to every one. They are usually uneasy sleepers, and though lethargic, by no means averse to early rising.

In cases where the fat is largely accumulated in the omentum, it is very convenient for the patient to wear a band round the abdomen, which may tightened gradually. The support thus given to the abdominal muscles relieves the dragging sensation in the loins, which many persons, whose viscera are heavy in proportion to their strength, experience. It enables exercise to be taken with more facility, and appears also, by pressure, to afford some assistance to the absorption of fat.

The above remarks will apply equally to all forms of obesity; the abstinence recommended can be borne even by the aged, and only comfort be experienced.

As respects exercise, however, a distinction requires to be made. The young and vigorous, whose obesity does not prevent the use of their legs, cannot employ them more usefully than in walking as long as they are able. The greater number of hours per day that can be devoted to this exercise, the quicker will be the diminution of bulk. But as riding, by the gentle shaking of the abdomen, excites the secretions of the digestive organs more, it should, where practicable, be employed in addition. Where freedom of motion has once been gained, rowing, shooting, any or all of the forms of British gymnastics, should be adopted as regular habits.

But in the asthenic form of the disease, especially in elderly people, this is scarcely practicable. The defect in muscular power prevents the use of the limbs in walking for a long time enough to be advantageous. But where riding can be managed, it should on no account be omitted, and the suspensory belt before mentioned is often a valuable auxiliary to the employment of this exercise.

The ancients were much more in the habit than we are of using various forms of friction to the skin in treating

chronic complaints; and we find in Aurelian a recommendation to the corpulent to employ dry rubbing, either with cloths alone, or with the addition of various powders. Modern habits of cleanliness supersede, in some degree, these remedies. But the skin is not unfrequently greasy from a thick sebaceous secretion, and the circulation through it languid in asthenic obesity, and in these cases horsehair gloves may be used with great advantage. Dr. Flemyng strongly advises friction to be employed to the trunk of the body as promoting absorption and invigorating the surface. The Greek additions of cold bathing or sponging, especially with sea-water, the vapour or hot-air bath, followed by rubbing with salt or with sand, and many other modifications of the same principle enumerated by Aurelian, will naturally suggest themselves to every intelligent patient. The same author very sensibly advises these remedial measures to be employed fasting, and no food to be taken for some time afterwards, and modern habits render before breakfast a convenient time. To these rules of management, medicines, strictly so called, must be viewed as secondary and auxiliary. Unless these laws are obeyed, pharmacopœias are useless.

Purgatives I have generally found not needed in the plethoric form; the bowels usually act once or twice in the day. But in the asthenic obesity *of old people*, where the abdominal walls are weakened by long pressure of an unnatural weight, it is necessary to employ them.

But there is one class of medicines so universally applicable to *all* cases of obesity, that I think a trial of them should never be omitted. The chemical affinity of alkalies for fat, point them out as appropriate alteratives in this complaint, and experience proves that they are suitable to the state of the digestive organs. The most eligible one is liquor potassæ, and it may be administered in much larger quantities than any other. If given in milk-and-water, we may safely commence with half a drachm, and raise the dose to a drachm and a drachm and a half three times a day. The milk covers the taste of the potash better than any other vehicle. It has truly the advantage of saponifying a portion of the remedy, but there is no evidence to prove that its efficacy is thereby endangered; indeed soap itself has been strongly recommended. A physician, whose case is recorded by Dr. Flemyng, reduced himself, by alicant soap alone, two stones in weight.

I have often given the above-mentioned doses of liquor potassæ (even to children in cases of scrofula and consumption) without any harm arising from its use, when taken, as desired, in milk. The fear of alkaline medicines has probably arisen from the injury observed by Huxham to follow the use of Mrs. Stephen's saponaceous mixture, at one time so popular, and therefore often misapplied. The injury appears to have originated from their having been employed in improper cases, such as debilitated gouty subjects, chronic stone in the bladder, and the like, to which, of course, much harm would be done.

A poor woman who sold eggs in Chelsea, was becoming quite unable to gain her livelihood by her ordinary occupation. I have not kept a note of her weight and height, and therefore she is not mentioned in the table of cases, but she was extremely obese, and the cause of a variety of symptoms she complained of seemed traceable entirely to the accumulation of fat. By taking liquor potassæ only, without change of diet, she was reduced so far as to carry on her trade with comfort.

Another case was communicated to me the other day, of a gentleman who weighed 19 stone 7 lbs. By regimen, exercise, and liquor potassæ, he was reduced two stone and a half in six weeks.

I have mentioned bleeding, and perhaps that may cause some surprise, after the observations which have been made on the state of the circulation in fat people. But where distinct signs of plethora are present—such as pain over the eyebrows, beating of the temples, restless sleep by night, lethargy by day, with full lips and an elastic skin—it is capable of being employed with safety; and where it is employed, the advantage derived at the commencement of a course of treatment is very great, for it gives all the other remedies a fair start; and by affording immediate relief to many symptoms, gives the patient a favourable opinion of the plan he has undertaken.

On the other hand, it is scarcely necessary to say, that much risk attends the loss of blood; for if the heart has become atrophied and weak, it will not stand the shock. Venesection may cause either sudden death, from failure of the heart's action, or effusion of blood in the brain, from disturbance of the circulation.

Bitter tonics are often of great advantage in enabling the stomach to digest more easily and rapidly, and therefore to be contented with a smaller quantity of really nourishing food. The increase of appetite which they cause does no harm; for when patients are getting better, they are usually more obedient to their medical man, and can be taught to control it. Gratitude for the benefit they have received makes them glad to follow advice, however hard.

Some medicines must now be mentioned, which have been recommended for the cure of obesity, but which analogy and experience do not approve.

Vinegar has been employed by those who are foolish enough to practise upon themselves; but as it produces thinness only by injuring the digestive organs, the benefit is not worth the price paid for it, and no medical man would ever advise the use of such a remedy.

Iodine has been spoken of as likely to do good, from the power it exhibits of stimulating the absorbents in cases of scrofula and tumours. But its moderate use certainly does not cause the disappearance of healthy fat. Indeed it has been noticed by Lugol, and is matter of daily observation at our metropolitan hospitals, that patients frequently acquire a considerable degree of *embonpoint* during the time they are taking iodine. The cases of tumours and of fat are very distinct. As Dr. Pereira remarks: "The enlargements which these agents (mercury and iodine) remove, are not mere hypertrophies; their structure is morbid, and they must in consequence have been induced by a change in the quality of the vital activity; in other words, by morbid action. Medicines, therefore, which remove these abnormal conditions, can only do so by restoring healthy action." But the action which causes the deposition of fat in the adipose tissue is, though excessive, of a healthy nature, and harm, rather than benefit, is to be expected from the medicine under discussion; that harm which always accrues from a valuable remedy wrongly employed.—*Lancet.*

ILIUM RUPTURED BY VIOLENCE—PERITONITIS.

Mr. Pemberton has communicated the following case to the Birmingham Pathological Society:—Joshua Woodhouse, aged 75, a gun-stock maker, presented himself at the hospital on the evening of May 29th, 1849. He appeared greatly prostrated in condition, and was suffering acute pain, but could give little account of himself. On examination I found him to have an inguinal rupture upon the left side, which I reduced with some degree of difficulty, the application of the taxis giving him considerable pain. I learned upon inquiry, that upon the 28th he had become entangled in the machinery of a large grindstone, and had been carried along the revolving wheel, his abdomen at its lower part receiving a severe blow. He wandered about after the accident, holding his hands across his belly, and complained severely of pain. He did not go to work on the next day, but in the evening came to the hospital. There was no abdominal tenderness on pressure; and no external evidence of injury.

May 30th. Respiration laboured; general appearance more depressed than on the previous evening; at two p.m. he died.

Sectio-cadaveris, twenty-four hours after Death.—Thorax: The contents were natural. *Abdomen:* The parietal and reflexed peritoneum was covered everywhere with flakes of lymph; large collections of pus existed in the iliac fossæ and dependent portions of the cavity; the in-

testines on their convex surfaces were covered with lymph, and adhered by bands of the same material. Globules of castor-oil were visible, floating on the purulent fluid. On removing the intestines, the portion that had escaped from the cavity into the inguinal canal, was found to be a portion of ilium near its termination in the cæcum. It presented no morbid change beyond some slight adhesions upon the inner surface. On tracing the ilium further upwards, a rupture in its coats was found to exist near its commencement in the jejunum. This rupture was situated about half an inch from the mesentery, and was about half an inch in its longest diameter, which was placed in the short axis of the intestine. Looking at the edges of the opening from the inner surface, they are seen to be smooth and perfectly even, whilst on the outer aspect they are broken and uneven. No inflammation is observable as existing especially in the vicinity of the opening. The remainder of the intestines natural.—*Prov. Jr.*

REVIEWS AND NOTICES OF BOOKS.

ON ANIMAL CHEMISTRY IN ITS APPLICATION TO STOMACH AND RENAL DISEASES. By H. Bence Jones, M.D., F.R.S., of St. George's Hospital. 8vo. pp. 139. London. 1851.

This work was before us for review when Dr. Bird's, noticed in our last number, was under consideration, and was alluded to in consequence, although not named. We now have to direct the particular attention of our readers to its contents, and especially to the greater portion, treating of renal physiology and pathology. We cannot better make known to our readers the nature and object of this work than by copying the table of contents. We consider it a valuable contribution to the department of pathology to which it refers: a department worthy of the special attention of all practitioners. The investigation of renal diseases has thrown more light upon the study of physiology and pathology than the investigation of the diseases of any other organ; and for this plain reason, the products of secretion and disturbance of function of the kidney are more easily ascertained than those of other parts of the animal economy:—

Lecture I., on Food.—Comparison of animal and vegetable food; in all food, four classes of constituents, water, ashes, non-nitrogenous and nitrogenous organic matter; the proportions of the constituents vary; amount of nitrogenous substance determines the value of the food; animals have no power of forming the different classes; each class must be present in food; chemical transubstantiation not proved; the relation of food to air and exercise; respiration, gaseous food; animals serve for the support of vegetables.

Lecture II., on Digestion.—Bread and water the type of the food of man; digestion divided into solution and absorption; requisites for solution; quantity to be digested as important as quality; nature of the gastric juice; contains water, acids, salts, and organic substances; variations in the acidity of the stomach; action of gastric juice on nitrogenized food; on starch and on sugar; on fat and oil; the action of the gastric juice is a chemical action.

Lecture III., on the Blood.—Assimilation of food to blood, sanguification; unceasing changes in the blood; mode of analysis; analytical formula; variation of constituents of the blood in disease; in gout, urate of soda in the blood; history of two cases of gout; hippuric and oxalic acids in blood.

Lecture IV., on Calculi.—Natural analyses of the urine; causes of the formation of calculi; calculi destroyed by heat, uric acid; calculi not destroyed by heat, oxalate of lime; method of distinguishing phosphatic calculi; silica calculus; calculi whilst moist support infusoria; table for examining urinary calculi.

Lecture V., on the Quantity and Acidity of the Urine.—Causes of the variation of the quantity; variation of the specific gravity; effect of diet and exercise; solid residue bears no proportion to the specific gravity; variation of the acidity of urine and stomach; method of determining the variation of alkalescence; effect of animal and vegetable food on acidity; of sulphuric and tartaric acids and tartrate of potash; nature of the acid in the urine; reaction of test paper insufficient.

Lecture VI., on Uric or Lithic Acid.—State in which the uric acid exists in the urine; variations of the uric acid in health; mode of determining amount of uric acid; influence of vegetable and animal food on the uric acid; comparison of these two kinds of food; formation of a deposit no proof of the presence of an excess of uric acid; precipitation depends on the acidity of the urine; other causes of the deposit of urates; free uric acid caused by acidity alone; of the treatment of uric deposits when crystalline; of the treatment of uric deposits when not crystalline.

Lecture VII., on Oxalate of Lime and Sulphates.—Oxalate of lime of no serious importance; relate to uric acid; soluble in urine; chemical analysis of octahedral crystals; other forms of oxalate of lime; when it may be suspected to be present; how proved to exist; treatment of oxalate of lime; on the sulphuric diathesis, or excess of sulphates in the urine; mode of determining sulphuric acid; effect of animal and vegetable food on the sulphates; effect of exercise and sulphuric acid; effect of sulphur; mere inspection tells nothing regarding the sulphates.

Lecture VIII., on the Alkaline and Earthy Phosphates.—Compounds of oxygen and phosphorus; phosphates of soda; most important tribasic phosphates; alkaline phosphates more important than the earthy phosphates; method of determining the variations of the alkaline and earthy phosphates; effect of vegetable and animal food on their amount; effect of chloride of calcium and sulphate of magnesia; general conclusions; phosphatic diathesis only alkalescence of the urine; excess of alkaline totally distinct from excess of earthy phosphates; variation of the phosphates in disease; treatment.

Lecture IX., on Alkalescence of the Urine from fixed and Volatile Alkali.—Effect of the mucus on decomposition; relation of urea to carbonate of ammonia; effect of ammoniacal urine on pus; alkalescence not always caused by carbonate of ammonia; mode of distinguishing alkalescence from fixed alkali, from ammoniacal urine; precipitation of phosphates by heating alkaline urine; comparison of alkalescence from volatile and fixed alkali; on urea, chemical properties; method of determining the quantity of urea; relation of the amount of urea to the specific gravity; excess and deficiency of urea; treatment of alkalescence.

Lecture X., on Albuminous Urine.—Healthy urine contains no albumen; fallacies of tests for albumen; mineral acid hinders coagulation by heat; what the albumen indicates; the importance of the substances that accompany the albumen; for instance, fibrin-blood and pus globules; the treatment must be determined thereby; a new albuminous substance not precipitable by heat and acid; chylous urine; vegetation in albuminous urine, penicilium glaucum; microscopical appearances in Bright's disease.

Lecture XI., on Diabetes and Diuresis.—Sugar formed in health; reduction of copper test for sugar; reduction of silver, and potash test; crystalline appearance on evaporation; frequency of the disease; caused by the arrest of healthy changes; history of diabetes insipidus; Bourchardat, his statements; Dr. Simon, his case; quite distinct from diuresis; treatment of diabetes; cod-liver oil in this disease, case; sugar in small quantities probably very frequent; relation of diabetes to excessive acidity.

Lecture XII., on the Relation of the Urine to the Food and Animal System. General Method for its Examination.—Unhealthy states of the urine by no means always depend on disease of the kidney; the kidneys separate from the blood useless and hurtful substances; effect of too much food and too little exercise; relation of the urine to the respiration; on the effect of the oxygen inspired; relation of the colour of the urine to the bile; senna as well as rhubarb colours the urine; effect of oxygen on the salts in the urine; very many diseases have a peculiar effect on the urine; importance of the examination of the urine; mode of proceeding, after quantity, colour, and acidity; then specific gravity, and microscopic appearance; example of the knowledge that may be obtained; conclusion.

A GOOD HINT TO DISPENSARY SURGEONS.

At the annual meeting of the governors of the Whitehouse Dispensary, held on the 31st of May, it was unanimously resolved—"That, as the Medical Charities' Bill is still before parliament, it is, in the opinion of this meeting, necessary that the subscribers be respectfully requested to continue their subscriptions the same as last year."

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, JUNE 25, 1851.

POISONOUS PROPERTIES OF RICE.

Be not startled, gentle reader, at this alarming heading to our hebdomadal chapter on passing medical events. It is not an announcement of a discovery touching the direct and rapid effect of rice as a poison, it is only a sober and official notification that, as an article of diet, it is not to be relied on for the support of life and health. In a letter addressed to the Guardians of the South Dublin Union by the Secretary of the Poor-law Commissioners, it is stated that "their Inspector, Mr. Phelan," finds that the children get rice three days in the week, which he does not consider "judicious," it not being "an equivalent for bread;" and therefore being the cause of their delicate health. This is a new view in dietetics; but we must, on such authority, come to the conclusion that it is the correct one. The Commissioners do not entertain their notions touching matters medical lightly; they are always well advised, and in the sequel they will, doubtless, enlarge the boundaries of our art. Last year they added the great pathological fact of the "cold nose" to our stock, and established the importance of that great diagnostic symptom of poorhouse ophthalmia. This year they announce the instructive fact, that the infant children of Irish paupers are not sickly because they and their mothers have been subjected to privations, but because they eat rice three days in the week. Fortified, as the Commissioners are, by the advice and opinions of the most learned, eminent, and trustworthy members of the medical profession, we are bound to accept their decisions with confidence and gratitude, and therefore have we resolved from henceforth to advocate abstinence from rice as a hygienic measure of salutary precaution. The following, however, will explain more fully the true state of the case:—

SOUTH DUBLIN UNION.

At the usual weekly meeting of the guardians of this union, on June 12, the following was read:—

Poor-law Commission Office, Dublin,
5th June, 1851.

Sir,—I am directed by the Commissioners for Administering the Laws for Relief of the Poor in Ireland, to state, for the information of the Board of Guardians of the South Dublin Union, that they have received a report from their inspector, Mr. Phelan, relative to his recent inspection of the workhouse of South Dublin Union. Mr. Phelan adverts to the delicate state of health of the infants, and states that they get rice instead of bread on three days in the week. This arrangement in regard to dietary he does not consider judicious, and recommends that it be discontinued as a general practice; but, in addition to the ordinary dietary, bread and milk and a small portion of boiled rice be given to any infant for whom the medical officers consider it necessary. Mr. Phelan also states that rice is not an equivalent for bread for infants, and he is of opinion that the delicate health of those inmates may be partly attributable to the diet.—By order of the Commissioners, W. Stanley, Sec.

June 12, 1851.

The medical officers have had under consideration the communication from the Poor-law Commissioners to the Board of Guardians of the South Dublin Union, relative to the health and the dietary of the infants, and in compliance with the request of the board they proceed to state their opinion upon both these topics.

The delicate state of health of the infant inmates of the workhouse has long been the subject of anxious and painful consideration to the medical officers (as many of their reports to the board attest), and they are of opinion that it is attributable to many causes, some of which are unfortunately not within the control of the Poor-law Commissioners, the guardians, nor the medical officers; whilst against others, strenuous exertions have been made by the board from time to time, at the suggestion of their medical officers. A certain number of the infants are orphans, a class amongst which the mortality is necessarily excessive; for even in private life, and under the most favourable circumstances, artificial feeding seldom succeeds as a substitute for breast milk, and the statistics of all foundling hospitals show that in such establishments every plan hitherto devised has been a failure—the want of natural care and tenderness, and the loss of its natural nourishment, being generally very fatal to the young infant. Another very large section of the infants are illegitimate, many of them born in a state of disease, and the majority of them belonging to abandoned women, ignorant, careless, and often even designedly neglectful of their children. Many of these women also have had their health broken down by previous disease, and consequently make but indifferent nurses. A third class of the infants belong to parents driven to the workhouse by destitution, and reduced in health by privation and suffering, both mentally and bodily. Such women, however well disposed, are precluded by their own delicacy from affording healthy nutriment to their infants; but even under the most favourable circumstances of previous good health, mental depression, consequent upon altered position in life, is apt to exercise a most injurious influence on the workhouse nurse. When, from any of these causes, the mother's health appears to be impaired, the infant's must be delicate: a sickly wet nurse can hardly rear an infant healthy. Of the weaned infants, a large portion come into the workhouse in a delicate state of health, and many of them even labour under incurable organic disease upon their admission.

In addition to the foregoing, there are other fruitful sources of disease amongst workhouse infants. Epidemics spread rapidly amongst them. Beyond all other classes they require pure air, and the strictest attention to their cleanliness and comfort: the scrofula cachexia being the certain result of over-crowding and of defective ventilation. To counteract so many causes of disease would be impossible, but much has been done to obviate such as are remediable.

A large hospital ward at a distant part of the building had been set apart for the purpose of preventing to the utmost the spread of contagious diseases, by separating the sick from the healthy infants. The necessary dormitories are spacious and airy, and the day rooms are the best which the workhouse affords. A special officer superintends the feeding and the washing of the infants, and the distribution of their medicines; it is also her duty to compel the nurses with their infants to take sufficient air and exercise out of doors daily, and for this purpose the garden, by a board order, has been made available.

As regards the nursery dietary, the following has been the general allowance to the infants for several years past:—

Infants at the breast, four days in the week, 8 ounces of bread daily and 1 pint of milk daily. Three days in the week, 2½ ounces of rice daily, and 1 pint of milk daily.

Weaned infants, four days in the week, 12 ounces of bread daily, and 1 pint of milk daily. Three days in the week, 2½ ounces of rice daily, 1 pint of milk daily, and 4 ounces of bread daily.

In addition to these regular diets, the medical officer, at his discretion, is in the constant habit of ordering milk, sago, arrow root, beef tea, wine, whey, and even occasionally chicken broth, when necessary, and always of substituting bread for milk in cases which seem to require it.

The use of rice, as a particular substitute for bread in the nursery dietary, was originally introduced many years ago at the suggestion of the medical officers, and been continued by them to the present day with a view of varying the infants' food—a principle of acknowledged utility in the construction of dietaries.

In consequence of the great tendency to bowel irritations amongst the infants, they found it impossible to select any better article as a substitute for bread, seeing also that so large a section of the human family subsist almost exclusively upon it, and reasoning besides upon the many facts adverted to in the early part of this report, they cannot subscribe to the opinion that the delicate state of health of these inmates may be partly attributable to this diet.

Bantering apart, does not this passage of poorhouse

hygiene prove two things: first, that this department cannot be effectively conducted without medical superintendence; and secondly, that such superintendence should be of the most perfect description. The Commissioners have now been for some years fumbling, stumbling, and blundering in the pursuit of such a provision, yet afraid to call for it; because the admission of a necessity for such aid involves the admission of a necessity for medical interference in the poor-law administration. They surreptitiously, and without legal warrant, appoint a medical inspector; but aware of the slender authority given to them to appoint such an officer, they metamorphose an apothecary they happen to find amongst their staff of inspectors into such an officer, and here are the fruits of it. If this department of the public service had the assistance of educated, well informed men, could we have the judicious arrangements of the surgeons of the South Dublin Union, to secure the variety of food so essential to the health of the children, questioned; or could the absurd suggestions for the treatment of the ophthalmia when prevalent have been foisted on the surgeons of other unions last year by a metropolitan recipient of the offals of official patronage? If we wanted a fact in addition to prove the necessity for a medical superintendence as part of our poor-law system, this before us supplies it, and comes opportunely to promote the enactment of the proposed Medical Charities' Bill.

MEDICAL CHARITIES' BILL.

We hope to have it in our power to report some satisfactory proceedings in the House of Commons respecting this measure in our next publication: it is down for consideration early this week, with a determination to bring the discussion of its details to issue. While alluding to the subject, we have to state that a pamphlet on the Medical Charities has been transmitted to us. Its author indulges in the comfort and comparative safety of an *incognito* character, assuming the comprehensive *nomme de guerre* of Medicus. Without troubling our heads to ascertain who the writer may be, we are content to discover who he is not. He evidently is not that victim to the *cacoethes scribendi*, the vigilant Medical Inspector of the Poor-law Commission; for there is no laudatory allusion to the vast services of that exemplary functionary. Neither is he the illustrious Commissioner of Vital Statistics, the *pro re nata* colleague of the same inspector, for the pamphlet says not a word about the bazaars of Cairo, where the Egyptian ophthalmia may be so successfully studied; nor yet again of Dean Swift's skull, or the beauties of the Boyne. Again, inasmuch as it embodies no paraphrase of that admirable passage, "long may they flourish who have aught to give," it clearly has not emanated from the medical poet laureate of the viceregal court, and universal candidate for everything a-going. We believe we can also say that it comes not from any other party suspected of a design on the Charities' Bill Commissionership. In fact, the writer seems rather to belong to the amateur class, who cultivate such matters for their own sake, and hence its value; for more or less valuable it is as a convenient guide to those who recoil from ponderous blue books. It seems to be a fair digest of the laws affecting the medical charities, and a candid explanation of the results of their operation. The writer has evidently not been crammed for his work, but draws upon a stock accumulated during a protracted consideration of the subject. He also displays a practical acquaintance with details, proving the truth of the "*haud ignara mali*" on his title page. We commend the work to our readers, convinced that in no other eighty pages will they find so much information on the subject.

THE UNIVERSITY OF ST. ANDREW'S AND HOMŒOPATHY.

To the Editor of the Lancet.

Sir,—As I am led to infer by your leading article in this morning's *Lancet* that you charge the University of St. Andrew's with having conferred the degree of doctor of medicine on a homœopathic practitioner, I must beg you to publish the accompanying extracts from the answers given by the gentleman in question, as well as a copy of the note which I have addressed to him on the subject of your editorial remarks.—I am, sir, your obedient servant,

George E. Day, M.D., Professor of Medicine.
University of St. Andrew's, June 7, 1851.

1. Name the emetics included in the Pharmacopœia, and state the doses in which they should be prescribed.

Answer. Ipecacuanha, tartar-emetic, sulphate of zinc, and sulphate of copper. The doses are, of ipecacuanha, one scruple; of tartar-emetic, from one grain to two grains, acting better if in combination with ipecacuanha; of sulphate of zinc, from five grains to ten grains; and of sulphate of copper, from two to four or five grains.

2. Name the cases in which croton oil, aloes, jalap, gamboge, scammony, and elaterium, are specially applicable, and the form and dose in which *you* usually prescribe them.

Answer. Croton oil is administered in cases of very obstinate constipation, where other milder purgatives fail. It is used externally as a powerful means of counter-irritation.

Aloes is a useful purgative where there is inertia of, or accumulation of feculent matter in, the sigmoid flexure of the colon, or in the rectum, and in cases of atonic dyspepsia, chlorosis, &c.

Jalap is a useful purgative in a variety of diseases, and is useful in cases of worms, &c., in children.

Gamboge and scammony are allied purgatives, the former being rather more drastic than the latter.

The dose of croton oil is usually from the one-eighth to the one-fourth of a drop, according to the strength of the patient and the urgency of the symptoms. It is seldom given uncombined, and generally in the form of pills.

Aloes are given in pills, in doses of from five to ten grains—generally given in combination with scammony, calomel, or blue pill. The decoction of aloes is a useful form, the dose being from half an ounce to an ounce and a half.

Gamboge and scammony, mostly in pills. Dose, from three to five grains of the former, and about the same of the latter.

Elaterium is a powerful hydragogue cathartic, useful in various forms of dropsy, in carrying off a large amount of serum from the intestinal mucous membrane. Dose, from one-sixth to one-fourth of a grain.

3. Write a Latin prescription for an expectorant mixture suitable for a case of chronic bronchitis; also for a warm aperient draught.

Answer.

℞ Misturæ ammoniaci, uncias quinque.
Tincturæ scillæ, drachmas duas.
— opii compositæ, drachmas duas.
Misce. Fiat mistura. Capiat cochleare unum amplum bis vel ter in die.

℞ Decocti aloes compositi, drachmas sex.
Tincturæ rhœi compositæ, drachmam.
Misturæ camphoræ, drachmas quatuor.
Fiat haustus quamprimum sumendus.

4. Describe the treatment of iritis.

Answer. Mercury is the chief remedial agent, preceded by general or local abstraction of blood, if the strength of the patient will bear it. It should be given in small, frequently repeated doses—half a grain or a grain of calomel. In small doses, first, because the system is more rapidly brought under the action of mercury when the doses are small and frequently repeated; and second, because opium being contra-indicated, owing to its effect in producing contraction of the pupil, it ought to be given in doses that will not irritate the intestinal mucous membrane, producing diarrhœa, by which it would be carried out of the system, and not absorbed into it. In the strumous diathesis, the mercury should be given

with caution; the doses should be smaller; and the bichloried often acts better than the chloride, in such cases. In the gouty and rheumatic diathesis, colchicum may be combined with the mercurial; and iodide of potassium is advantageous in some forms of the disease.

Besides the local treatment by leeching, the external application of belladonna and the exclusion of light are most important means to prevent the closure and adhesion of the free margin of the iris.

Counter-irritation may be demanded, in addition to other treatment.

5. Describe the treatment of acute laryngitis.

Answer. The treatment consists in active antiphlogosis, bleeding, leeching, &c.; the exhibition of mercury (calomel, two grains, every two, three, or four hours); but this may be preceded, in most cases, by nauseating doses of tartar-emetic (one-sixth to one-fourth of a grain), every two, three, or four hours. Leeches should not be applied over the larynx, owing to the difficulty of using pressure to stop the bleeding. Cupping to the nape of the neck is often better than leeches.

6. Describe the treatment of enteritis.

Answer. Antiphlogistic treatment here must not be so rigorous as in many other inflammatory affections, as there is a tendency to prostration. Local abstraction of blood, fomentations and poultices; the exhibition of mucilaginous drinks with the cautious exhibition of calomel or hydrargyrum c. creta, in combination with opium or Dover's powder, include the principles of treatment. In this disease, the exhibition of opium alone, with other means tending to diaphoresis, will often be sufficient; and under this treatment, the action of the bowels will become restored without the use of purgatives, which, in this disease, are questionable in any of the ordinary forms.

7. Mention the treatment of the various forms of intestinal entozoa.

Answer. For the tape-worm; the best remedy for ejecting it is the oil of turpentine, given in doses of from three drachms to five drachms, with castor oil.

The lumbrici are expelled by many purgatives, which have the effect of producing mucous stools, as calomel and jalap, scammony, &c.

Ascarides may be got rid of by using, in addition to the above, enemata of infusion of quassia.

In all cases of worms, the tone of the digestive apparatus should be improved by tonics and alteratives.

Although the above extracts from Dr. Hale's written answers "specifying the mode of treatment he is in the habit of adopting, and the doses of the medicines which he prescribes" [see the note to our third Examination Paper], are, I think, sufficient to demonstrate that he cannot be a homœopath, I may add the additional evidence afforded by some portions of his oral examination in *materia medica*. Dr. Anderson was his examiner, but I was present, and noted down the questions and answers.

Dr. Hale stated that the doses of bichloride of mercury, when given as an alterative, varied from one-twelfth to one-sixteenth of a grain; that in croup (in the case of a child of three years of age), he would give one-sixth to one-fourth of a grain of tartar-emetic every four hours; and that in the pneumonia of adults he would give half a grain of the same medicine every three or four hours; that in prescribing hyoscyamus as a sedative, he gave eight or ten grains of the extract; and finally, that he used arsenious acid in certain forms of skin disease (the squamous forms), and in diseases of a periodic type, his dose being one-sixteenth of a grain, or from five to ten or fifteen minims of Fowler's solution.

GEORGE E. DAY.

Copy of Dr. Day's Note to Dr. Hale.

DEAR SIR,—There is an article in the *Lancet* of this week asserting that you have been, and still are, practising homœopathy. As no homœopathist, without utterly denying his creed, and being guilty of the grossest deception, could have replied as you did to the practical questions, I entertain a sanguine hope that you will meet this charge with a prompt and distinct denial. In order at once to check a report equally injurious to yourself and to the university from which you have received your degree, I forward by this post to the *Lancet* certain extracts from your answers to the practical questions, and a copy of the note I have now the honour of addressing you.—I am, dear sir, faithfully yours,

GEORGE E. DAY.

Dr. Robert Douglas Hale.

To the Editor of the Lancet.

SIR,—My name has been wantonly introduced in your journal; and I am represented as not having acted the part of an honest and conscientious man. My written answers to the questions put, at the May examination at St. Andrew's, to the candidates for the degree of M.D., will show, if they have been kept, that they were such as any honest and conscientious man might have written. For my professional attainments the university was my judge, not you; for the application of therapeutics I am responsible to my patients, to my own conscience, and to GOD, and not to you, or to any man, or to any body of men. My conduct and character will bear scrutiny, and I shall be glad to assist you in any investigation you may choose to institute in your tyrannous assumption of medical dictatorship, which, however, the liberal members of a liberal profession repudiate, as does your obedient servant,

ROBERT DOUGLAS HALE.

Norwich, June 10, 1851.

[We shall await with some interest the further proceedings of the University of St. Andrew's. The above letter scarcely requires notice, its evasions are so obvious.]—*Ed. Lancet.*

INSTRUMENT FOR CUPPING THE NECK OF THE UTERUS.

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—I hope to be permitted through the medium of your valuable publication to call Dr. Mitchell's attention to the following facts relative to the instrument invented by me, to which he has referred in his observations to the Surgical Society of Ireland, as published in your journal of the 21st ultimo. I beg respectfully to inform that gentleman, that in the summer of 1849, I completed my instrument for cupping the uterus, and have in my possession a letter from Dr. Shekleton, Master of the Rotundo Lying-in Hospital, to whom I then submitted it, and who has tried it on several occasions; with other letters from several highly respectable medical men.

Dr. Mitchell will recollect having called on me recently to borrow one of my instruments, which I declined to lend, but offered to sell him; and I feel convinced if he had used my instrument with the glasses perfect, that he would readily admit that it is as useful for the purpose of making incisions as for puncturing, according to the wish of the operator, and would have discovered the advantage of its being superior to his instrument, inasmuch as mine can be worked with one hand, while his requires both hands to be used in operation.

I shall be happy to afford Dr. Mitchell, or any medical gentleman, an opportunity of inspecting the letters already alluded to, which settles the question of my being the original inventor of an instrument for cupping the uterus, and enabling the operator to take as much blood as may be required, without danger of the injurious consequences that Dr. Mitchell alludes to.—I am, sir, your very obedient servant,

ALEXANDER ROBERTSON.

Dublin, 22, Bachelors'-walk, June, 1851.

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1851.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	June 15th,	72	48	29.770	.125
Monday,	16th,	65.5	48	29.950	.025
Tuesday,	17th,	69	43	30.460	.015
Wednesday,	18th,	68.5	46	30.300	.300
Thursday,	19th,	68	53	30.164	.004
Friday,	20th,	73	52.5	30.100	.020
Saturday,	21st,	74	53	29.850	

PORTARLINGTON, QUEEN'S COUNTY.

1851.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Jnue 15th,	65	52	29.490	58.9	54.8	51.4	.169	W
16th,	62	51	29.605	60.1	52.3	45	.001	NW
17th,	62	44	30.178	59.6	55.9	53		NW
18th,	62.5	45	30.099	62	58.4	55.8	.041	WNW
19th,	66	54	29.861	62.1	57	63.1	.001	NW
20th,	68	55	29.780	63.8	59.2	55.9	.024	NW
21st,	71.5	54	29.516	65.7	59.5	55.1	.007	WNW

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ANDREW FYFE, M.D.

King's College, Aberdeen, June, 1851.

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"SALUS POPULI SUPREMA LEX."

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ORIGINAL COMMUNICATIONS.

SKETCH OF THE LIVES AND OPINIONS OF THE CHIEF ALCHEMICAL AND CHEMICAL PHYSICIANS OR IATRO-CHEMISTS.

By M. Donovan, Esq., M.R.I.A.

(Continued from vol. xxv., p. 405.)

Dubois, a surgeon, who had relinquished his profession and studied the occult sciences in the East, had become a monk, then a priest, and for a while a protestant, and finally betook himself to alchemy, made an exhibition in the presence of Louis XIII., his Queen, Richelieu, and others (1637). Musket balls being given him, he put them into a crucible with a little of the powder of projection, and placed the whole in a furnace under the observation of a person appointed to watch him at his own request. The heating being finished, the crucible was examined and found to contain a mass of gold. The astonished and delighted monarch could scarcely contain himself for joy: he heaped honours and emoluments on Dubois. The French finances being in a miserable state of exhaustion, the unconscionable Richelieu demanded of the unlucky alchemist to supply gold to the weekly amount of 600,000 livres. After a long practical equivocation, he was sent to the Bastile, and being put to the torture, he confessed his impostures, and was executed.

Alexander Sethon was imprisoned by the Elector of Saxony, tortured on the rack, and subjected to varied ill treatment for many months to induce him to discover his secret; but he endured all, and disclosed nothing, for a very obvious reason. Michael Sendivogius was imprisoned but escaped. It was no unusual device with princes to allure an alchemist under specious pretences into his power, and then to imprison him with a view of extorting from him an enormous ransom derived from his skill in transmutation.

Kircher attributes the practice of this art to the temptations of the devil, and founds his belief on a story imposed on him of an unsuccessful alchemist whom the devil urged on in the pursuit of this art, in order to reduce him to despair, and thus to take possession of his soul and body. The worthy father deduces the following moral, which, if applied in an allegorical sense, is excellent:—"Hanc historiam *veridicam* hic apponere volui, ut ex illa pateat quantopere dæmon hominibus auri cupidis studeat illudere, quot quantisque modis in suas casses, tum præstigiis, tum mille artium technis attrahere satagat."

The alchemistical notion received some countenance from those apparent transmutations which commonly occur in the arts; thus iron immersed in the impregnated water of copper mines dissolves away, and is replaced by copper retaining the original shape of the iron. Even so lately as 1751, this was believed in Ireland to be a true transmutation: an iron shovel left in the cupreous water of Crone-Bawn was found converted into a copper one. At the copper mine of Herun-Grundt, the miners used to show a cup of gilt copper which had been originally iron, and bore the inscription in German, "Copper I am, but iron was of old."

The frauds practised on the unwary by impostors professing to teach the art of transmutation and of preparing the universal medicine, had animated many princes and legislators with a desire to protect mankind from further deception. In this they failed. But during the seventeenth century a number of the most eminent philosophers of the age directed their energies against the alchemists with such resistless force, and exposed their fallacies and knavery with such effect, that the art of suddenly acquiring unlimited wealth and of living for ever fell into disrepute. To this result the efforts of Kepler, Gassendi, Kircher, Geoffroy, Conringius, and above all, the memorable labours of Boerhaave, mainly contributed. Gassendi, a learned astronomer, had been in early life an astrologer, but afterwards denounced it as an imposture and absurdity. Kircher had dabbled in alchemy, but at length became convinced that it is a delusion. Yet so lately as the middle of the eighteenth century such a man as Sir Torbern Bergmann declared that unless we reject history, we must admit these transmutations to be entitled to confidence.

Notwithstanding the overpowering attacks made by this

formidable phalanx, and the influence of it on the public mind, a few alchemists here and there continued to delude themselves or impose on others. Amongst the former was no less a person than Charles the Second, King of England, whose dissolute life caused him to be involved in frequent embarrassments. Such were the necessities of this improvident but good-natured monarch that, at one period of his reign, as Pepys declares (Strickland, viii., 386), he was almost without linen; he had only three cravats, very few stockings, and no credit at the linen-drapers. He fitted up a private laboratory, in which he made chemical experiments, but his chief object was an extemporaneous supply of gold; and to this end he laboured hard to fix mercury as a preliminary step. His grandfather James I. at one time, we are informed, had not money to supply himself with either bread or beer.

The last remarkable English alchemist on record was Dr. James Price, who, in 1784, made experiments in presence of several persons on transmutation of mercury into gold or silver, to produce each of which he used a different powder of projection, one red, the other white. His experiments were repeated many times before several scientific persons. His powders being expended, the interest which his transmutations excited induced the spectators to urge him to prepare more of them in presence of scientific persons; but this he refused, and in some time after the unfortunate operator put an end to their hopes and his fears by swallowing a mortal dose of laurel-water.

From the preceding statements it appears that alchemy constituted at the periods described a considerable branch of the medical art. It taught the preparation of a medicine which was supposed to be adequate to the cure of all diseases and to require but little skill in its application. The notion of the universal remedy is believed to have been suggested by the writings of Geber, the most ancient of the Arabian authors on chemistry, who, in detailing the process for making gold, designated the treatment of his materials by the same terms as he would have used had he been describing the medical treatment of a disease. Throughout his works he continually speaks of "the medicine," and always means some substance calculated to remedy that defective state in a base metal which is the obstacle to its being gold. This suggested to his followers that the same substance which cured an imperfect state in a metal might do the same service for a man; and hence the preparation of the universal medicine became identified with the process for obtaining the philosopher's stone, supposing both substances to be the same. Another sect of alchemists believed that they were different, and laboured at producing an elixir possessed of the desirable quality. A few instances of the virtues of the universal medicine will suffice.

An Irish gentleman, named Butler, who lived in the reign of King James I., during a voyage, had been captured by a pirate, and sold as a slave to an Arabian adept. The Arabian employed Butler in all his processes; and amongst other accomplishments, this worthy Irish gentleman learned the preparation of the universal medicine, which in this case was under the form of a stone. Being on his way home, he was imprisoned in Flanders, and there performed some wonderful cures. A monk labouring under erysipelas of a most alarming character was recovered in an hour by drinking almond-milk in which the stone had been dipped. The fame of these recoveries having reached the celebrated Van Helmont, he, along with several noblemen, came to the prison to witness some of Butler's miracles. An old woman who complained of vertigo was forthwith cured by applying to her head some oil in which the stone had been dipped: and an abbess whose arm was swollen and her fingers stiff for eighteen years was recovered by applying the stone to her tongue. These facts are attested by Van Helmont himself; it is not for me to question his veracity; every one will believe of the statement as much as he pleases: and the following account of the wonderful properties of the alkahest, or universal solvent, which he assures us he himself possessed, will assist the reader in coming to a conclusion as to his credibility. Such was the alleged power of this surprising liquor that it dissolved charcoal, metals, stones, glass, animal and vegetable substances into a liquid without any taste, and without leaving any residuum. At a time when the contest about the alkahest was warmly agitated, the celebrated chemist Kunkel, argued against the possibility of its existence; another chemist, in a conversation, put an end to all argument by asserting that he possessed it. Kunkel, too polite to contradict him, mildly inquired: "As this liquid dissolves everything, pray, sir, in what vessel do you keep it?"

The grounds on which the alchemists founded their belief of the connexion between alchemy and medicine are more explicitly stated by Glauber, a German chemist, than by any other. He doubts that the philosopher's stone converts base metals into gold, but is of opinion that it possesses the much more valuable property of removing "all distempers without distinction." He says that the ancient philosophers discovered the greatest harmony in all things celestial and terrestrial, chiefly between the sun and the metal gold, and between *man and wine:* for (says he) it cannot be denied that the life of all things proceeds from the heat of the sun: wherefore they sought to unite gold, which is the terrestrial representation of the sun, with the nature of man, by the assistance of the spirit of wine. Hence he inferred that a combination of gold with spirit of wine must be the universal medicine; these were the constituents of what was then called "aurum potabile;" and he returns thanks to God for revealing to him so great a secret. A celebrated quack medicine has in our times been fabricated of the same materials.

All this now appears far-fetched and ridiculous; yet Glauber was no mean contributor to the progress of chemistry during the first half of the seventeenth century. His methods of preparing muriatic acid and the salt which bears his name have rendered him universally known. Of this acid he assigns some singular uses: amongst others, he says that a sauce composed of muriatic acid and sugar is excellent with roast meats. He invented a sauce which, for the benefit of persons addicted to delicate condiments, ought to be made known: it is made by mixing spices, water, melted butter, and muriatic acid: and he recommends this sauce particularly to be used with an old hen, which he declares is thus rendered as tender as a chicken.

With regard to those persons who declared themselves in possession of the universal medicine, we are at no loss to comprehend in what light they are to be viewed. If they really imagined that they possessed the means of curing all diseases, it is inconsistent with our experience and knowledge of human sympathy to believe that they would wilfully withhold from the sick or the dying the relief or the respite which was thus supposed to be procurable: the failures consequent on making the trial must at once dissipate the delusion. The inevitable inference is, that such persons, especially those amongst them who had the advantage of education, were impostors who, to gratify a paltry vanity, arrogated to themselves, at no cost, an unmerited pre-eminence, and speculated on escaping the imputation of wilful imposture through the charity of those who would view their conduct as the result of enthusiasm rather than of deceit.

But if individuals thus pretending to superhuman knowledge could hope to screen themselves from public contempt by no better means than assuming the pitiful disguise of self-deception, what can be said in defence of communities or societies of educated persons who collectively professed a participation in the divine prerogative of conferring immortality, while individually they were conscious of the absurdity and impiety of such a boast.

Such a society, however, did exist; it was called the Fraternity of Rosicrucians, and consisted chiefly of physicians of the sect called chemists, or iatro-chemists. They cured diseases miraculously: looking at the patient was sufficient if he had faith. This society originated in Germany about the beginning of the sixteenth century, but excited little attention for another hundred years. The wilful perversion of their faculties, and the pretended terrors of their mysteries, are ludicrously alluded to by Butler:—

"Rosicrucian virtuosos
Can see with ears and hear with noses;
And when they neither see nor hear,
Have more than both supplied by fear
That makes them in the dark see visions."

Kircher designates their character and pretensions with very little ceremony; he calls them "Fratres qui à rosea cruce nomen habent, impium genus hominum, et diabolico commercio tumidum."

The name is said by others to be derived from Christian Rosenkreutz, a German, who, having travelled in Arabia and other oriental countries, collected a body of cabbalistic mysteries, which he disclosed to his followers under a compact of profound secrecy, and thus, they say, originated the Society of Rosicrucians. He was born towards the end of the fourteenth century; but others deny that he ever lived.

Some extraordinary enthusiasts appeared amongst this sect. John Heydon, "a servant of God, and secretary of Nature," published "A New Method for the Cure of all Diseases." His opinion was that food was altogether unnecessary, and no more than a luxury; and, for his own part, he declared that, chameleon-like, his food was pure air. Whether his solitary meditations were not enlivened with something more substantial may be matter of conjecture. John Böhmen, a shoemaker, was a renowned Rosicrucian, who wrote and published much more than any of the fraternity could understand. He died in 1624. There is an English translation of his works.

Dr. Thomson (Hist. of Chemistry, i. 173) says, "it is not at all unlikely that the greatest part, if not the whole, that has been stated about the antiquity and extent and importance of this sect (concerning which so much has been written and so little certain is known), is mere fiction, and that the origin of the whole was nothing else than a ludicrous performance of Valentine Andreæ, an ecclesiastic of Calwe, in the country of Wirtemberg. From his life, written by himself, we learn that in the year 1603 he drew up the celebrated Noce Chimique of Christian Rosenkreutz, in order to counteract the alchemistical and theosophistical dogmas, so common at that period. He was unable to restrain his risible faculties when he saw this *ludibrium juvenilis ingenii* adopted as a true history, while he meant it merely as a satire."

The Rosicrucians pretended to universal knowledge, much of which they would make the world believe was confined to their own fraternity; and along with their own mysteries they mixed up those of the Jewish cabbala. They knew all things, possessed the philosopher's stone, the alkahest or universal solvent, and the panacea or universal medicine; they could, therefore, make gold, cure all diseases, and live for ever. Cato used to say of the astrologers, he wondered how one could look another in the face without laughing: we may say the same of the Rosicrucians. They were under a rule to dispense their universal remedy and cure all diseases without reward: perhaps the doctor and patient had equal value.

The oriental metaphysics supplied the phantasies of the Rosicrucians, but variously modified. The Gnostics, according to St. Epiphanius, originated from that Simon Magus mentioned in Scripture: they believed that a vast space in the highest heavens was inhabited by beings called Œons. Some of these, along with other beings called genii, resided chiefly on earth, and were appointed to perplex the pursuits and embitter the lives of the human race. To defeat the malignant efforts of these beings, the Gnostics had recourse to magic—an art in which Simon Magus was so great a proficient that, according to some of the Fathers, he could render himself invisible, and appear again with the face of some other person; he was incombustible, and proof against injury in the fire; he could make a man out of air, and endue statues with life. He could also infest his enemies with devils, and infect them with diseases, with a few other accomplishments of less note.

The same notion of superior beings, existing unseen, yet greatly influencing the affairs of the world, is to be found in a superstition of the Persians. According to this, we are taught that before the creation of man the world had been in possession of two kinds of beings, called Peris and Dives (or Deeves), but on account of their disobedience, Adam and Eve were created, and the dominion of the world transferred to man. The Peris and Dives were, however, permitted to remain in the world in an invisible state; the former, well disposed towards man, sometimes appearing to him in beautiful and symmetric forms; and the latter, his enemies, continually tempting him. It was from these imaginary beings that the idea of the genii, which figures in the Mahometan creed, was derived.

The interference of supernatural beings in the affairs of the world was extensively believed. The Greek philosopher, Jamblichus, the most distinguished disciple of the impostor Porphyry (for in no other light can the man be viewed who, in the fourth century, would pretend to divine revelations), maintained and taught the existence of supernatural beings, whose aid could be made subservient to the private purposes of man. The means were supposed to be confined to the knowledge of the priests, who had been instructed in these mysteries by the gods, and had attained that honourable distinction by the practice of virtue and rigid asceticism. This system of metaphysics was intended to exalt the nature of man to a state of existence partaking of a mixed character, human and divine. Jamblichus himself, true to the example set by his master, worked abundant miracles, the fame of which gained for him the name of the "Wonderful and Divine Teacher." He taught the doctrines of Plotinus, founded on the Eclectic system. He died about the year 363.

These notions, or something like them, entered into the philosophy of the Rosicrucians. They believed that all space was peopled; that the four elements had their respective inhabitants, but of a kind totally different from human beings, and invisible to the uninitiated: air was peopled by sylphs, the interior of the earth by gnomes, fire by salamanders, and water by nymphs. All these beings were powerful, and their power might be made subservient to the purposes of man, one of the methods of obtaining their aid being marriage. A man married to a salamander might defy the power of fire; he that was wedded to a water nymph could not be drowned. Or the initiated could, by a spell, imprison one of the aerial spirits in a mirror, or stone, or ring; and cause it to appear, and answer questions when necessary. Thus the advantages proffered to mankind by the Rosicrucian philosophy were transcendant; and the only subject of regret was, that they could not be realized.

The founder of the English branch of this fraternity was an English physician named Robert Fludd, a celebrated chemist of that day, who, possessing universal knowledge and the elixir vitæ, and having it in his power to question the invisible spirits of the four elements in cases of doubt, must have been a never-failing practitioner. Mr. Hallam (Literature of Europe, ii., 379) thus describes him:—"Robert Fludd, an English physician, who was born in 1574 and died in 1637, a man of indefatigable diligence in collecting the dreams and follies of past ages, blending them into a portentous combination with new fancies of his own. The Rabbinical and Cabbalistic authors, as well as the Paracelsists, the writers on magic, and whatever was most worthy to be rejected and forgotten, form the basis of his creed." In 1616, he published a history and defence of the fraternity, which caused a con-

siderable sensation; and from that time its establishment in England may be dated. According to a ridiculous custom which prevailed in these days of Latinizing names, Fludd metamorphosed his into Robertus a Fluctibus—a kind of miserable pun upon Fludd (flood).

The skill and knowledge of this grand master of the Rosicrucian philosophy may be appreciated from a wonderful cure performed by him on a patient afflicted with a relentless gout. The doctor directed a dog to be laid in bed with him; the patient got well; but the luckless dog acquired the gout, and ever after was subject to the same periodical fits which formerly afflicted his master. Nor is this remarkable cure so much to be wondered at when we have it on the authority of Riverius, a professor in the University of Montpelier, that a lady suffering under the torture of whitlow was directed by him to put her finger into the cat's ear, and to keep it there until relieved: in two hours the lady was without pain, but puss suffered in her place. This was called Transplantation, and many cures are reported to have been effected by it; such as applying a dog to the cheek of a person labouring under toothache; the patient gets well, but the dog goes howling about with the pain.

There was a mode of cure much relied on during the period of alchemistic medicine which ought not to be passed by; it was used in cases of wounds inflicted by a weapon, the medium being an ointment called the weapon-salve: its efficacy has been insisted on by Van Helmont and Paracelsus. The peculiar advantage attributed to this remedy was that it acted at a distance; for if the instrument which inflicted the wound were anointed with the salve, the wound almost immediately healed. Modern surgeons have not treated this improvement with due deference when they substituted the plan of applying the plaster to the wound instead of the sword.

Let us turn away from these insane vagaries and moral hallucinations, by ministering to which the character of the physician was compromised, and let us glance at the healing art during a revolution which greatly enhanced its dignity and utility.

If the vain pursuit of the three grand secrets, the philosopher's stone, the universal medicine, and the universal solvent ruined, instead of leading to fortune, all those infatuated beings who engaged in it, their labours enabled them to bequeath to their successors a rich legacy of dearly purchased knowledge. The alchemists, with the most persevering industry, submitted everything that came under their observation to a multiplicity of processes, and during these researches discovered an abundance of new substances which, not possessing the properties so much desired, were passed by as things of little import. When men at length perceived the falsehood of the three grand propositions—that all metals are essentially the same; that the life of man may be indefinitely prolonged by art; and that all matter may be dissolved by one agent,—they relinquished the end as unattainable, and began to collect the hitherto neglected objects. They now found that these were the only real rewards of their labours; the delusions of alchemy were dissipated; and then commenced the sect of the iatro-chemists.

The appearance of the iatro-chemists was the proudest era at which the healing art had ever arrived. The discovery of new therapeutic agents possessed of great energy ensured them adoption in preference to the feeble remedies which had been for centuries in use. From the earliest ages physicians had recourse to simples only: Hippocrates and his commentator Galen, knew scarcely any others. It is observed by Pliny that throughout the numerous writings of Hippocrates we find him prescribing herbs only; that Diocles, next to him in succession and reputation, used the same simples; that Praxagoras, Chrysippus, and Erasistratus, followed the example; and that Herophilus, who introduced a more refined kind of practice, esteemed simples as much as any of his predecessors.

When the chemical physicians began to attract notice they denominated themselves chemists or iatro-chemists; while those who still exclusively used simples, and adhered to Galen's hypothesis of qualities, were designated Galenists.

The Galenists, for ages in quiet possession of the confidence of mankind, at length began to suffer from one of those revolutions which the sciences have so often experienced after great political convulsions. In the year 711, the Saracens had invaded Spain, and being victorious they maintained a settlement until 1492, when they were expelled from Grenada, the last province which they possessed. During their occupation, under the mild dominion of the Caliphs, Spain enjoyed commercial prosperity and domestic happiness: it was one of the most enlightened of the Mahometan states. While the Christians were plunged in profound ignorance, the Saracens gradually introduced amongst them arts and sciences which they had preserved during the intellectual slumber of the dark ages. Spain became a great nation: the capital of the Saracen empire Cordova, contained 900 baths, and a mosque which numbered 1000 marble columns. At the close of the tenth century it possessed 600 temples, 80 free schools, and 200,000 houses. The Caliph Alkahen converted his palace into an Academy which was then the most celebrated in the world; he collected from all parts of the world a library consisting of 600,000 volumes, the repository of all the learning of the age (Prescott). It was the resort of persons eminent for literature and science; and produced many distinguished men and women. The physicians educated in this academy studied chemistry, then sedulously cultivated by the Saracens, introduced into their practice various preparations drawn from the mineral kingdom, and used sublimations and distillations. The high authority of the Saracen physicians gave popularity to chemical remedies, and hence the chemical practitioners of medicine spread all over Europe.

The chemists by this innovation on the old practice drew on themselves not only the opposition but the hostility of the Galenists: animadversions, ridicule, and actual abuse, were largely dealt in by both parties; and a contest was carried on for nearly two centuries, in which was evinced more virulence than an honest search after truth. The Galenists, who at least were men of learning, boasted that the herbs and simples used in their practice were congenial to the human constitution, and that the patient incurred no danger from violence in the operation of their remedies. The chemists replied that, through the want of activity in these simples, the patient was made to incur still greater dangers than by the active practice to which they were opposed; that to die by inert treatment was in effect no worse than to be killed by the adoption of energetic means; that so far both sides were on a footing; and that the advantage lay on the side of the chemists by the more speedy cures which their measures effected, and by their success in cases which their antagonists could not undertake with any hope of success. They further declared that the management of the conserves and confections of the Galenists might be very fit for cooks, but was utterly derogatory to physicians. Dr. Kirkringius, a strenuous supporter of the chemical school, declared the Galenists to be so ignorant that "they contemned every sublime preparation of the chemists, proscribing them as unprofitable, perilous, and hurtful:" and on account of the unreasonableness and violence of the Galenists, he thinks it is not strange that the chemists should retaliate with vehemence.

With vehemence, indeed, they did retaliate; a violent and long-continued contest gave vent to the fury of the belligerents, which at length terminated in favour of the chemists. This important victory over ancient prejudices is to be chiefly attributed to the appearance in the world of an extraordinary person, a man who, while he unintentionally assisted in the extinction of superstitions in medicine, was their professed and firm supporter; and who, by his own discoveries and application of the discoveries of others, gave to the science of chemistry an *éclat* which it had never before possessed. Of this remarkable character some account ought here to be given.

(To be continued.)

PROCEEDINGS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Mr. Hodgson, President, in the chair.

CASE OF POPLITEAL ANEURISM TREATED BY COMPRESSION; WITH REMARKS, AND A LIST OF THE CASES TREATED IN DUBLIN.

By O'B. Bellingham, M.D., F.R.C.S.I.,
Surgeon to St. Vincent's Hospital, Dublin.

The subject of this case was a labourer, aged 42, who was admitted into St. Vincent's Hospital, under Mr. Bellingham's care, in November, 1850. The aneurism, which was of large size, was seated on the right side; had a strong heaving impulse, and a short, harsh bruit was heard on auscultation over it. The treatment was commenced by placing the patient upon a very restricted diet, particularly as regards fluids (six ounces only being allowed in the day, with eight ounces of solid food), confining him strictly to the horizontal posture, with a dose of purgative medicine each night. Under this treatment, continued for some days, the pulse, from being hard and incompressible, became soft, small, and slow. Compression was commenced December 4th, at eleven a.m., by means of two instruments, one upon the artery where it crosses the ramus of the pubis, the other at the lower third of the thigh. At half-past eight p.m., the outlines of the aneurismal sac were more distinct; the patient's skin was cool, and he did not complain of pain. He remained awake during the night, and kept up the compression himself, the points upon which the pad of the instrument should rest having been marked with ink. Next morning, between nine and ten, on unscrewing the instrument, the pulsation of the aneurism was found to have ceased; the tumour was hard, solid, and circumscribed, and an enlarged collateral vessel was felt over the centre of the popliteal region. Moderate pressure was continued for some days; the patient was kept in bed, and the diet was gradually improved. The tumour diminished in size, and became harder, and when the patient returned home, the limb was as strong as the other, and his general health perfectly good.—Some remarks upon the treatment of aneurism by compression followed, in which the author contrasted the results of compression and the ligature, and pointed to the advantages likely to ensue from combining constitutional with local treatment. In a table appended to the paper, the author has given a list of all the cases of external aneurism treated by compression in Dublin during the last seven years, in which the seat of the disease is mentioned, the hospital or other locality where the treatment was conducted, the surgeon's name who had the management of the case, and the results are stated. Of these, it appears that twenty-six were cases of popliteal aneurism, twenty-one of which were cured; six were cases of femoral aneurism, of which five were cured, the sixth having been a form of traumatic aneurism, in which amputation of the limb was the only resource. Three were cases of brachial aneurism, of which two were cured; in the other, a high bifurcation of the brachial artery existed, and two vessels required to be tied. One was a case of radial aneurism, which was cured by compression. Of the remaining five cases of popliteal aneurism, amputation of the limb was performed in one, the patient recovering; in a second, the ligature was used with success; in a third, the patient was obliged to return to his employment before the cure of the disease; the aneurism diminished in size, and the patient continued to work for above three years afterwards, when symptoms of aortal aneurism supervened, under which he sank. In a fourth, the patient died of pulmonary disease, and the fifth patient, who was of a broken-down constitution, died of erysipelas.

ACCOUNT OF THE DISSECTION OF A CASE IN WHICH TWO POPLITEAL ANEURISMS HAD BEEN TREATED BY COMPRESSION OF THE FEMORAL ARTERIES.

By P. Hewett, Assistant-Surgeon to St. George's Hospital.

A man, aged 38, was admitted into St. George's Hospital, in the middle of 1848, under Mr. Cutler, with an aneurismal tumour in each ham. That on the right side, completely filling this region, was compressible, but could not be emptied; that on the left, not larger than a small egg, was hard, and to a great degree apparently solid, and with much less pulsation. The tumour on the right size had only existed three months, and nothing had been done for it. From the account of the patient it appeared that the disease on the left side, which had begun about eighteen months back, had been treated by compression of the femoral artery, at the Wexford Infirmary, where the pressure had been kept up, more or less, for seventeen weeks, during which time the limb had regained its natural size, and the tumour was reduced to its present state, from which it has never since varied, and has caused him but little inconvenience. His general health, which had begun to give way about two years and a half back, had prevented him from following his business of musical instrument-maker. When admitted into the hospital he was pallid and apparently suffering from great debility. At a consultation of the surgeons, it was determined, under existing circumstances, that compression should first be applied to the right femoral artery, and the instrument, a ring tourniquet, was so adapted as only to lessen the circulation in the limb, and to be worn for a few hours daily. In some little time the limb was reduced in size, and the tumour became smaller and firmer, but pulsation still remained. Some six weeks after his admission, and whilst under surgical treatment, cough and expectoration, with difficulty of breathing, made their appearance. Auscultation detected nothing abnormal about the heart, but the lungs were found to be engorged at the back part. The chest symptoms went on increasing in severity, and the patient one day suddenly brought up a large quantity of arterial blood, and died shortly afterwards. The tumour in the right ham had gone on decreasing in size, and had become firmer and more solid, but some pulsation was still felt. No change had occurred in the left ham.

At the examination of the body, which took place thirty-one hours after death, the left aneurismal tumour, deeply imbedded in the popliteal space, was found lying between the joint and the artery, of the size of an egg; it was pyriform in shape, and apparently quite solid, but on cutting into it the lower half only was filled with long-standing coagula; the upper part still presenting a cavity lined throughout by a perfectly smooth membrane continuous with the coat of the artery, merely contained some small recent clots. Of the two openings into the sac, the upper one was large, and nearly of the size of the artery; the lower one, on the contrary, was much contracted, and scarcely admitted a common sized probe. The portion of the artery lying upon the sac was also very much contracted, but its coats were healthy, as well as those of the posterior and anterior tibial vessels, which were of their normal size. In the upper part of the popliteal, and in several parts of the femoral, there were large patches of atheroma, with three distinct aneurismal dilatations, one in the former vessel and two in the latter. The femoral artery and vein were pervious in their whole length, and the surrounding cellular tissue was not thickened. The vein and the nerve in the popliteal space were firmly adherent to the sac with a few of the fibres of the gastrocnemius muscle. The aneurism on the right side, larger than a cricket-ball, was also lying between the artery and the knee, to which it was firmly adherent. It was filled with laminated coagula, save at the back part, where there was still a small channel leading from the upper into the lower part of the vessel; this channel was rough throughout, and covered with recent fibrine. The upper opening of this channel was free and smooth; the lower one was small, and below it the artery was reduced to the size of the posterior tibial. Above the aneurism the coats of the artery were much thickened by atheroma, and here too, about an inch and a half above the tumour, was another small aneurismal dilatation. The femoral artery presented several patches of atheroma, but it was otherwise healthy, and, as well as the

vein, pervious throughout its whole course: the surrounding cellular tissue was not thickened. With regard to the popliteal vein and nerve, the appearances were the same as those observed on the left side. The thoracic aorta was extensively affected with atheroma throughout a great part of its course, and it was somewhat dilated. In its arch, it presented three distinct aneurisms, one of which, the largest, was lying between the large vessels and the windpipe, into which it had burst by a small ulcerated opening, about an inch above the bronchi: the cavity of this sac was partly lined with long-standing coagula. The bronchi were filled with blood, in addition to which the lungs themselves presented several large patches of pulmonary apoplexy, and were extensively affected with emphysema. All the abdominal organs were healthy, excepting the kidneys, which were somewhat smaller than natural, rough on their surface, and with several small cysts in their structure.

A pause having ensued after the reading of the papers,

Mr. Macilwain rose and said that the papers were too important to be allowed to pass without discussion. He rose, however, more for the purpose of eliciting information than to impart it. He proceeded to speak on the subject of the treatment of aneurism generally, and said that we appeared to have stood still in the matter since the days of Hunter. Had Hunter lived, no doubt many of the inquiries into the pathology of aneurism since undertaken, would have occupied his attention, particularly the cause of the deposition in the artery and other points in connexion with the subject. Mr. Macilwain then proceeded to speak of the importance of having more accurate reports of the cases which were subjected to treatment, and expressed his opinion that we regarded the disease too distinctly as a local one.

Mr. Hodgson was obliged to Mr. Macilwain for the observations which he had made, but he thought that the discussion should be confined to the subject immediately under consideration,—viz., the cure of aneurism by compression. The consideration of the morbid changes taking place in the vessels in aneurism might be well discussed on another occasion, but on the present we should limit ourselves to the points embraced in the papers just read.

Mr. Partridge thought the most desirable plan to pursue in the discussion was for the surgeons who had had any experience of the treatment of aneurism by compression, to state the result. He was inclined to think that the London surgeons were open to the remark of Dr. Bellingham, of having neglected the plan under consideration. He (Mr. Partridge) could speak for King's College Hospital, that pressure had been but little employed in that institution, and the result was by no means encouraging. This was partly attributable to the imperfect instrument employed, and partly to the circumstance of the patients being entrusted a good deal with the treatment themselves. Thus, a stout healthy-looking man was admitted into the hospital with a popliteal aneurism, and the management of the instrument was mainly left to himself. He screwed up the instrument so tightly that it eventually broke, but not until a large slough formed on each side of the aneurism, which remained in the same state. A ligature was afterwards applied; the man lost his toes by gangrene, but the aneurism was cured. If he (Mr. Partridge) had such an instrument as that exhibited on the table he should use it, as it was a great improvement on the one usually employed in London. He inquired the experience of surgeons on the state of the artery after compression had been employed unsuccessfully; it having been urged by some that the artery, after the failure of compression, was not in so favourable a condition for the application of a ligature as before.

Mr. Quain said that Mr. Partridge's case could not be taken as the type of those he had seen. He had observed good results from the treatment by compression in a few cases of popliteal aneurism, and he was favourably disposed to that plan of treatment. He feared that a portion of the remarks in the paper first read were not calculated to conciliate support to the practice it advocated; he alluded to the remarks made in connexion with the statement that surgeons out of Dublin "decry" compression as a mode of treating aneurism. This statement, too, he believed to be erroneous; at least, he had not heard anything that would bear it out. But the question really was not, what is thought in Dublin, or in Edinburgh, or in London, but what was the fact as to the utility of compression in the management of the disease. While he listened to the paper he was struck by the circumstance that no mention was made of the treatment in question being resorted to in aneurisms, other than the popliteal and femoral. He (Mr. Quain) had seen the late Mr. Liston use compression of the brachial artery in a case of aneurism of the hand from injury. Though the compression was made under favourable circumstances (for it was well applied, and the patient gave every aid to the surgeon), still it entirely failed. The disease in this instance was cured by ligature of the brachial artery. In the operation, this artery was by no means so easily secured as it usually is, owing to the thickening of the cellular substance and fascia by the compression; but there was no such difficulty in the case as would justify, in his opinion, any opposition to the use of compression upon that ground. He thought at the time that the want of success in this instance might perhaps be attributable to the large nerve which courses over the brachial artery. The femoral artery, it will be remembered, has no nerve of magnitude in company with it. Dr. Bellingham, moreover, gave no account of the condition of the parts upon post-mortem examination after the successful application of compression, but Mr. Hewett had this evening given the history of such examination in one case. He himself had witnessed one dissection in which the femoral vein was found to be obliterated.

Mr. Partridge said that the statistics should state whether the patients were cured or not, and how long they had remained well. He thought that Dr. Bellingham was right in saying that in London we did not habitually employ pressure, and that there must be some reason for it.

Mr. Quain had seen compression employed successfully in cases of femoral and popliteal aneurism, but at the moment he did not recollect the number of cases.

Mr. Partridge suggested that Mr. Curling should state the experience of the London Hospital surgeons, and Mr. Cock that of the Guy's men, of compression.

Mr. Prescott Hewett differed with Mr. Partridge respecting the employment of compression by London surgeons; at all events he could speak for St. George's, for scarcely a case of aneurism was admitted into that institution in which compression was not at first resorted to. During the last three or four years there had been five cases of aneurism in the hospital, including the one detailed in the paper before the society. Two of these were cases of popliteal aneurism, one of which was of very large size. In both cases compression was applied to the femoral artery, but in each instance, owing to some peculiarity in the patient, compression was discontinued, the artery was ligatured, and both cases did well. The instruments employed were not so clumsy as had been represented: in both cases compression was kept up by two tourniquets in two parts of the artery. The patients were under the care respectively of Mr. Cæsar Hawkins and Mr. H. C. Johnson. In neither of the cases did the effects of compression render the application of the ligature more difficult. The third case was one of diffuse aneurism of the ulnar artery, consequent upon a wound; in this case the tourniquet was applied over the brachial. He did not think that the failure in Mr. Liston's case of aneurism in the hand was attributable to the contiguity of the nerve to the brachial artery: for in the case in St. George's, the pressure was applied over the brachial, and the patient was cured in a fortnight. In the fourth case compression was tried, and acted apparently with good effect; but in two or three months the pulsation was again detected; the patient was unwilling to submit again to pressure; the artery was consequently ligatured, and a cure effected. The fifth case was the one

related in the paper before the society. In answer to Mr. Partridge respecting the influence of compression on the after operation of ligature, he might say, in the case operated on there was no thickening of the sheath surrounding the vessels.

Mr. Curling had no information to give on the subject, as he had had no case under his own care; but he had no disinclination to try compression when a suitable case presented itself. He was quite satisfied that it was a valuable plan of treatment, and thought the society indebted to Dr. Bellingham for bringing it forward. He regretted, however, that Dr. Bellingham had not given more information as to how and where he applied pressure. The instrument on the table was not sufficiently known in London; his colleague, Mr. Ward, had to send to Dublin to procure one. He thought, in cases of compression on the femoral artery, obliteration of the vein, as in the case mentioned by Mr. Quain, might be avoided by having the pressure applied either just above or below Poupart's ligament. The instrument required management. Where did Dr. Bellingham apply pressure on the femoral artery? He thought Mr. Quain's observations respecting the brachial artery would be borne out by other cases. The pain would be very severe from pressure upon the nerve.

Mr. Macilwain having offered a few words of explanation, and declaring that he had no desire to offer any irrelevant remarks,

Mr. Cock rose and said he regretted that his experience of the employment of pressure was limited to two cases of popliteal aneurism. In these cases, the only reason he believed the plan did not succeed was, that the patients did not persevere in the employment of the means—one discontinuing it in four, the other in six days. There was no reason to doubt that if the patients had gone on they would have got well. The instruments employed in Guy's Hospital were by no means so perfect as the one on the table, and were more irksome. In each of the cases to which he had referred, the femoral artery was tied at the urgent request of the patient. Both patients got well; but in one case the operation was rendered somewhat more difficult from some thickening and inflammation of the sheath of the vessels. Beyond this the pressure had not interfered with the application of the ligature. He (Mr. Cock) had no doubt that the failure of the pressure in these cases, and the inability of the patients to bear it for any length of time, had arisen from the clumsy character of the instruments, and the bad manner in which they had been applied. The patients in these cases had not been sufficiently watched, and were seen only daily or every second day. Much more watching and care was required in the proper management of these cases than were usually bestowed on hospital patients, and to a neglect of these the failure in the cases he had related might fairly be attributed, as well also to the neglect of instructing the patient carefully in the mode of applying the pressure. He thought, however, that pressure in the treatment of aneurism would soon be much more extensively employed in London than it had been.

Mr. Athol Johnson said that three cases of aneurism which had been treated by pressure had been in St. George's Hospital during the period that he was house-surgeon to the institution. Two of these were cases of popliteal aneurism, in which pressure was applied over the femoral artery, but in so clumsy a manner, and with such clumsy instruments, that the plan failed in both cases. The vessels were afterwards tied, and the patients did well. The third case he believed was one of those mentioned by Mr. Hewett, of aneurism of the ulnar artery, in which judicious pressure, modified by a suggestion of his own, soon effected a cure.

Mr. Hodgson hoped, if Dr. Bellingham were in the room, that he would give some further particulars of his mode of treatment. He thought the profession in England were much indebted to their Dublin brethren for the great attention they had bestowed on the treatment of aneurism by compression, and to the improved method they had carried out. They had developed the principle on which the practice was undertaken. Three modes of treating aneurism by pressure had been resorted to. The first, that introduced by Bottani, consisted in bandaging up the limb to a point beyond the swelling, and thus compressing the vessel: some cures, but very rare, were effected by this mode. The second plan was the employment of severe pressure on the vessel, at a distance from the disease, so as to prevent entirely the flow of blood through the artery. This plan had been adopted by Mr. Frere of Birmingham, and the pressure seemed to act on the artery as if it were ligatured. But this plan caused so much suffering that it could be borne in only a very few cases, and it was rarely successful. In the few cases in which he (Mr. Hodgson) had seen it attempted, the pressure could not be borne. It was reserved for the Dublin surgeons to resort to a moderate degree of pressure, long continued, for the cure of the disease. There was a great physiological principle involved in this plan of treatment. If moderate pressure were long continued, the stream of blood through the vessel became diminished, the vessel became constricted, the circulation through the sac became less, a deposition from the blood took place in it, and a cure was effected. In looking at Mr. Hewett's case, read before the society, he (Mr. Hodgson) should consider it doubtful if the cure could be said to be permanent; for though the sac was partly filled with a coagulum, and the aperture diminished, there was still such a cavity left, that it was likely that the aneurism might return if the circulation had been much disturbed. He would inquire if, in Dr. Bellingham's cases, there had been any secondary aneurism, and also the state of the vessel in those cases in which the patients had died of other diseases. We were not only indebted to the Dublin surgeons for the mode of compression which he had spoken of, but they had rendered compression much less irksome by the form of apparatus which they employed, and their substitution of an elastic material, like India-rubber, for an inelastic one. Another point alluded to was the application of pressure at two distinct points, so that pain and weariness might be prevented by changing the place of pressure. It had been said by some that compression was only applicable to the femoral artery; but he might observe, that if a ligature on the distal side of an aneurism might cure, there did not appear any good reason why pressure applied on the distal side also, might not act effectively. If so, pressure might be applicable in cases in which it was impossible to apply it on the proximal side of the aneurism.

Dr. Bellingham was now called upon to reply, but spoke in so low and indistinct a tone as to be quite inaudible during most of his speech. We understood him to commence by thanking the society for the manner in which they had received his paper; and he then referred to some casts on the table of a limb before and after pressure had been applied to it, to cure aneurism. He then mentioned some cases in which aneurism had been cured by compression. In one case, the aneurism—a popliteal one—was cured in twenty-four hours; but an aneurism of the opposite side presented itself, and took a much longer time to cure. The patient eventually died from aneurism of the descending aorta. The artery over which the pressure had been applied was found to be quite normal; the aneurism was obliterated; the vein was normal. In another case, in which pressure had been applied to the femoral artery for popliteal aneurism, galvanic punctures having been also employed, the patient had died at the end of ten days, from erysipelas. The aneurism was found nearly filled by layers of fibrine; the artery under the seat of pressure was healthy. He had dissected a patient who had suffered from aneurism in both popliteal arteries. One of these was treated by compression; the other, by ligature. The latter returned at the end of three or four years; not so the former. The vein and artery were found healthy. It was difficult to apply pressure to the femoral artery without involving the vein in the compression. In almost every case which he had treated by compression, the pres-

sure had been made at two or more points. He begged to say that his observations referred more to the Edinburgh surgeons than to those of London, on whom he had no wish to reflect. In the list of cases which had been alluded to in the reading of the paper, but had not been fully read, instances were recorded in which the radial artery was the seat of aneurism, and which had been cured by pressure made on the brachial artery. After once more thanking the meeting, Dr. Bellingham sat down, amid much applause.

MEDICAL SOCIETY OF LONDON.—May 31.

Dr. Murphy, President.

SWALLOWING COPPER COINS.

Dr. Webster related the case of a girl of five years old, who swallowed a copper token, the size of a farthing, which remained nearly two days in the alimentary canal without producing any serious consequences. In this patient, the accident not having been discovered till upwards of eight hours had elapsed, it seemed injudicious, in Dr. Webster's opinion, to give an emetic of ipecacuanha, which he at first thought of, in order to produce vomiting, and thereby eject the foreign body. Thinking the coin might have by that time passed through the pylorus, aloes and rhubarb were therefore prescribed, followed by castor oil; strict injunctions being given, at the same time, to avoid everything acid, whilst bland and liquid food only was permitted. Although free purging was produced, no beneficial effect followed; whereupon, several doses of senna and salts were ordered, and the same regimen continued. By this treatment, at the end of forty-four hours, the piece of copper then shown to the fellows was fortunately expelled from the rectum, without having produced any untoward symptom, when the patient soon became convalescent. Notwithstanding there was nothing very remarkable in the case brought under the society's notice, still, having terminated favourably, Dr. Webster thought it of sufficient interest to merit record, especially as similar accidents occasionally occurred having a fatal termination. Besides, different authors, to whom reference could be made, if necessary, in support of the above opinion, the last weekly report of the Registrar-General was mentioned, seeing a somewhat analogous instance had been met with at Crown-square, Camberwell, which proved fatal. The subject was a labourer's daughter, aged three years, "who died of mortification of the bowels by metallic poison, from swallowing a farthing accidentally." The result recorded in this case not only indicated the danger produced by copper when swallowed, but made the narrow escape of the other juvenile patient more gratifying.

Dr. Ogier Ward related a case in which a copper coin had been retained in the œsophagus of a child for eight months. The chief symptom was a profuse flow of the saliva. When extracted, the coin was so much corroded as to be scarcely distinguishable as a halfpenny. In another case which he had seen, a copper halfpenny had been retained in the œsophagus for four days: there was here also a profuse flow of saliva, but the coin was not corroded when extracted.

Mr. Dendy had met with very many cases in his public practice in which copper coins had been swallowed by children. The result of his experience was that they did no harm, nor did he see that we had reason to expect that they would.

Mr. Taylor read a paper on the

TREATMENT OF FEBRILE AND OTHER DISEASES THROUGH THE MEDIUM OF THE CUTANEOUS SURFACE.

The author began by alluding to the great mortality of fever, typhus, scarlatina, and measles in this country, which called for serious consideration. He then entered into a history of several such cases, in which he had been enabled to trace out that the agent which contributed greatly to the recovery of such patients, was lardaceous inunction. It allayed the dryness of the skin and promoted perspiration, producing sleep. He then entered largely on the subject of the function of the skin, and the noxious effects resulting from the arrest of its secretion upon the animal economy, and the good effect produced in the course of many diseases by the restoration of its function. The author then entered into a comparison between cold affusions or water-sponging and lardaceous inunction; the first being, in most cases, but temporary, and not unfrequently attended by danger. He then gave the history of cases of measles, fever, and scarlatina, illustrating the happy results of inunction; and concluded by strongly recommending this course of practice, not to supersede other means, but as one of the most powerful adjuvants he was acquainted with.

In the discussion which ensued various fellows took part. Was the plan recommended novel? It was contended that it was not so, and Celsus was referred to in evidence. But this was met by a counter-statement that Celsus had never recommended oil in the mode practised by Mr. Taylor; but merely a mixture of oil and water to be rubbed on the surface to cool it. In fact, oil was used generally by the ancients in most diseases. Had the oil any effect *per se*? It was generally considered that the real benefit in cases where Mr. Taylor's plan was employed consisted in the friction resorted to, and cases were detailed in which soap suds, and even sand, had been used with good effect. One speaker had employed Mr. Taylor's plan with much benefit, but he had not neglected the ordinary indications of treatment in the instances in which he had resorted to it. It was generally considered that the application of water, while at the same time it was more cleanly, would be found more efficacious; and very severe comments were made by some of the speakers on the practice which seemed to obtain of late, of vaunting some peculiar plan of treatment as a panacea in the cure of disease, whilst the more legitimate modes of practice were neglected. The evils of such proceedings were incalculable, as they not only obstructed the course of legitimate inquiry, but tended to throw discredit generally on the practice of scientific medicine. The author in his reply declared that he had brought the subject before the society in order to give his plan of treatment publicity, and to induce others to give it a trial, and decide upon its effects by their own experience. Far from bringing it forward as a panacea, he begged to say that he never neglected the mode of treatment by medicines which was indicated by the symptoms; but in cooling the skin, in inducing perspiration and sleep, he had found frictions on the surface, with the ointment he had named, far superior in their effects to any other mode he had employed. The treatment, however, was only auxiliary to other remedies, and as such he begged to recommend it to the notice of the profession.

This being the last night of the session, the president made a few congratulatory remarks on the success of the past session generally, and referred to the importance of fellows forwarding their papers early to the council.

PATHOLOGICAL SOCIETY OF LONDON.

Dr. Latham, President.

Dr. Quain presented

LUNGS SHOWING THE ARREST OF PHTHISIS IN THE THIRD STAGE OF THE DISEASE.

A female, in May, 1848, when thirteen years of age, was admitted an out-patient at the Brompton Hospital. She was very delicate, had lost flesh, and was suffering from severe cough, shortness of breathing, &c. Her illness had commenced with influenza in the early part of the preceding winter; she had also suffered from an abscess in the right arm. She had been recommended cod-liver oil, but was unable to keep it on her stomach. There was no predisposition to phthisis, and she had not then had hæmoptysis. Since that time a younger sister has shown unequivocal evidence of phthisis, and an older sister has now become delicate. A note, taken shortly after her admission, states that "there is extensive consolidation at the apex

of the left lung, and some deposition at the apex of the right," shown at the one side "by decided dulness, bronchial breathing, and bronchophony; and at the other side, by a feeble inspiratory, and a prolonged louder expiratory murmur."

A mixture, in which a drachm dose of cod-liver oil was diffused by means of liquor potassæ in mucilage, and a syrup composed of mucilage, syrup of squills, and a minute dose of morphia, was prescribed. The oil mixture was taken without disturbing the stomach, and she kept her ground. Examined in August she is stated to have lost four pounds in weight, and crepitation is heard over the left apex; nothing additional at the right apex. Iodine counter-irritation was then applied. In the beginning of September she had profuse hæmoptysis, and subsequently a free puriform expectoration.

An examination, made in the course of this month, when she was able to attend the hospital, showed the existence of a large cavity, where the consolidation and softening had been previously observed. The dose of the oil was subsequently increased, first to a drachm and a half, and then to two drachms, with advantage; for in the end of the following December, it is recorded that "she gains strength, and coughs but little." She did not attend during the winter, but received her medicine by her mother, and did well. In April, 1849, she had an attack of influenza, from which she soon rallied.

In the following June the record is, that "she has not lost ground, though she has not gained in weight since her admission a year ago; there is loud pectoriloquy, cavernous breathing, and gurgling at the left apex, and loud expiratory murmur at the right." At the end of July the report is, "she looks well, coughs only in the morning." In August an examination showed "flattening of the chest over the apex of the left lung. The respiration there, though cavernous, is not loud. The pectoriloquy is very distinct. The respiration at the right apex is somewhat puerile." During the winter (1849–50) she continued the remedies. In February her appetite had failed, and a mixture of infusion of gentian and bicarbonate of soda was ordered once a day. From this she derived so much benefit that it was continued three times daily, and she was able to take the simple aniseed oil in half-ounce doses. The following June it is noticed that she has had an attack of nettle-rash, but is still gaining strength, grows tall, and coughs but little, and only in the morning.

This improvement continued; and it is noted that last October she came to the hospital, having been for some time in the country, looking extremely well. Her weight, which at one time had been as low as four stone two pounds, is now four stone nine pounds. She had scarcely any cough; her appetite is good. She is free from suffering of any kind. Examination of the chest shows remarkable flattening and contraction over the apex of the left lung. There is very evident dulness in this situation, and the mobility here is as 9 to 32 of the opposite side. The respiration is of a sharp whiffing character, with slight crepitus. At the opposite side the respiration is loudly puerile, and percussion shows the right lung extending across the sternum to the left side. At the summit of the left lung posteriorly the respiration is scarcely audible. The dulness here is more decided than in front. The heart is seen and felt to beat distinctly from between the second to the fourth left costal cartilages. The action of the heart in this situation had been a source of some annoyance to her. From this time (October) to the commencement of last March, this improvement continued. Her cough had nearly if not altogether disappeared. She continued the gentian with soda, the cod-liver oil, and the counter-irritant occasionally. At the beginning of March, during the prevalence of the influenza, she was attacked by the gastric, and not the pulmonary, complication of the disease. It commenced with bilious vomiting, followed by diarrhœa, great prostration, and rapid collapse, from which she died on the fourth day.

The body was well proportioned, and showing a very fair amount of fat in the subcutaneous tissue. The right lung was seen to be very voluminous, and extending across nearly as far as the left margin of the sternum. There was no appearance of the left lung in front, but its place was occupied by the heart and pericardium drawn upwards and to the left side, and the walls of the apex of the chest falling inwards and downwards. The heart was healthy, and rather large for the size of the body. The left lung was found much diminished in size behind it. The lung was adherent more especially at the apex, which was covered posteriorly by a mass of solid fibrinous tissue, corresponding to the seat of dulness and feeble respiration previously mentioned. Very nearly the whole of what had been the upper lobe of this lung was occupied by the remains of a cavity irregularly divided into two by one of the bands so frequently seen in phthisical cavities. The entire cavity was about the size of a large walnut. It contained about half a drachm of a thin whey-like fluid, with which were mixed particles of whitish coagula. The walls were formed by condensed pulmonary tissue, varying in thickness from less than a line to a quarter of an inch, and in some points puckered and contracted. The air-cells and small bronchi were distinctly visible, under the microscope, in this tissue, which was separated from the contents of the cavity by a wall or membrane composed of firm filamentous tissue and granular cells. This membrane had much the appearance of a mucous membrane, but it was not examined sufficiently soon after death to be able to trace the presence of an epithelium. The cavity communicated with the left bronchus by an orifice which would admit a crow-quill, situated midway between the top and bottom of the cavity. There was a good deal of healthy respiratory tissue in the lower lobe of this lung; but there were scattered through its substance six or seven points of condensation, such as are hereafter described existing in the right lung. The right lung was large, and the air-cells partook of its character. In water it displaced a quantity which measured twenty-three ounces, whilst the left displaced but nine ounces. The apex was remarkably puckered; and on cutting through this puckering, the tissue of the lung was found to be traversed by short fibrous bands, between which appeared points of softish pale-yellow tubercle. A little lower down in the centre of the upper lobe a mass of soft tubercle, about the size of a small hazel nut, was found. It was enclosed in a cyst, and consisted almost entirely of fatty granules and cells containing similar particles. In the other lobes several consolidated points were found—the largest smaller than last described, and none so fully formed. They appeared in some places to consist merely of condensed tissue; in two there was an appearance of yellow, firm tubercle; and in two, small calcareous particles. In neither lung was there the least appearance of recent tuberculous deposit. The other organs were healthy; the kidneys were large. There was no disease of the intestine beyond congestion, which in some parts was very distinct.

This case affords an additional illustration of the great extent to which the ravages of pulmonary phthisis may proceed, and its progress yet be stayed. Such cases were, happily, now met with more often since cod-liver oil had come into use; still Dr. Quain did not know of any case which afforded, by the evidence of post-mortem examination, so striking a result. This case was also interesting from its throwing light on the nature of the puckerings so constantly seen. Some observers were disposed to regard them as being independent of tuberculous deposit. In this case it was evident that they were due to the previous existence of this deposit, which, in fact, had been recognized there during life, and traced after death.

THE CENSUS, 1851.—Total population of England, Wales, and Scotland, including the Channel Islands, amounts to 20,919,531 persons; of whom 10,184,687 are males, and 10,734,844 females. The population of London is 2,363,141; of whom 1,104,356 are males, and 1,258,785 females. The most remarkable fact in the return is the great proportionate increase of females. In 1841 there were 493,303 more females than males; now the excess is 550,157. In 1841 the excess of females in London was 124,367; now it is 154,429.

CASE OF APOPLEXY TERMINATING FATALLY, IN WHICH THE CÆSAREAN OPERATION WAS PERFORMED WITH A FAVOURABLE RESULT TO THE CHILD.

(Communicated by E. M. Hodder, M.D., M.R.C.S.Eng.)

Mrs. D., aged 36, stout muscular figure, and plethoric habit, in the commencement of the ninth month of her sixth pregnancy, called and requested my attendance in her approaching accouchement, which she expected to take place at the end of the month (June). She had always enjoyed good health, her previous labours having been easy, and not followed by any unfavourable circumstance. Ten days before the period of her expected confinement (the 19th) I was hastily summoned to see her, as she had suddenly fallen into a fit. I reached the house at nine p.m., about ten minutes after the seizure, and found her labouring under all the well-marked symptoms of apoplexy. Her breathing was laboured and stertorous, her eyes prominent and injected, the pupils widely dilated and insensible, her features swollen, the pulse slow and oppressed; she was perfectly unconscious, and a little frothy mucus, tinged with blood, issued from her mouth.

Losing as little time as possible in useless inquiries, as to whether she had complained of indisposition prior to the attack, being assured in reply that she had not, but that she had fallen as if shot,—I made the necessary arrangements for bleeding, and to my astonishment I was told by her husband and sister, that on no consideration whatever would they allow blood to be taken from her, either by bleeding, cupping, or leeching, alleging as their only reason for refusing, that they had always heard that taking blood from a person after the "*sun had gone down*" was invariably fatal. In vain were my remonstrances to overcome their superstition; the only answer I received was that I might call as early, and take as much blood from her in the morning as I pleased, but as for bleeding then, it was out of the question. I therefore took my leave, after having ordered the head to be shaved, and pounded ice to be applied, with large and repeated doses of calomel and croton oil to be given until the bowels should be freely acted upon; the head and shoulders to be raised, and the lower extremities to be kept warm, and mustard poultices to be applied to them.

20th, eight a.m. As might have been expected, I found my patient the following morning in a state of profound coma, her breathing slow and stertorous, with perfect loss of sensation and voluntary motion. Hopeless as her condition was, I thought it my duty to try the effect of a copious bleeding; accordingly, I took about twenty-five ounces of blood from her, with little or no perceptible result. The bowels had not been acted upon; the croton oil was continued in larger doses, enemata of turpentine ordered, a large blister applied between the shoulders, the catheter passed, and the opportunity taken to ascertain the state of the os uteri, which would barely admit the tip of the finger, and did not feel inclined to yield. At this time the motions of the child were vigorous and strong, so much so as to be seen by the persons around the bed.

Noon. She remained much in the same state as in the morning. Eight p.m. She was evidently sinking, pulse small and weak, surface of the body and extremities cold, bronchial tubes loaded with bloody and frothy mucus, sphincter muscles beginning to relax, the os uteri in the same condition as in the morning, the action of the fœtus strong, yet not so much so as in the morning. As it was evident that the mother must die, it appeared to me that the life of the child might possibly be saved by the Cæsarean section; it was therefore proposed to the husband, who immediately gave his consent, and requested that everything might be done to preserve the life of his offspring. Accordingly the friends were told to have everything in readiness, and to send for me as soon as they perceived the approach of death.

At eleven p.m., I was sent for, as they thought she could not survive many minutes; and just as my medical friend and myself reached the house, we were met by the husband, who told us that she had that moment breathed her last. We were also told that the movements of the child had been felt a moment or two before. No more time was lost than was necessary to assure ourselves that her dissolution was complete; and being satisfied that the vital spark had fled, I commenced the operation in the usual manner, beginning the incision about two inches above the pubes, and continuing it to the same distance above the umbilicus. The uterus being freely exposed, an incision to nearly the same extent was made through its walls, the membranes ruptured, and a full-grown female child was easily extracted by the legs, they being the parts most readily taken hold of.

A ligature was immediately placed on the cord, the child separated from the placenta, and handed to my friend. It showed no signs of life, was pale, and beautifully clean. It was immediately placed in the warm bath which had been prepared, and artificial respiration, by means of the tracheal tube, commenced; the chest and upper portion of the spinal column being alternately rubbed with a stimulating liniment.

At first our endeavours to resuscitate the child appeared unavailing, but in about seven or eight minutes from the time we began the inflation of its chest, an occasional sob took place, and in a few minutes more, the breathing and circulation were fairly established, the child ultimately recovering completely.

The placenta was removed from the uterus, and the external incision brought together by a couple of sutures, the intestines not protruding, or in any way annoying us during the operation. Permission was then obtained to examine the head.

Post-mortem twelve hours after death.—On removing the calvarium, the membranes of the brain were found most highly congested, the glandulæ pacchioni were unusually large, and the little pits on either side of the longitudinal sinus so deep, as to lead to the belief (at first sight) that the bones were diseased. On raising the brain, a very considerable coagulum of blood was observed, occupying the whole of the base of the skull, together with a small quantity of high-coloured and bloody serum. The vessel from which the extravasation had taken place could not be detected. Both the lateral ventricles were distended with bloody serum, the colour of arterial blood, but no blood was effused into the substance of the brain, which in other respects appeared firm and healthy. The uterus was found to have contracted as firmly and as equally as it would have done after a natural labour; although at the time that the sutures were put into the abdominal parietes, it had rather the appearance of a collapsed state than that of a firm contraction. The other abdominal organs were healthy. The chest was not examined.

Remarks.—The principal point of interest in this case was the preservation of the child's life, under circumstances the most unfavourable. Numerous cases are recorded, where women have died suddenly, or been killed by accidents, when in the last month of their pregnancy, and the children saved by immediate recourse being had to the Cæsarean section, but I have not met with any recorded instance where the mother had been in a state of profound coma for twenty-six or twenty-seven hours previous to her death, and where, in fact, she had been dead to every external impression, the animal functions alone being maintained chiefly through the medium of the nerves of organic life. Nothing can more clearly prove the independent existence of the child from that of the mother, except so far as the placental circulation is concerned. In a case mentioned by Dr. Blundell, where a woman, in the last month of her pregnancy, was run over, and died a few minutes afterwards, the child was removed by the Cæsarean section thirteen minutes after the mother breathed her last, and in fifteen minutes from the mother's death, artificial respiration was commenced. Dr. B. continues: "During fifteen minutes longer I continued it, ultimately resuscitating the child completely."

This case shows, that we must not be deterred from making an attempt to save the child, even fifteen or twenty minutes after the death of the mother; and, on this continent, where steamboat explosions and railway accidents are of constant occurrence, it is to be hoped, that bearing these facts in mind, the lives of some innocent beings may be saved by a timely recourse to this operation. But here, let me caution the younger and less experienced members of our profession (whose zeal and energy may occasionally run away with their better judgment) to convince themselves thoroughly of the death of the unfortunate mother, ere they commence the attempt to save the child; for, to perform this formidable operation when the woman is dying, with a chance only of saving the child, would be barbarous in the extreme, and justly deserve the eloquent reproval of my friend and former preceptor, Dr. Blundell:—"Who that has a heart of flesh in his bosom could coolly sit down in a real case to argue for the advantage to be derived to the fœtus from the performance of Cæsarean incisions before the maternal life is totally and beyond all doubt extinct? Who that has a heart of flesh in his bosom could have firmness sufficient to perform his operations under such circumstances? Who could look on the dying eyes of his patient without suffering the knife to drop from his hand? Who would like himself to be disturbed at such a moment? As long as men are surgeons, surely surgeons may continue to be men."—*Upper Canada Journal.*

POISONOUS PROPERTIES OF NICOTINE.

M. Orfila lately, at the Academy of Medicine, Paris, read an essay which had for its principal object to demonstrate—1stly, that nicotine can be as certainly distinguished as any poison derived from the animal kingdom; 2ndly, that this alkaloid can be detected in the intestinal canal, and its presence affirmed, although only a few drops of it be present in the intestinal canal; 3rdly, that its presence can be detected after its absorption into the substance of the liver and other organs. Nicotine, discovered in 1809, by the illustrious Vauquelin, was studied in 1828 by MM. Posselt and Reimann, who found it in the various species of tobacco. It was classed by them with the two other volatile natural alkalies, *conicine* and *théobromine*. Composed of hydrogen, carbon, and nitrogen, it may be represented as one equivalent of ammonia, and one of carburetted hydrogen, containing four equivalents of hydrogen and ten of carbon. It is obtained by passing the vapour of tobacco through water acidulated by sulphuric acid; the sulphate thus obtained being decomposed by a strong fixed alkali, the nicotine is thus volatilized by moderate heat. This mode of preparation points out that by inhaling the fumes of tobacco, during smoking, a portion of nicotine is introduced into the system.

Pure anhydrous nicotine is a colourless oleaginous liquid, sp. gr. 1·048, becoming yellow by keeping, and on exposure to the atmosphere changing to a brown colour, and becoming thick in consistence, by the absorption of oxygen; its acrid odour has but slight resemblance to that of tobacco, its taste has a burning pungency; it volatilizes at 250 deg. Fah., leaving a carbonaceous residue; its fumes are extremely irritating; it is inflammable, being readily ignited, burning with a white flame, and yielding abundant charcoal; it reddens turmeric; it is soluble in water, in alcohol, oils, and also in ether, which speedily separates it from a watery solution.

Nicotine combines directly with acids, heat being disengaged. Concentrated pure sulphuric acid in the cold gives a red wine colour; when heated, the liquid assumes the appearance of wine lees, and at a boiling temperature blackens, with the disengagement of sulphurous acid. Hydrochloric acid imparts to it a violet tint; nitric acid an orange tint; with stearic acid it forms a soap. Its simple salts are deliquescent, and not so easily crystallized as its double salts. Its aqueous solution is colourless, transparent, and strongly alkaline; it behaves like ammonia with many reagents: thus, it gives a white precipitate with the bichloride of mercury, acetate of lead, and chloride of tin; and with chloride of platinum, a canary yellow; the salts of zinc are precipitated white, and are redissolved by the liquid in excess; the acetate of copper is thrown down blue, and is soluble in excess; with salts of manganese it has the same action as ammonia. The following tests distinguish its aqueous solution from that of ammonia; it precipitates the chloride of gold reddish yellow, and redissolves it by excess; it precipitates chloride of cobalt blue, passing into green, and does not redissolve the precipitate as ammonia does; solution of iodine precipitates it of a yellow colour, whereas ammonia discharges the colour.

If to the chemical characters by which nicotine is thus distinguished, its action on the animal economy be added, it will be impossible to confound it with any other substance. M. Orfila related several experiments which he had performed, and which are published in the fourth edition of his *Toxicologie Générale*. These experiments show that nicotine has a directly injurious influence upon the central organs of the nervous system.

II. M. Orfila then proceeded to discuss the second proposition—viz., that nicotine can be detected in the digestive canal, when even only a few drops have been taken. The author pointed out that in the animals experimented upon, neither vomiting nor action on the bowels followed after its administration. The contents of the canal were acted upon by ether, which dissolved out the nicotine. The following method was considered by M. Orfila to be the best for the detection of nicotine in the digestive canal. The substances to be analysed are to be macerated in very diluted sulphuric acid for about twelve hours, and then to be filtered; the result will be a solution of sulphate of nicotine with some organic matters. This is to be evaporated to dryness in a sand bath; then treated with distilled water, which will dissolve the sulphate and leave the organic matters. Soda or potash is to be added, the nicotine distilled over, and the product evaporated in a sand bath to obtain the nicotine free from water. The tests before mentioned can then be applied.

III. In support of his third proposition, M. Orfila stated that the substance of the liver having been subjected to a similar examination as that to which the intestines were submitted, has been found to yield evidence of the presence of the poison. M. Orfila concluded with some observations on a recent investigation of a case of poisoning by nicotine, at Mons, in Belgium.—*Med. Gaz.*

SYNCOPE, ASPHYXIA, AND ASTHENIA.

By Lucius O'Brien, M.D.,
Professor of Medical Jurisprudence, Toronto University.

In lectures on medical jurisprudence, it becomes necessary to explain the distinctive meaning of the terms syncope, asphyxia, and asthenia, with the particular train or series of action, or loss of action, connected with each; but although each of them has occasionally received a full share of investigation, I have not yet met with any work in which they are treated so as to give the student those clear and distinct ideas in regard to them, which he ought to possess, arising from the loose and vague manner in which these terms have been applied. To supply this want is the object of the present sketch.

As the study of medical jurisprudence is not confined to the medical practitioner, but has deservedly become an object of deep interest to the profession of the law also, I shall as far as possible employ the plainest terms, and, avoiding unnecessary speculation, confine myself to a simple statement of facts.

Syncope, asphyxia, and asthenia, are three states or conditions arising from, or connected with, a cessation of the action of the heart, from various causes.

I. Syncope, synonymous with *fainting*, arises from hæmorrhage or loss of blood; rupture of the heart; the sudden or severe action of purgatives, generally in a weakened state of the system; the sudden assumption of the erect position; fright, or other mental emotion; in short, from any cause which prevents the heart from sending the arterial blood to the brain, not dependent on obstruction to the pulmonary circulation.

In death from syncope, the heart is found *empty*, or nearly so, and *contracted*, and the bloodvessels in general contain but little blood. Here the immediate or proximate cause of death is the non-supply of arterial blood to the brain and nervous centres, the heart primarily ceasing to act from the supply of blood to *both sides* being deficient. The question naturally arises—what causes this deficient supply of blood?

II. Asphyxia, or preferably Apnœa, synonymous with *suffocation*, arises from any cause which impedes the circulation of the blood through the lungs, thereby producing engorgement of the pulmonary arteries and the right side of the heart. Consequent on this we have distension of the venæ cavæ, with venous engorgement of the liver, spleen, head, &c.

The causes, being *anything* which impedes the circulation through the lungs, embrace—1st. Cessation of the action of the muscles of respiration from loss of nervous influence, as from injury to the upper part of the spinal marrow, injury or division of the phrenic nerves, severe cold, debility, as in new-born infants, mechanical restraint, as pressure on the thorax or abdomen, pressure on the lungs by the admission of air into the cavities of the pleura, or the upper pressure of the abdominal viscera through a wound of the diaphragm, spasm, as in tetanus. 2nd. Cessation of the vital action of the lungs themselves from loss of vital influence, as from injury or division of the eighth pair of nerves. 3rd. Mechanical exclusion of the air from the lungs, as in hanging, drowning, or other mechanical means of suffocation, as by a foreign body in the trachea, &c. 4th. Want of respirable air, as in extreme rarefaction of the atmosphere, as on very high mountains, or the presence of an undue proportion of nitrogen, nitric oxide, or hydrogen gases. 5th. The presence of deleterious or poisonous gases, as carbonic acid gas, carbonic oxide gas, carburetted hydrogen gas, sulphuretted hydrogen gas, arseniuretted hydrogen gas, hydrocyanic acid (gaseous), chlorine, sulphurous acid gas, ammonia, &c. 6th. Diseases of the lungs themselves, rendering them impermeable by the air, as hepatization, œdema, emphysema, apoplexy (pulmonary), &c., which act mechanically.

The proximate cause of death in asphyxia is the cessation of the nervous or vital power of the brain owing to a want of arterialized blood; and the steps of the process are—1st. Arrest of the transmission of the blood through the capillary vessels of the lungs. 2nd. Accumulation of dark blood in the pulmonary arteries and right side of the heart, and consequent congestion in the venæ cavæ, with venous engorgement of the liver, spleen, head, &c. 3rd. Arrest of the supply of arterialized blood to the left side of the heart, and consequently want of stimulus to its due action. 4th. Want of arterial blood in the brain and nervous centres, causing cessation of vital action.

III. Asthenia.—We accept this term to express direct paralysis or total loss of innervation of the heart, *both sides of it being affected*, its motive powers being destroyed, irrespective of the blood itself as to the quantity, and, as far as we really know, as to the quality. The causes, then, of asthenia are everything which primarily destroys the vital action of the brain and nervous centres, embracing those causes which form the first class in Guy's tabular arrangement—viz., "lightning, severe blows on the head, severe constitutional shocks, strong mental emotions," to which we may add certain poisons.

In asthenia we find the heart flaccid, containing blood, more or less, in all its cavities, and the bloodvessels, both systemic and pulmonic, also containing more or less blood, arising from the sudden arrest of vitality.

It would be quite foreign to my purpose to enter into any review of the actual or possible combination of these states, but I cannot conclude without observing that what is called syncopal asphyxia, or idiopathic asphyxia, is not asphyxia at all. It is either syncope or asthenia.—*Upper Canada Jour.*

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, JULY 2, 1851.

MEDICAL CHARITIES' BILL.

The following is a brief report of the debate on this measure which took place on Wednesday last. A more lengthened one has been published in some of the papers, but so full of absurd blunders that we cannot rely on it. The truth is, that no reports published in the London papers of debates on Irish affairs can be trusted, except the question at issue involves the consideration of British interests. It appears that there is no formidable opposition to the bill in the Commons, and that it will probably pass there with more or less alteration. It appears, also, from the debate, that many dispensaries, several fever hospitals, and some infirmaries, will be extinguished, and that others will be moved from their present positions; but it is assumed that more permanent and less precarious provision will be made for the remaining institutions in future. We have all along been compelled to handle this subject with great reserve, believing that its advantages, whatever they may be, are not unalloyed by serious disadvantages; but we have not failed to bring before our readers all the points of importance connected with it which require particular attention. Now it is our business to remind our brethren that the period has arrived for a most careful scrutiny of the bill, with a view to its amendment in any particular provision which may appear dangerous; not, however, by any attempt at opposition, but by appeal to Sir W. Somerville, who will doubtless adopt any reasonable suggestion:—

HOUSE OF COMMONS—WEDNESDAY, JUNE 25.

MEDICAL CHARITIES (IRELAND) BILL.

The house went into committee on this bill.

On the question that the preamble be postponed,

Lord Naas objected to the principle of rating contained in the bill. It was the first occasion on which rates had been raised after the manner of the poor-rate for the support of charitable institutions, and he was afraid that this instance would be used as a precedent for future purposes.

Sir William Somerville explained that the object of the bill was to distribute the expenses of these charities, which had formerly been borne by the occupiers alone, over all classes equally, and that was the reason why this system of rating had been pursued.

Mr. G. A. Hamilton said he was sure it was by no means the intention of his noble friend to require from the right hon. baronet opposite any very detailed estimate, or to hold him strictly to any statement he might then make; but considering the pressure of local taxation upon Ireland, the committee had a right to expect that such information should be given on the part of the government as would enable them to judge fairly of the probable cost of the proposed system of medical relief. Upon the whole, he thought the statement of the right hon. baronet a fair one. He understood him to state that there being now about 668 dispensaries, he proposed reducing them to 460, and that he calculated the expense at £44,000 a year; and that there being now 104 hospitals and infirmaries, he proposed reducing them to 74, and calculated the expense at £53,655. That would make the cost of medical charities in Ireland about £100,000 a year. He (Mr. Hamilton) would be well satisfied if he could feel assured that this estimate could be relied on—if he could feel assured that the rate to be levied for medical charities in Ireland would not exceed 2*d.* or 2½*d.* in the pound, and if provision could be made in the bill, that the rates levied should not exceed that amount, he would say at once that the measure would be very advantageous for Ireland. He would now propose the first amendment of which he had given notice. The committee would observe that two commissioners were to be added to the poor-law board, that these commissioners were given the power not only of administering the system of relief, but of determining the qualifications of the medical officers of all institutions. It was therefore most important that the commissioners should possess, as far as possible, the confidence of the profession. The bill provided that one of these commissioners should possess the double qualification of physician and surgeon. He (Mr. Hamilton) was far from thinking that it would not be desirable, in selecting the medical commissioner, that government should select a gentleman possessing the double qualification, but he did not think it desirable that they should be restricted by law. The most eminent men in the profession in Ireland, at the present moment—Dr. Stokes, Sir Henry Marsh, Dr. Graves—possessed only medical qualifications as physicians, and other very eminent men were pure surgeons. It might happen that the most eligible person in whom the public and both branches of the profession would have the greatest confidence, might be either a pure physician or a pure surgeon, and it would not be desirable that for want of the double qualification such a person should be disqualified; he therefore proposed to substitute "or" for "and."

Sir Wm. Somerville would not object to the amendment.

After some desultory discussion, the clause, with some verbal amendments, was agreed to.

On clause 2 being proposed,

Sir R. Ferguson moved the omission of the words "or hos-

pital district or districts," for the purpose of not conferring any other power on the commissioners over hospitals than that of inspection.

Mr. Reynolds opposed the amendment. In consequence of the want of inspection in county and workhouse hospitals, thousands of people had died from wilful neglect and need of proper medical advice and treatment.

Sir W. Somerville hoped the house would not agree to the proposition of the hon. baronet; for great as the abuses were in connexion with hospitals and infirmaries in Ireland, they would be increased if those institutions were not included within the operations of the bill.

Sir D. Norreys opposed the amendment, and hoped the bill would be given up altogether if it were carried.

Colonel Dunne said the bill was only an experiment, and he thought it would be best to try it upon dispensaries first, and if it were found to work well, then its provisions could be extended to hospitals.

Lord Bernard did not think it would be advisable to introduce the amendment into the bill now.

Mr. French was not disposed to support the amendment.

Mr. Vesey recommended the government to adopt the plan of the hon. member for Londonderry, and they would get rid of all the other amendments that were to be proposed in the bill.

Mr. S. Crawford expressed a hope that the amendment would not be carried, as he felt all medical charities ought to be placed on the same footing, and under the same control.

Mr. O'Flaherty also called upon the committee to reject the amendment, and allow all the medical charities to rest upon one general fund. If, however, the bill was not to be adopted in its integrity, he would much rather wait for another year before legislating on the subject at all.

Mr. Clements supported the amendment, adding that it could be easily recalled next session if it did not succeed.

After a few words from Mr. Conolly and Sir W. Somerville,

Lord Naas said he should be the first person to support the bill if he thought it would do Ireland any good; but he had heard nothing proved against the existing management of the hospitals, and in the absence of any such proof he could see no reason for changing the system.

Colonel Rawdon implored the committee not to allow the bill to be defeated, as it was calculated to confer a great and lasting boon upon Ireland.

Mr. Hamilton—If they were to divide now, he must occupy the time of the committee for a few moments. He agreed fully with his noble friend near him in what he had stated with regard to the medical officers of infirmaries in Ireland. No body of men stood higher in public estimation, and the state of the infirmaries generally reflected the greatest credit upon their management and professional attainments. As he understood the amendment of his honourable friend, it referred only to hospitals; the clause gave the power of dividing the country into dispensary and hospital districts; if the word "hospitals" were struck out as was proposed, the commissioners would have no power to make hospital districts. But infirmaries had no districts under the present law; therefore, as he thought, the question of infirmaries was not touched by the clause, and the question was confined to the expediency of extending the bill to hospitals. If there were time, he could show that nearly all the evils incident to dispensaries were equally applicable to hospitals. He saw no reason for postponing the question of hospitals to another session. Nothing could be more objectionable than uncertainty with regard to legislation in such matters; and therefore, though differing from many of his friends about him, he felt bound to support the government in retaining the word "hospital" districts.

After a few words of explanation from Sir W. Somerville and Colonel Dunne, the committee divided, when there appeared—

For the amendment	...	...	...	24
Against it	...	...	...	85
Majority	...	...	...	—61

The amendment was consequently lost.

On the motion of Mr. Clements, the Chairman was instructed to report progress, and the house having resumed, he did so accordingly.

The following version we copy from the *Times*:—

Lord Naas was extremely desirous to hear from his right hon. friend some explicit statement of what the contemplated addition to the taxation would be; what extension of dispensaries and hospitals would take place; what new medical officers would be required; and generally, what the practical manner and effect of the change would be.

Sir W. Somerville said that the amount expended for medical charities in Ireland under the existing system might be taken at from £120,000 to 126,000 yearly, but the estimated expense of the new system would be considerably less. The number of dispensaries in Ireland was about 670, but his opinion was that if those institutions were properly managed, and if districts were carefully formed, the number might be considerably reduced. Indeed, he believed that about 460 dispensaries, if they were properly distributed over the country, would be sufficient. He calculated the average expense of each dispensary at £95 a year, so that a sum of £44,175 would be required for the support of dispensaries. He believed that, by adopting the system of district hospitals, a very large number of the infirmaries and fever hospitals might be dispensed with; for the existing plan of having the fever hospitals separate from the infirmaries rendered it necessary to keep up a very large number of these institutions. He considered that if districts were properly formed throughout the whole of Ireland, about 74 district hospitals or infirmaries, containing 68 beds each, would be quite sufficient. He understood that the average number of beds provided in the infirmaries now established was about 50 each, and by the plan he proposed, although the number of hospitals would be reduced, the number of beds would be increased. The increase of the number of beds under this bill would be about 1000. The expense of the hospitals and infirmaries was calculated at £53,655, so that the total expenditure under this measure would be about £97,830 a year.

We find that Mr. O'Flaherty, the member for Galway, has carried an amendment which will exclude from the much-coveted commissionership all candidates under ten years' standing: which of them it "hits" we cannot tell. The same gentleman proposes that the commissioner should be allowed to practise while engaged in the discharge of his public duties, but we cannot discover how his truly Irish proposal fared, neither can we well guess for whose use and behoof these bits of comfortable legislation are propounded. As for allowing the proposed commissioner to practise his profession while filling such an office it is monstrous: such an arrangement would establish a frightful system of corruption, and legalize a regular practice of bribery by means of mock consultations. If there be one point more than another to which Sir W. Somerville is pledged, it is to the defeat of this job, and the prevention of the scandalous practices which must follow its perpetration.

PHARMACY BILL.

A Bill for regulating the qualifications of Pharmaceutical Chemists and the Practice of Pharmacy, has been introduced by Mr. Jacob Bell, the member for St. Alban's, and editor of the *Pharmaceutical Journal*. The following copy of the Preamble will explain its object:—

Whereas it is expedient for the safety of the public that persons exercising the business or calling of pharmaceutical chemists, chemists and druggists, or dispensing chemists, in Great Britain, should possess a competent practical knowledge of pharmaceutical and general chemistry, and with other branches of useful knowledge: And whereas certain persons desirous of advancing chemistry and pharmacy, and of promoting an uniform system of education of those who should practise the same, formed themselves into a society called "The Pharmaceutical Society of Great Britain," which said society was on the eighteenth day of February, one thousand eight hundred and forty-three, incorporated by Royal Charter, whereby it was provided that the said society should consist of members who should be chemists and druggists who were or had been established on their own account at the date of the said charter, or who should have been examined in such manner as the council of the said society should deem proper, or who should have been certified to be duly qualified for admission, or who should be persons elected as superintendents by the council of the said society: And whereas it is expedient to prevent ignorant and incompetent

persons exercising the business or calling of pharmaceutical chemists, chemists and druggists, or dispensing chemists, in Great Britain, and to that end it is desirable that all persons before exercising the said business or calling, should be duly examined as to their skill and knowledge by competent persons, and that a register should be kept by some legally authorized officer, of all persons engaged in the said business or calling: And whereas for the purposes aforesaid, and for extending the benefits which have already resulted from the said Charter of Incorporation, it is desirable that additional powers should be granted for regulating the qualifications of persons who may carry on the business of pharmaceutical chemists, chemists and druggists, or dispensing chemists, and for other purposes connected with the practice of pharmacy: Be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present parliament assembled, and by the authority of the same, &c. &c.

This we consider a measure of great value and importance; it is in fact a necessary consequence of the abandonment of the pharmaceutical department by the apothecaries' companies, and their insane notions respecting their claims to be considered licensing medical bodies. Of the extension of the act to Ireland in process of time, should it become law in England, there can be little doubt; and then shall we have realized the views of the late Mr. Carmichael, and those who supported him some ten years ago.

MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

The Treasurer has received the following sums:—

Dr. Geary, Limerick	£1	0	0
Dr. S. R. Carter, Castledermort... ...	1	0	0
Dr. Sharkey, Ballinasloe	1	0	0
Dr. Frith, Limerick	1	0	0
Dr. White, Londonderry	1	1	0
Dr. Quinn, Dungarvan	1	1	0
Dr. Tabuteau, Portarlington	2	0	0
Dr. Harvey	1	1	0
J. Hyndman, Esq.	1	1	0
M. H. Collis, Esq.		10	6
Dr. Churchill	1	0	0
Dr. Barlow		10	0
Dr. Macdonnell	5	0	0
Mrs. Carmichael	5	0	0
Dr. Nalty	2	0	0

M. Collis, Treasurer.
C. Benson, Secretary.

OPIUM-EATING IN ENGLAND.

Will you allow an old subscriber to say a few words on the practice of opium-taking—a practice which, I fear, is much on the increase in the rural districts of this country. The subject is highly important to the public, and not uninteresting to the profession at large. At the same time, there is little or no information respecting it to be met with in medical works. The question I wish to put is this—Is it possible to reform a person who has been long addicted to the practice of taking opium? We all know the injurious effects its long-continued use produces both on body and mind; but it is only the unfortunate victims themselves who can depict the miserable depression, the indescribable uneasiness, they experience when deprived of the accustomed dose. Since the crusade of the teetotallers against spirit-drinking, there is great reason to believe that the practice of taking opium is on the increase; and when one of the first of our physicians describes it as a virtuous and comparatively harmless species of excitement, compared with gin-drinking, I cannot but think he treats it with undue lenity, and may unintentionally contribute to the extension of the vice. For those unfortunate creatures who daily resort to this baneful drug as a cheap species of intoxication, I have but little sympathy or commiseration. Their weakness entails a severe punishment even in this world. But there are others, especially among the middle classes of society, who resort to the use of opium under the pressure of severe mental distress; and although nor poppy nor mandragora can

> "Pluck from the memory a rooted sorrow,
> Or rase the written troubles of the brain,"

still there are many cases in which morphia, or some other sweet oblivious antidote, by procuring sleep, preserves the sufferer from painful or heart-rending recollections. When relief is obtained by such means, the practice soon becomes habitual. What was at first a moral solace is now converted into a physical necessity; while Time, the great mediciner, which sooner or later softens the pangs of every mourner, only serves to strengthen the chains of that habit, into which his sufferings have betrayed him. It is for an unfortunate being of this description that I now bespeak your sympathy, and respectfully request the advice of my more experienced brethren. Some two years ago, after a severe domestic trial, my friend was induced to resort to morphia as a means of procuring sleep; but though the violence of his grief has long since subsided into a tender melancholy, he finds himself unable to throw off the habit he has so unwittingly contracted. Deprived of the accustomed dose, which I should premise is not a very large one, he describes himself as "irritable, dejected, prostrate in body and mind, and utterly incapable of discharging the ordinary duties and business of life." What can be done in such a case? Should I advise him to leave it off totally and at once, and trust to time and nature for relief? Or do you recommend a gradual diminution of the dose? Is there no other stimulant less injurious in its effects, yet still capable of preventing that collapse of the system which assails every victim who wishes to reform? In short, what is the best course to follow for an opium-taker who wishes to desist from the practice, and who is otherwise in good health? Are we to consider entire abstinence impossible, when the practice has been indulged in upwards of two years? Coleridge used to assert that he could leave off when he chose, and I have heard many others say the same; but I never knew but one who permanently succeeded in his efforts at reform. If the experience of any of your learned correspondents should enable them to throw a little light on this subject, I should feel greatly obliged by the communication, and it would prove, I think, generally acceptable to your readers. That opium-taking is on the increase, any one may convince himself by making inquiries of the druggists. In the county in which I reside it is well known their chief profit consists in the retail sale of opium. In conclusion, permit me to observe, notwithstanding the dreadful effects on the system at large which opium-taking commonly produces, that I know many old people who have taken it for years, with little apparent injury to their health. Continued observation has also forced on me another idea, which I promulgate with less confidence—namely, that the habitual use of opiates is in some way or other a powerful prophylactic against phthisis and diseases of an inflammatory nature.—*Letter in Lancet.*

ADULTERATION OF TEA.

It appears that the "glaze" on the surface of certain kinds of green tea is given to it by the manufacturer, not with a view to adulteration, but for the purpose of suiting his foreign customers. This glaze is composed of a mixture of Prussian blue, turmeric, and fibrous gypsum; a small portion of which is sufficient to give the requisite glaze to a large quantity of tea. There is, however, an extensive adulteration of tea practised in China, not by the desire of the manufacturer, but to meet the price offered by the importers of the tea into England. Some samples of this tea examined by Mr. Warington, were found to consist of powdered tea, sand, and dirt, agglutinated together by means of gum; the black being coloured with plumbago, and the green with the facing above mentioned. On analysis, these teas were found to give from 35 to 45 per cent. of ashes on incineration, whilst good tea did not give more than 5 per cent. of ash, the excess in the adulterated specimens being composed of sand, dirt, and other extraneous matter. Upwards of 750,000 pounds of this tea have been imported into this country within eighteen months. The adulteration may be detected from the circumstance, that on the addition of boiling water, there is no opening or unfolding of the leaf, as in good tea, the fact being that there is no leaf to unfold. The Chinese call this Lie-tea, and prepare it only to suit the wishes of the importers. Attempts were made to pass these teas at the Custom House as manufactured goods, paying an *ad valorem* duty of 10 per cent., instead of the usual rate of 2*s.* 1*d.* per pound. The name "gum-and-dust" is given by the trade to the tea with which this fraudulent article has been mixed. It would appear that the difference between green and black tea, as far as regards their physical and chemical condition, arises from the fact that the latter in its preparation is made to undergo a species of fermentation and oxidation previous to being roasted.—*Mr. Warington in Phar. Jour.*

THE UNIVERSITY OF ST. ANDREW'S AND HOMŒOPATHY.

THE following correspondence has taken place between Professor Day of St. Andrew's and Dr. Robert Douglas Hale:

"St. Giles's-street, Norwich, June 12, 1851.

DEAR SIR,—It would have been more courteous to have waited for a reply from me before sending your communication to the *Lancet*. I shall therefore simply state, that it was not my business to declare myself a homœopathist, and that I think your expression of 'grossest deception,' is wholly inapplicable either to me or to any one who, under such circumstances, practises such reserve as I did. The obvious aim I had in view in replying to the questions put at my examination, was to prove that my knowledge of medicine was such as to entitle me to the certificate of competency to practise in the usual mode followed, and that it was not from ignorance of the old system that I had conscientiously adopted the new.

I cannot imagine that you, or any right-minded man who considers the present state of medicine, and of medical parties in these realms, would, after due consideration, apply the term you have used, to a reserve so necessary as that I practised, in not putting forward my therapeutical views.

For the censure or praise of a bigoted and prejudiced periodical I care but little, but I do regret that my conduct should for a moment appear in a light it ill deserves, in the eyes of the enlightened professor of medicine in the university from which I have had the honour of receiving my degree.—I remain, dear sir, very faithfully yours,

ROBERT DOUGLAS HALE.

To George Day, Esq., M.D."

"St. Andrew's, June 14, 1851.

DEAR SIR,—I regret that your answer to my note is of so unsatisfactory a nature. While I beg to assure you that I have no wish to apply the term 'grossest deception' to your conduct in a personally offensive view, I must still express my opinion that no honest homœopath, conscious that the examiners trusted to his honour 'to specify the mode of treatment he is in the habit of adopting, and the doses of the medicines which he prescribes,' could have obtained his degree at our last examination.—I am, dear sir, faithfully yours,

GEORGE E. DAY.

To Dr. Robert Douglas Hale."

Any comment on the letter of Dr. Hale is obviously unnecessary. It affords a great pleasure to be enabled to state that the University of St. Andrew's are taking active measures in this matter, with the view of vindicating the character of the university. The conduct of Professor Day is entitled to all praise, and offers an example which might be followed with advantage by the principals of other universities and colleges which are much disposed to boast of their *orthodox* respectability.—*Lancet.*

As much blame has been imputed to the professors of the University of Edinburgh for their alleged apathy in regard to the homœopathic perversion of a colleague, we think it right to state that the medical faculty have done all that was in their power. Several years ago, when it first became known that Dr. Henderson was treating acute inflammatory affections by the administration of globules, in the clinical wards of the Royal Infirmary, the medical faculty having in vain remonstrated with him, intimated to the managers of the hospital that they did not wish he should any longer act as one of the professors of clinical medicine, and he was dismissed accordingly. As to the professorship of general pathology, the medical faculty have no power in the way of appointment or dismissal; but we have no doubt that if it ever came to their knowledge that Dr. Henderson was making his lectures from this chair the vehicle of homœopathic doctrines, they would petition the patrons for his removal. The testimony of students who have attended this course, assures us there has hitherto been no ground for any such complaint; and so long as this is the case, we do not see how the medical faculty can take cognizance of the principles upon which their colleague chooses to conduct his private practice.—*Edin. Monthly Jr.*

In Dr. (?) Bell's letter I see he signs himself M.R.C.S.I., &c., but not M.D. Now, he has *Dr.* on his cards and on his door. Perhaps he may think it right to inform some who doubt the fact, whether he is an M.D., and of what university? If he be, it is strange that in his letters, and also in his return to the *Directory*, he has omitted to notify the same. —*Letter in Lancet.*

BIRTHS AND DEATHS IN LONDON,

DURING THE WEEK ENDING SATURDAY, JUNE 21.

Births.		Deaths.	
Males	728	Males	492
Females	754	Females	476
	1482		968

CAUSES OF DEATH.

1. *Zymotic* (epidemic, endemic, &c.) *Diseases*,	205
2. Dropsy, cancer, &c., of uncertain seat,	35
3. Brain, spinal marrow, nerves, and senses,	109
4. Heart and bloodvessels,	58
5. Lungs, and other organs of respiration,	112
6. Stomach, liver, and other organs of digestion	59
7. Diseases of the kidneys, &c.,	12
8. Childbirth, diseases of the uterus, &c.,	9
9. Rheumatism, diseases of the bones, joints,	8
10. Skin, cellular tissue, &c.,	3
11. Premature birth,	0

The following is a selection of the number of deaths from the most important special causes:—

Small-pox,	22	Paralysis,	14
Measles,	39	Convulsions,	46
Scarlatina,	19	Bronchitis,	39
Hooping-cough,	48	Pneumonia,	55
Diarrhœa,	16	Phthisis,	124
Cholera,	1	Diseases of lungs, &c.,	9
Typhus,	35	Teething,	16
Dropsy,	9	Diseases of stomach, &c	4
Sudden deaths,	8	Diseases of liver, &c.	11
Hydrocephalus,	39	Childbirth,	5
Apoplexy,	19	Uterus,	3

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1851.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	June 22nd,	75	46	30.050	.360
Monday,	23rd,	70	42.5	30.350	
Tuesday,	24th,	72	49	30.300	
Wednesday,	25th,	74.5	53	30.250	.012
Thursday,	26th,	80	53	30.250	
Friday,*	27th,	85.5	53	30.210	
Saturday,	28th,	85	56	30.166	

* This has been the hottest day in Dublin for sixteen years.

PORTARLINGTON, QUEEN'S COUNTY.

1851.	Max. T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
June 22nd,	70	46	29.705	58.1	50.4	42.7	.052	NW
23rd,	62.5	42.5	30.011	59	54	49.8		NW
24th,	61.5	49	29.991	57.1	54.8	53		NW
25th,	68	49	29.910	60.2	52.6	45.6		SW
26th,	72	52	29.842	65	57.8	52.3		SE
27th,	78	53	29.834	68	59.2	52.7		SE
28th,	80	52	29.784	74	64.8	59.1		SE

M. W. HANLON, M.B.

ROYAL OBSERVATORY, GREENWICH.

Mean height of Barometer	29.9
" " Thermometer*	60.2
Self-registering do.† ..... max. 97. min.	34.8

* From 12 observations daily—† Sun.

Rain, in inches, 0.43: sum of the daily observations taken at nine o'clock.

Meteorological.—The mean temperature of the week was 1 deg. 5 above the mean of the month.

THE PRESS AND THE QUACKS.

IT is generally considered in this country that the advertising quacks exercise a great influence over a portion of the periodical press, by their constant advertising; there can be no doubt but that the editors who admit these polluting announcements into their journals, become accomplices with the quacks in their barefaced pretensions. But the French charlatans, as we learn by the *Presse Médicale de Bruxelles*, distance the English completely respecting the hold they have taken upon the periodical press. This will become apparent when we state, that the Parisian quack who sells an anti-syphilitic medicine, which is very appropriately called "*Rob*," is co-proprietor of such papers as *Le Siècle*, *Le Constitutionel*, *Le Corsaire*, and even *L'Abeille Médicale*.

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2. Guy's Hospital Reports.
3. Fifth Annual Report of the Commissioners in Lunacy.
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6. Dr. Volkmann on the Dynamics of the Circulation.
7. Mr. Lee on Inflammation of the Veins.
8. Merits and Demerits of the Perineal Section.
9. Professor Lehmann's Physiological Chemistry.
10. Dr. Tripe on the Etiology of Scarlatina.
11. Acton, Johnson, and Hunt on Venereal Diseases.
12. Dr. Wegg on the Science and Art of Medicine.
13. Grove, Carpenter, &c., on the Correlation of Forces, Physical and Vital.
14. Dr. Mettauer on Stricture of the Urethra.

BIBLIOGRAPICAL NOTICES.

1. Mr. Dalrymple's Pathology of the Human Eye.
2. Dr. Golding Bird on Urinary Deposits.
3. McDougall's Lallemand on Spermatorrhœa.
4. Mr. Erasmus Wilson's Portraits of Diseases of the Skin.
5. Mr. Mouat's Elements of Anatomy.
6. Dr. Hooper's Physician's Vade-Mecum.
7. M. Schultze on the Arteries.
8. Messrs. Canton and Jordan on the Teeth.
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8. Impulses of the Insane.
9. Statistics of Suicide in France.
10. Influence of Mental Emotion in Heart Disease.
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ORIGINAL COMMUNICATIONS.

ON CATARACT OR OPACITIES OF THE CRYSTALLINE LENS.

By ARTHUR JACOB, M.D., F.R.C.S.,

Professor of Anatomy and Physiology in the Royal College of Surgeons in Ireland, and Surgeon to the City of Dublin Hospital.

IT is scarcely necessary to state that cataract is the name given to that disease of the eye in which blindness is caused by loss of transparency in the crystalline lens; and under that name, therefore, all opacities whatever of that part should be considered. Certain appearances, generally accompanied by defective vision, have been denominated glaucoma; but if it is meant to attribute these appearances and the defective vision which accompanies it to any loss of transparency in the crystalline lens, the term should not be used, the disease being in that case only a form of cataract. The application of two different names to the same disease is calculated to create confusion. I am not here, however, going to inquire what the disease called glaucoma is, I only want to have it settled that it is not cataract, or that if it is, it should be so called.

Notwithstanding all that has been already written on the subject, I think it is necessary to preface what I have to say respecting changes in structure of the crystalline lens by a description of that part in its natural and healthy state. It is, as every one knows, what is called a double-convex lens, or rather like two plano-convex lenses united at their plane surfaces; for its anterior surface is much less curved than its posterior: if it was not, we should have it touching the iris, and perhaps interfering with the contractions of the pupil. Its minor axis measures about seven-fortieths of an inch; or in other words, it is seven-fortieths of an inch thick; being about one half the length of its major axis or breadth. If we consider the surfaces of the lens to be spherical, we may say that the posterior is a segment of a smaller sphere than the anterior; or in other words, it is much more convex: the surfaces are not, however, strictly speaking, spherical, but perhaps spheroidical, or even elliptical or hyperbolical. These curvatures, it must also be recollected, are very different at different periods of life. In youth, perhaps we may say to the period of puberty, they are more curved, but from this period to forty-five or fifty, they remain stationary, when they become less so; in fact, the lens in children is much thicker or more convex, while in old persons it becomes less convex, thinner, and flatter. The consideration of these changes are of great importance in a practical point of view, because although the greater convexity in early life does not seem to render the eye myopic, the flattening in advanced life causes it to become presbyopic. The greatest difference also often exists in different individuals in this respect, causing short or long sight throughout life, and even in the same individual the lenses appear to be frequently unequal, causing serious imperfection of vision. In incipient cataract, the curvatures of the lens often alter, sometimes causing persons to lay aside their spectacles, and sometimes to change them for others of shorter focus. I am of course aware that the differences above alluded to may be attributed to other causes, but the undisputed fact that the lens becomes much flatter as we advance in life, and that at the same time the eye becomes presbyopic, appears conclusive as to the cause and effect.

With a view to determine the causes of the changes which take place in vision from age or alteration in structure, it is necessary to consider the refractive power of the crystalline lens. The refractive power of the capsule has not been ascertained, but it is probably greater than any other of the transparent parts, although from its being so very thin it has little effect in altering the direction of the rays of light. The body of the lens is not of equal density throughout, being scarcely denser than water at the surface, but increases gradually in density to the centre, so that probably the rays do not pass through it in straight lines, but more or less curved. The mean refractive index is, however, held to be 1.384, and its principal focal length in air about one-third of an inch, perhaps its power may therefore be considered half way between water and glass. The density, and consequently the refractive power of the lens, becomes greater in advanced life, and for anything

we know to the contrary, there may be some difference in this respect, as well as in the curvatures of the surface, in different individuals; so that, whether from this cause, or from some peculiarity in organization, or from defect of adjustment in the size or place of the pupil, very serious imperfections of vision frequently occur, and are often confounded with incipient cataract or imperfect amaurosis. I every day meet with cases in which one eye is almost useless from some of these causes or a combination of them, and in which I know there is no loss of transparency of the lens or diminution in sensibility of the retina. In such cases relief may sometimes be afforded, especially in near-sighted persons, by the use of glasses calculated to compensate for or neutralise the defect; or perhaps we may effect some improvement by influencing the state of the pupil by external applications. Imperfections of vision from the causes here noticed sometimes occur at the commencement of the period when the lens begins to flatten, and disappear in a year or two when the change in form arrives at its utmost extent.

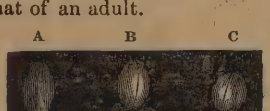
Having premised so much with respect to the form and refractive power of the lens, it may not be superfluous to repeat what I have already stated respecting this part of the eye in the Cyclopædia of Anatomy;* being convinced that a correct knowledge of the structure of any part is the first requisite towards a correct comprehension of the changes it undergoes from disease, and that no brief or meagre description is sufficient to convey that knowledge: it is as follows:—

It has been already stated that there is a double convex lens within the sphere of the eye, at a short distance behind the external lens or cornea. This is the crystalline lens or crystalline humour, which gives additional convergence to the rays of light transmitted through the pupil. It is placed in a depression, formed for its reception on the anterior, compressed, or truncated portion of the vitreous humour, where that body approaches the back of the iris, and constitutes part of the boundaries of the posterior chamber of the aqueous humour. In this depression it adheres firmly to the hyaloid membrane, and from the vessels of that structure derives its nutriment.

This double convex lens does not present the same curvature on both surfaces, the anterior being less curved than the posterior, in the ratio of about 4 to 3. Attempts have been made to determine with accuracy the nature of these curvatures, first by Petit, and subsequently by Wintringham, Chossat, and others. The results of the numerous experiments of Petit lead to the conclusion, that the anterior curvature is that of a portion of a sphere from six to seven lines and a half in diameter, the posterior that of a sphere of from five to six lines and a quarter. From the same source it appears that the diameter is from four lines to four lines and a half, the axis or thickness about two lines, and the weight three or four grains. I am, however, inclined to agree with the observation of Porterfield, that, "as it is scarce possible to measure the crystalline and the other parts of the eye with that exactness that may be depended on, all nice calculations founded on such measures must be fallacious and uncertain, and therefore should, for the most part, be looked on rather as illustrations than strict demonstrations of the points in question." The method by which Petit arrived at these results must render them of doubtful value, the curvatures having been determined by the application of brass plates cut to the requisite form. The results of Chossat's experiments, conducted with great care, and with the assistance of the megascope, are thus stated by Mr. Lloyd in his treatise on Optics:—"This author has found that the cornea of the eye of the ox is an ellipsoid of revolution round the greater axis, this axis being inclined inwards about 10 deg. The ratio of the major axis to the distance between the foci in the generating ellipse he found to be 1.3; and this agreeing very nearly with 1.337, the index of refraction of the aqueous humour, it follows that parallel rays will be refracted to a focus, by the surface of this humour, with mathematical accuracy. The same author found likewise that the two surfaces of the crystalline lens are *ellipsoids* of revolution round the *lesser* axis; and it is somewhat remarkable that the axes of these surfaces do not coincide in direction either with each other, or with the axis of the cornea, these axes being both inclined *outwards*, and containing with each other, in the horizontal section in which they lie, an angle of about 5 deg." It must not be forgotten that these observations apply to the crystalline of the ox, not to that of man, and also that, as Chossat himself admits, the evaporation of the fluid part of the lens, or the absorption or imbibition of the water in which it is immersed, may materially alter the curvature. I cannot myself believe it possible to separate a fresh lens in its capsule perfectly from the hyaloid membrane without injuring its structure, and endangering an alteration in its form. Haller states that Kepler considered the anterior convexity to approach to a spheroid, and the posterior to a hyperbolic cone. Wintringham states the results of his inquiries as to this matter as follows:—"In order to take the dimensions of the eye of an ox, I placed it on a horizontal board and applied three moveable silks, which were kept extended by small plummets, so as to be exact tangents to the arch of the cornea, as well at each canthus, as at the vertex; then applying a very exactly divided scale, I found that the cord of the cornea was equal to 1.05 of an inch, the versed sine of this cord to be 0.29, and consequently the radius of the cornea was equal to 0.620215 of an inch. I then carefully took off the cornea, and replaced the eye as before, and found, by applying one of the threads as a tangent to the vertex of the crystalline, that the distance between this and the vertex of the cornea was 0.355 of an inch. Afterwards I took the crystalline out without injuring its figure, or displacing the capsula, and then applying the threads to each surface of this humour, as was done before to the arch of the cornea, I found that the cord of the crystalline was 0.74 of an inch, and its versed sine, with respect to the anterior surface, to be 0.189 of an inch, and consequently the radius of this surface was 0.45665 of the same. In like manner the versed sine to the same cord, with respect to the posterior surface of the crystalline, I found to be equal to 0.38845 of an inch. Lastly, I found the axis of the crystalline and that of the whole eye from the cornea to the retina to be 0.574, 2.21 respectively. Whatever doubts may be entertained respecting the accuracy of the measurements of the lens, there can be none that the form is different at different periods of life, in the human subject. It also appears to differ in different individuals at the same period of life, and probably the curvature is not the same in both eyes. In other animals the difference in form is most remarkable. In the human fœtus, even up to the ninth month, it is almost spherical. Petit states that he found the anterior curvature in a fœtus of seven months, a portion of a sphere of three lines diameter, and the posterior of two and a half, and the same in a new-born infant. In an infant eight days old, the anterior convexity was a portion of a sphere of four lines, and the posterior of three. All anatomists concur in considering the lens to approach more to a sphere at this period. In childhood the curvatures still continue

* For the article Eye in the Cyclopædia of Anatomy here alluded to, I venture to take this opportunity of claiming a fair consideration at the risk of being charged with undue partiality towards it, because it was prepared by myself. Articles in encyclopædias are frequently looked upon as mere compilations, and are therefore seldom referred to as depositories of original information, but many of those of the Cyclopædia of Anatomy were of the latter description. Upon the article on Anatomy of the Eye, no expense was spared by the publishers, and I can safely say that no trouble was spared by me. I therefore can refer those who attach value to information derived from this source to it with confidence.

much greater than in advanced life; from ten to twenty probably decrease, and from that period to forty, forty-five, or fifty, remain stationary, when they become much less; being, according to the tables of Petit, portions of spheres from seven to even twelve lines in diameter, and on the posterior of six or eight. Every day's observation proves that the lens becomes flattened, and its curvatures diminished as persons advance in life. It is seen in dissection, when extracted by operation, and even during life; the distance between its anterior surface and the back of the iris being so great in some old persons, that the shadow of the pupil may be seen upon it, while at an earlier period it actually touches that part of the membrane. This diminution of the curvatures of the lens commences about the age of forty-five. Petit found the anterior convexity varying from a sphere of about seven to twelve lines diameter, and the posterior from five to eight in persons from fifty to sixty-five years of age. The alteration in power of adaptation, and the indistinctness of vision of near objects which takes place at this period, is probably to be attributed to this cause, although a diminution of the muscular power of the iris, and consequent inactivity of the pupil, may contribute to the defect. It is also to be recollected that the density of the lens is much increased at this period, and that the young person whose lens presents greater curvatures does not require concave glasses, as the old person requires convex ones. The state of the eye, after the removal of the lens by operation for cataract, proves that it is a part of the organ essentially necessary for correct vision. When the eye is in other respects perfect, without any shred of opaque capsule, any irregularity or adhesion of the pupil, or any alteration in the curvature of the cornea, as in young persons who have had the lens properly broken up with a fine needle through the cornea, vision is so good for distant objects, that such persons are able to pursue their common occupations, and walk with safety through crowded streets, but they require the use of a convex lens, of from three and a half to five inches focus, for reading or vision of near; old persons, however, generally require convex glasses on all occasions after the removal of the lens. That the curvatures of the lens are frequently different in different individuals may be inferred from the frequency of short sight, or defective power of adaptation, not attributable to any peculiarity of the cornea. Petit states that he found lenses of which the two convexities were equal, and others of which the anterior was greater than the posterior, and more than once, one more convex on its anterior surface in one eye, while that in the other eye was in a natural state. He also occasionally found the lens as convex in the advanced period of life as in youth. I have repeatedly observed the perfection of vision and power of adaptation much greater in one eye than the other in the same individual, without any defect of the cornea, pupil, or retina; and occasionally have found young persons requiring the common convex glasses used by persons advanced in life, and old persons becoming near-sighted, and requiring concaves. The annexed letters show the difference of curvature at the different periods of life, as represented by Sömmerring. *A* is the lens of the fœtus; *B*, that of a child of six years of age; and *C*, that of an adult.



The colour of the lens is also different at different periods of life. In the fœtus it is often of a reddish colour; at birth and in infancy it appears slightly opaque or opaline; in youth it is perfectly transparent; and in the more advanced periods of life acquires a yellowish or amber tint. These varieties in colour are not visible, unless the lens be removed from the eye, until the colour becomes so deep in old age as to diminish the transparency, when it appears opaque or milky, or resembling the semitransparent horn used for lanterns. The hard lenticular cataract of advanced life appears to be nothing more than the extreme of this change of colour, at least when extracted and placed on white paper it presents no other disorganization; but the lens of old persons, when seen in a good light and with a dilated pupil, always appears more or less opaque, although vision remains perfect. The depth of colour is sometimes so great, without any milkiness or opacity, that the pupil appears quite transparent although vision is lost. This is perhaps the state of lens vaguely alluded to by authors under the name of black cataract.

The consistence of the lens varies as much as its colour. In infancy it is soft and pulpy, in youth firmer, but still so soft that it may be crushed between the finger and thumb, and in old age becomes tough and firm. Hence it is that in the earlier periods of life cataracts may be broken up completely into a pulp, and absorbed with certainty, while in old persons they adhere to the needle, unless very delicately touched, and are very liable to be detached from the capsule and thrown upon the iris, causing the destruction of the organ. On this account, therefore, the operation of extraction must generally be resorted to in old persons labouring under this form of cataract, while the complete division of it with the needle and exposure of the fragments to the contact of the aqueous humour secures its removal by absorption in young persons. It must not, however, be forgotten that the softer lenticular cataract occasionally occurs in advanced life.

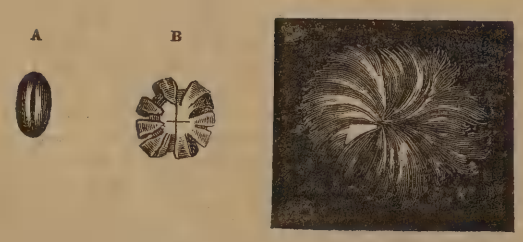
The crystalline lens is a little heavier than water. Porterfield, from the experiments of Bryan Robinson, infers that the specific gravity of the human lens is to that of the other humours as eleven to ten, the latter being nearly the same as water; and Wintringham, from his experiments, concludes that the density of the crystalline is to that of the vitreous humour in the ratio of nine to ten; the specific gravity of the latter being to water as 10024 to 10000. The density of the lens is not the same throughout, the surface being nearly fluid, while the centre scarcely yields to the pressure of the finger and thumb, especially in advanced life. Wintringham found the specific gravity of the centre of the lens of the ox to exceed that of the entire lens in the proportion of twenty-seven to twenty-six. The refractive power is consequently greater than that of the other humours. On this head, Mr. Lloyd, in his Optics, says—"In their refractive power, the aqueous and vitreous humours differ very little from that of water. The refractive index of the aqueous humour is 1.337, and that of the vitreous humour 1.339; that of water being 1.336. The refractive power of the crystalline is greater, its mean refracting index being 1.384. The density of the crystalline, however, is not uniform, but increases gradually from the outside to the centre. This increase of density serves to correct the aberration by increasing the convergence of the central rays more than that of the extreme parts of the pencil." Dr. Brewster, in his treatise on Optics, says—"I have found the following to be the refractive powers of the different humours of the eye, the ray of light being incident upon them from the eye: aqueous humour 1.336; crystalline, surface 1.3767, centre 1.3990, mean 1.3839; vitreous humour 1.3394. But as the rays refracted by the aqueous humour pass into the crystalline, and those from the crystalline into the vitreous humour, the indices of refraction of the separating surface of these humours will be, from the aqueous humour to the outer coat of the crystalline 1.0466, from the aqueous humour to the crystalline, using the mean index, 1.0353, from the vitreous to the outer coat of the crystalline 1.0445, from the vitreous to the crystalline, using the mean index, 1.0332." Dr. Young says—"On the whole, it is probable that the refractive power of the centre of the human crystalline, in its living state, is to that of water nearly as 18 to 7; that the water imbibed after death reduces it to the ratio of 21 to 20; but that on account of the unequable density, its effect in the eye is equivalent to a refraction of 14 to 13 for its whole size."

Respecting the chemical composition of the lens, Berzelius observes, that "the liquid in its cells is more concen-

trated than any other in the body. It is completely diaphanous and colourless, holding in solution a particular animal matter belonging evidently to the class of albuminous substances, but differing from fibrine in not coagulating spontaneously, and from albumen, inasmuch as the concentrated solution, instead of becoming a coherent mass on the application of heat, becomes granulated exactly as the colouring matter of the blood when coagulated, from which it only differs in the absence of colour. All those chemical properties are the same as those of the colouring matter of the blood. The following are the principles of which the lens is composed; peculiar coaguable albuminous matter 35.9, alcoholic extract with salts, 2.4, watery extract with traces of salts 1.3, membrane, forming the cells 2.4, water 58.0.

From the preceding observations it might reasonably be supposed that the lens is composed of a homogeneous material, such as albumen or gelatine, more consolidated in the centre than at the circumference; but this is not the case; on the contrary, it exhibits as much of elaborate organization as any other structure in the animal economy. It consists of an outer case or capsule, so totally different from the solid body contained within it, that they must be separately investigated and described. The body of the lens, it has been already stated, consists of certain saline and animal ingredients combined with more than their weight of water, and when perfectly transparent presents the appearance of a tenacious unorganized mass; but when rendered opaque by disease, loss of vitality, heat, or immersion in certain fluids, its intimate structure becomes visible. If the lens with the capsule attached to the hyaloid membrane be removed from the eye and placed in water, the following day it is found slightly opaque or opaline, and split into several portions by fissures extending from the centre to the circumference, as seen in fig. 2. This appearance is rendered still more obvious by immersion in spirit, or the addition of a few drops of acid to the water. If a lens thus circumstanced be allowed to remain some days in water, it continues to expand and unfold itself, and if delicately touched and opened by the point of a needle, and carefully transferred to spirit, and as it hardens is still more unravelled by dissection, it ultimately presents a remarkable fibrous or tufted appearance, as represented in the figure below, drawn by me some years ago from a preparation of the lens of a fish thus treated (the *Lophius piscatorius*). The three annexed figures represent the structure of the lens above alluded to: *A* is the human crystalline in its natural state; *B*, the same split up into its component plates; and *C*, unravelled in the fish.

Fig. 2.



This very remarkable structure of the body of the lens appears to have been first accurately described by Leeuwenhoek, subsequently by Dr. Young, and still more recently by Sir David Brewster. Leeuwenhoek says—"It may be compared to a small globe or sphere, made up of thin pieces of paper laid one on another, and supposing each paper to be composed of particles or lines placed somewhat in the position of the meredian lines on a globe, extending from one pole to the other." Again, he says—"With regard to the before-mentioned scales or coats, I found them so exceedingly thin, that, measuring them by my eye, I must say that there were more than two thousand of them lying one upon another: and lastly, I saw that each of these coats or scales was formed of filaments or threads placed in regular order, side by side, each coat being the thickness of one such filament." The peculiar arrangement of these fibres he describes as follows:—"Hence we may collect how excessively thin these filaments are; and we shall be struck with admiration in viewing the wonderful manner they take their course, not in a regular circle round the ball of the crystalline humour, as I first thought, but by three different circuits proceeding from a point, which point I will call their axis or centre. They do not on the other side of the sphere approach each other in a centre, but return in a short or sudden turn or bend, where they are the shortest, so that the filaments of which each coat is composed have not in reality any termination or end.

Dr. Young differs from Leeuwenhoek as to the arrangement of the fibres and other particulars, and in his last paper corrects the description given by himself in a former one; he says—"The number of radiations (of the fibres) is of little consequence; but I find that in the human crystalline there are ten on each side, not three, as I once from a hasty observation concluded. In quadrupeds the fibres at their angular meeting are certainly not continued as Leeuwenhoek imagined."

Sir David Brewster says that the direction of the fibres is different in different animals; the simplest arrangement being that of birds, and the cod, haddock, and several other fishes. In it the fibres, like the meridians of a globe, converge to two opposite points of a spheroidal or lenticular solid, as in the annexed figure.

Fig. 3.

The second or next simplest structure he detected in the salmon, shark, trout, and other fishes; as well as in the hare, rabbit, and porpoise among the mammalia; and in the alligator, gecko, and others among reptiles. Such lenses have *two septa* at each pole, as in the annexed figure.

Fig. 4.

The third or more complex structure exists in mammalia in general, "in which *three septa* diverge from each pole of the lens, at angles of 120 deg., the septa of the posterior surface bisecting the angles formed by the septa of the anterior surface, as in the annexed figure.

Fig. 5.

The mode in which these fibres are laterally united to each other is equally curious. Sir David Brewster says that he ascertained this in looking at a bright light through a thin lamina of the lens of a cod, when he observed two faint and broad prismatic images, situated in a line exactly perpendicular to that which joined the common coloured images. Their angular distance from the central image was nearly five times greater than that of the first ordinary prismatic images, and no doubt whatsoever could be entertained that they were owing to a number of minute lines perpendicular to the direction of the fibres, and whose distance did not exceed the 12-500dth of an inch.

Fig. 6.

Upon applying a good microscope to a well-prepared lamina, the two fibres were found united by a series of teeth exactly like those of rack-work, the projecting teeth of one fibre entering into the hollows between the teeth of the adjacent one, as in fig. 6.

With respect to the nutrition of the lens and the nature

of its connexion with the capsule, it is necessary to state that observers entitled to confidence deny the existence of vessels in its structure, and consider that it grows by imbibing new matter from its capsule. Dr. Muller of Berlin says that the capsule of the lens is its matrix, which seems to secrete the layers of the lens from its inner surface, but that this has not been ascertained with certainty. Mr. Toynbee, in a valuable paper printed in the second part of the Philosophical Transactions for 1841, says that "the mode of nutrition of the crystalline lens may be explained by supposing that the nutrient fluid is received by the cells and conducted to the lens, through which it is diffused;" it being believed that cells are either interspersed among the fibres, or that the fibres are composed of them. Notwithstanding this, I cannot admit that it is proved that the lens, or the cornea and vitreous humour, are destitute of vessels. I do not mean to deny that nutrition may be and is effected, as in the simpler forms of animal and vegetable life, without the aid of tubular vessels, and therefore cannot deny that the structures here alluded to may be so nourished; but the question is not yet settled. Microscopic observations of fluids which are easily diffused, separated, and diluted, may be relied upon; but those on organized solids not admitting of subdivision without destruction, cannot be received with so much confidence. Microscopic observers have, perhaps, been going a little too fast, and must allow us a little breathing time before we can accept all that is offered by them; and the more especially because the instrument has been laid hold of, for the purpose of display, by ignorant persons totally unacquainted with its use, and incapable of making correct observations. The question, however, of the vascularity of these structures, is not perhaps of so much practical importance, seeing that, whether vascular or not, they undergo the same changes, both in health and disease, as vascular parts do. The cornea heals by first intention, ulcerates, granulates, and cicatrizes, and the lens becomes opaque, softens, hardens, and even is partially converted into a calcareous structure. These changes I shall have to notice presently, when I come to consider the great variety of forms of cataract, and the other alterations of the lens caused by age, inflammatory action, and injury.

(To be continued.)

SKETCH OF THE LIVES AND OPINIONS OF THE CHIEF ALCHEMICAL AND CHEMICAL PHYSICIANS OR IATRO-CHEMISTS.

By M. Donovan, Esq., M.R.I.A.

(Concluded.)

Paracelsus was born in Einsidlen, in Switzerland, in 1491, or as some say, 1493. It is said that for three years he had been a sow-gelder (Gray on Hudibras). After travelling in search of knowledge, every kind of which that did not emanate from himself he ultimately condemned, he, in 1527, accepted the tendered professorship of medicine and philosophy in the University of Basil, where at the same time Erasmus was professor of theology. He had long been involved in the struggle with the Galenists; but, on his appointment to the professorship, he determined to use every effort for the extermination of Galenical pharmacy, and in his first lecture gave sufficient foretaste of the singular nature of his future career by deflagrating the works of Galen in a brass pan with nitre and sulphur, declaring at the same time that if God would not assist him he would advise and consult with the devil. He had invited a number of Galenists to his lecture, in which he promised the disclosure of an important secret: the doctors assembled; Paracelsus appeared, and uncovered a dish full of human fœces. The Galenists decamped in a fury, the professor roaring after them that they were unworthy the name of doctors if they refused to be initiated into the mysteries of putrefaction.

This remarkable man dazzled the world with an apparent grandeur of purpose which well concealed the impudence and fallacy of his pretensions. By his reckless boldness of practice with remedies hitherto untried or little used, he effected cures never before deemed practicable. To some originality and much assiduity, he superadded the most overweening self-conceit, and the most supercilious contempt of other mens' attainments. He was perhaps one of the most impudent boasters and successful impostors that ever earned so high a reputation with so little merit and so slender a stock of acquirements. Of his immeasureable vanity and carelessness of the contempt of those who could rightly appreciate his pretensions, no better proof is needed than the titles gratuitously assumed by this unblushing quack. He styled himself "Philip Theophrastus Paracelsus Bombastus of Hohenheim, a philosopher, a monarch, a spagyric prince, a supereminent astronomer, a wonderful physician, and Trismegistus of mechanical arcana." In one of his prefaces he says—"In this middle age the monarchy of all arts is given to me Theophrastus Paracelsus, a prince of philosophy and medicine: for I am chosen by God to extinguish the fantastic and presumptuous assertions of Aristotle, Galen, Avicenna, Mesue, and their followers." In the preface to his work called Paragranum, he tells the physicians that the down on his bald pate had more knowledge than all of them together; that the buckles of his shoes had more learning than Galen or Avicenna; and that his beard had more experience than all their universities put together.

To the high character which Paracelsus, no doubt, deservedly obtained for successfully treating cases deemed hopeless, by means then for the first time employed; to his unrivalled impudence in vaunting his cures; and his unmitigated arrogance in lauding his own skill in the same proportion as he depreciated that of every other practitioner of his time, may be attributed the great influence which his opinions and practice gained on the world during a period of intellectual darkness. Yet it is surprising that effrontery so unblushing, vanity so inflated, and illiberality so universal did not, by reaction, prevent rather than promote the adoption of his extraordinary opinions. Those who are anxious to discover the cause of success, in means so unlikely to ensure it, must seek it amongst the weaknesses and follies of mankind which it is not my business here to investigate.

Amongst the accomplishments of Paracelsus were astrology, geomancy, chiromancy, the art of prophecy, alchemy, the caballa, and magic. Erastus says that he cured by magic and the aid of the devil; he says his companions were devils, and that his master was the devil. Paracelsus himself pleads guilty to the impeachment, and with his usual candour acknowledges that he kept a demon confined in the hilt of his sword* for facility of consultation. The

* The notion of a spirit imprisoned in crystal, prevalent amongst professed magicians and other impostors, entertained also amongst the Rosicrucians, seems to have been of Oriental origin. The natives of South-western Australia show respect, almost amounting to veneration, to pieces of crystal which they call "Teyl." None but their sorcerers are allowed to touch them. Captain Gray notices the accordance of this word in sound and signification with the Bætyli mentioned by Burder (Oriental Customs, i., 16), which have been so celebrated and venerated in all Pagan antiquity. These ancient stones were of a round form, and were supposed to be animated by means of magical incantations, with a portion of the Deity. They were consulted on occasions of great and pressing emergency as a kind of divine oracle, and were suspended either round the neck or some other part of the body. Captain Gray adduces reason for believing that this veneration for these stones is general all over the continent of Australia, and it is remarkable that the natives have the greatest objection to show them to females.—*Gray's Journals*, .,*ii* 340, *of two Expeditions of Discovery in Australia*, 1841.

idea of a medical consultation between the devil and the doctor, at the bedside of the sick or dying, gives a singular insight into the practice and opinions which were tolerated in these days of ignorance, superstition, and credulity. He even took great pride in being accounted a magician. To further his pretensions in this respect, as well as to gratify his malignance against the Galenists and their doctrines, he declared that he had received a letter from Galen from hell, and that he had disputed with Avicenna in the vestibule of the infernal regions concerning potable gold, the quinta essentia, the philosopher's stone, and the theriaca. In these representations he seems to have been emulous of Artephius, an alchemist of the twelfth century, who, after a temporary absence, coolly informed his friends that he had been in hell in search of the philosopher's stone, where he saw the devil on a throne of gold surrounded by imps. In this instance, his satanic majesty must have departed from his usual contract with his votaries, for he had presented Artephius with the elixir of life: and accordingly the fortunate alchemist candidly confesses that at the time of writing he was a thousand years old—an age which the celebrated CountCagliostro, another alchemist, also attained, although one of his servants, who had lived with him 500 years, declared he did not think his master was quite a thousand years old yet. Such was the inestimable virtue of the elixir.

Paracelsus affirms in his Archidoxis that he never sought the common philosopher's stone, but discovered one for himself; for in everything he sought to be single in the world. The following is his process for obtaining the means of unbounded wealth:—"In the name of God, take mercury or its elements, separate the pure from the impure; let it be reverberated even to whiteness, and sublime it by sal-ammoniac until it be resolved; let it be calcined, again dissolved, and digested in a pelican for a month: then let it be coagulated into a body." Should any difficulty be found in this process he gives another:—"Let prepared amber be resolved in the stomach of an ostrich born in the earth, strengthened in its nature by the sharpness of the eagle. When the electrum is consumed, reduce it into a spiritual transparent essence: then add the tartarised quintescence, sublime it; and so the amber will be converted into the whiteness of the exalted eagle." Such are his methods of preparing the philosopher's stone; understand them who can.

For proofs of the professional veracity of Paracelsus and the very great power of the medicines employed by him, we need only refer to his own statements. He employed certain plasters called attractives, which were of such energy that one of them attracted 100 pounds of flesh like a magnet; another attracted so much perspired water from the body that it ran down as from the eaves of a house in quantity sufficient to fill a tub; another drew a man's lungs out of his body into his mouth and choked him; another drew the eye-ball out of its socket on the nose. By an attractive of this kind, he declares a cow may be lifted on high. Of such efficacy was this plaster that, as he informs us, no person ever died that had it. It would be an unpardonable dereliction on the part of his biographer to omit the composition of such a panacea: it is as follows:—"Take quintescence of all the gums in the world a quarter of a pound; magistery of the magnet six ounces; of the elements of the fire of amber (that is the electric fluid) one pound! with a few less important ingredients; make them into a cerate with wax."

Some of his styptics were equally energetic: one of them applied to a heap of stones converted them into a rock; two pieces of iron were welded together by it. A person's lips being washed with it they grew together; a certain outlet of the human body was so closed by what he calls the tricks of some sportive wag, that to procure an evacuation, instruments became necessary. This astonishing styptic was composed of quintescences of iron, of bole, of amber, with dried tartar. Elsewhere he informs us that he was called to attend a gentleman labouring under dropsy: he administered to him a diuretic of such power that the chamber where he lay was almost inundated. He declared that he could cure 200 diseases by preparations of lead, and Van Helmont affirms that this was no vain boast.

His physiological notions were as strange as his other opinions. He thought that food was not so essential as the world suppose; but his own practices showed that he considered *drink* as very necessary to maintain a man's energies. He knew a person who lived many years without any other food than ten grains of essence of gold every day. He affirms that a man will require absolutely no food if he be planted with his feet in the earth like the roots of a tree: nay, he saw a man who lived six months with no other nutriment than what he absorbed from a clod of earth placed on his stomach.

His notions concerning youth and old age are whimsically original. According to him, youth is not absent in old age, but is equally in the old man as the young. But the corruption which grows up with youth becomes so strong in old age that it takes away the vigour of youth, although the latter is still present, and then the person is old: the plain meaning of which is, that a person of 100 years of age is an old man and a child at the same instant. Admitting the hypothesis, there is no doubt that if you can separate the corrruption from an old man you convert him into a brisk youth. Now, this separation is to be made, according to Paracelsus, by means of *mercurius vitæ*, which he prepares very simply thus:—"Take mercury essentificated; separate it from its superfluities; sublime with antimony;" this, after some other processes of the same incomprehensible character, is the wonderful renovator of old age referred to.

Another boon conferred on mankind by this Trismegistus is the "arcanum of the tinctures," which takes away all unwieldiness of old age and cures every disease. It is thus made:—"Take the essence of the members, from which separate the elements; put their fire in digestion ever until nothing remain in the bottom. Then set the vessel sealed with the seal of Hermes in a moist cold place: it will soon become visible matter, which is 'the tincture.'"

If an old man can be thus readily manufactured into a young one, there is nothing to prevent his living for ever, unless some mortal disease should arrest his career. But against such a catastrophe Paracelsus has provided by the invention of his peculiar philosopher's stone; for this introduces into him incorruptible life; it even prevents "the budding forth of disease," not only in the man but in his descendants to the tenth generation, and creates the highest nobility of nature.

Another discovery of this "prince of medicine" is that alkahest so lauded by Van Helmont, which not only preserves the liver, but supplies the place of that important viscus when it is broken down and dissolved away: it cures all disorders of the liver, and in short renders it an unnecessary appendage to the body.

His "tincture of philosophers," of most important use in lues, is thus made:—"Take the rosy-coloured blood of a lion from the East, and the glue of the eagle from the South; conjoin them." This tincture, he informs us, preserved the life of some of the ancient Egyptians to 150 years.

Amongst the most sublime of his discoveries was his artificial process for making a man, which he impiously declares was communicated to him by God himself. It is as follows:—"Take a quantity of semen masculinum, seal it up in a glass vessel, and leave it for forty days to putrefy, immersed in a hotbed at its greatest heat of fermentation. Should it not become alive, and move in that time, leave it longer. After this, it will in some degree resemble a man; yet it will be pellucid, and without a body. If then it be prudently nourished, fed for forty weeks with the secret of man's blood, and conserved in a perpetual and equal heat of a hotbed, it will then become a true infant, but it will be far less in size than an ordinary infant. Then it is to be brought up until it be a stout boy, and

become wise. He says that the stars pour out a seed of which monsters are begotten, contrarily to the course of nature: we are defended from these, as well as from tempests of thunder and lightning, by the agency of bright coral.

Whether these were the ravings of a madman or the fictions of a knave, is a question of no easy solution. Yet this extraordinary being enjoyed the highest reputation as a physician; and surprising stories are related of his skill, and of the confidence which his effrontery and eccentricity inspired his patients. Being once called on to see a person who was supposed to be in the agonies of death, the doctor, after inquiring into the case, with the most perfect *nonchalance* invited the patient to dine with him next day, and to enable him to do so gave him three drops of an elixir. The patient passed a good night, and kept his appointment at dinner with his physician.

It is also reported that, with two pills, he cured a certain canon who had been given over by the faculty; but the canon seeing the cure so easily performed refused the exorbitant fee demanded. Law was appealed to, and Paracelsus was awarded only half his demand, which so disgusted him that he resigned his professorship in the university, quit Basle, and retired to Alsace, where he practised a long time with the highest character.

Of the moral character of Paracelsus, little can be said in praise. John Oporinus, his secretary, who, in the hope of discovering his chemical secrets, served him in the capacity of valet, says that during three years he had never seen him sober. He rarely took off his clothes day or night, and for two years was never known to say a prayer. He had a great aversion to the female sex, which Erastus attributes to emasculation, owing to the bite of a hog during his childhood: he had a countenance which corresponded exactly with this state.*

This eccentric being, who professed to make gold, was in his latter life little better than a beggar, and could scarcely command as much money as supplied his ungovernable propensity for drinking. He was taunted by some person, who derided his poverty, by saying that he was more than a physician (medicus) by one letter (mendicus). He that contrived a medicine which professed to cure all diseases, and perpetuate youth, became an irretrievably broken down old man a little after his prime, and after a chequered life of forty-eight years, during which he was extolled and abused, caressed and opposed, enriched and impoverished, honoured and disgraced, he that could prolong life indefinitely died (1541) on a bench beside the kitchen fire of the inn at Strasburgh. Thus were for ever extinguished the pretensions of the philosopher's stone and the elixir of life, notwithstanding the attempt of Van Helmont to revive the cheat a century afterwards.

By the bold use of mercury, antimony, and opium, Paracelsus certainly performed remarkable cures; and it is allowable to believe that he killed his portion by the rash use of these potent remedies. This clever empiric, however, gave *éclat* to chemical remedies, and even to those who employed them. At length a sect of physicians appeared who were distinguished, first by the name of chemists or iatro-chemists, and then of Paracelsians, who, as already observed, after a long contest, extinguished the sect of Galenists. The opinions of the Paracelsians continued but a short time popular, and towards the close of the seventeenth century ceased to be entertained; yet the sect bequeathed, perhaps to the latest posterity, that predilection for chemical remedies by which they were first rendered remarkable. Notwithstanding the insane vagaries of Paracelsus and his followers, we owe them grateful acknowledgments for the introduction of remedies capable of curing diseases which, under the treatment of the Galenists, would certainly have proved mortal. From the time of Paracelsus to the present day, chemical remedies constitute not only the majority, but by far the more energetic portion of therapeutic agents; and our present accomplished race of physicians are to be considered, with regard to the employment of remedies, as representing the iatro-chemists of the sixteenth century.

In bestowing attention on the almost incredible extravagancies of this curiosity of human nature, we have not committed the puerility of amusing ourselves with a mere history of hallucinations: we have been virtually contemplating the age in which he lived; for with whatever disgust or compassion we view the impostures or delusions of that miserable eccentric, with equal surprise and humiliation must we contemplate the benighted condition of mankind when such a being was deferred to.

The next alchemistic physician whose career attracted much of the notice of the world was Van Helmont, born of a noble family in 1577 at Brussels. He seems to have been a man of irregular mind and habits, in this respect somewhat resembling his predecessor, of whom he was an admirer, and to a certain extent an imitator, boasting of the possession of many secrets in common with that magnificent impostor. One of these was the alkahest or universal solvent. He declares that he had performed the process of transmutation, that he projected a quarter of a grain of the powder of projection on eight ounces of hot quicksilver, that the quicksilver immediately ceased to flow, and became as solid as wax. After this process he found the whole converted into the purest gold, weighing almost exactly the same as the original quicksilver. He also declares that he frequently repeated the process before witnesses. These assertions stamp the character of Van Helmont. Yet he was a man of superior attainments and power of mind. He was regularly educated as a physician at Louvain; at 17 he gave lectures in surgery; and before he was 22, when he graduated in medicine, was well versed in the medicine of the Greek and Arabian schools. He was of opinion, and brought forward ingenious but fallacious experiments in support of that opinion, that the three kingdoms of nature, animals, vegetables, and minerals, are composed of water alone, disguised by the plastic virtues of their seeds. As to his physiological opinions, they are not worth notice in the present day. In his practice, he was much addicted to the employment of empirical remedies. As if in imitation of the irregular habits and inordinate boasting of Paracelsus, whom he so much admired, he wandered about from place to place acting in the capacity of an empiric, and employing extravagant modes of cure; but to his credit be it recorded that he did not accept fees, for contempt of money seems to have been one of his redeeming qualities. At last he settled down into the quiet pursuits of his laboratory, and died at the age of 67.

I have now brought under notice the most remarkable of those physicians who practised or believed in transmutation, and shall conclude with some general remarks.

The doctrine of the alchemists afforded a good instance of the danger of hypothesis. It was *assumed* that all metals are fundamentally the same, that their differences are attributable to foreign matter, the removal of which constitutes the art. According to the fashion of the times, antecedent to those of Bacon, facts were sought to support the assumption; and failure was attributed to inadequacy of the means, not to the fallacy of the hypothesis.

Amongst the alchemists there were men who honestly believed in the possibility of transmutation—men of superior intellect, education, and attainments, who unintentionally deceived themselves and others. Giovanni Aurelio Augurelli, already mentioned, was a remarkable instance. He received his education at the University of Padua, and had the reputation of being one of the most learned men of his age. He was an elegant Latin poet, and his Chrysopœia has been pronounced by good judges to be worthy of the person to whom it was dedicated—Leo X., himself an enthusiastic admirer and writer of Latin poetry.

There was no class of the community, except the poorest, exempt from the prevailing contagion—kings, parliaments, nobles, persons of the most exalted rank, were the

* A cast of his head, taken from the skull at Salzburgh, is preserved in the University of Vienna.

chief dupes. Dr. Fauceby, physician and alchemist to Henry VI., received his commission to search out the philosopher's stone and universal medicine from the king himself, and it was confirmed by his parliament. A royal laboratory was fitted up for his researches. The rose-nobles, coined by order of Edward I., from gold made by Raymond Lully, existed, although scarce, in the days of James II.; a large quantity of them was carried to France by that unfortunate monarch, unsuspicious of their intrinsic worthlessness. The empress Maria Theresa empowered Professor Jacquin to receive proposals from all persons who proposed to make gold, and to provide them with every requisite at her Majesty's expense. Her husband, Francis Duke of Lorraine, expended vast sums in the pursuit, and in the absurd attempt to make large diamonds by melting small ones. Queen Christina of Sweden, maintained a court alchemist, and squandered her income in the same manner after her abdication. Frederick, king of Poland, sought to relieve his embarrassments through the aid of alchemists; but being deceived by one of them, he cut off his head.

Some alchemists professed other attainments; James IV. of Scotland entertained at his court a French physician and alchemist, who was also an abbot, and who so far imposed on the monarch and on himself as to undertake to fly to France, and thus get the start of certain ambassadors. The wings were made, fixed to him, and away he flew from the walls of Stirling Castle—as far as the ground; for falling down he broke his thigh bone, and could assign no other cause for his misfortune than that there must have been some hens' feathers in his wings. (Tytler i., 335). Lorenzo Ferrer Maldonado, another of this higher class of pretenders (1609), announced that he had decyphered Solomon's seal, which enabled him to produce a philosopher's stone of the highest perfection. A large sum of money being placed at his disposal, he prosecuted his labours for two years, produced nothing, and disappeared. Count St. Germain, a celebrated alchemist at the court of Louis XIV., invented an elixir, which, obviating the effects of age, prevented any disagreeable disclosures through the agency of time on the colour of the hair, without any staining process.

The early alchemists thought that none but the pious and upright were worthy of the secret of the philosopher's stone and elixir of life. Even so lately as the end of the eighteenth century Mr. Peter Woulfe, a really ingenious man and skilful chemist, being intently occupied in the search of the elixir, attributed his repeated failures to the want of due preparation by pious and charitable acts. It is told of him that such was the confusion in his apartments of boxes, packages, furnaces, and all sorts of apparatus appertaining to his pursuits, that a gentleman who came to visit him unfortunately laid his hat out of his hand and never could find it after (Brande).

The notion of transmutation is far from being banished from the world. In eastern countries, splendid promises still urge forward disappointed expectation, and alchemists are almost as common as any other class of impostors. Sir George Keppel informs us (Personal Narrative) that in the neighbourhood of the Elwund Mountain in Persia, the belief is general that there is a certain grass which has the virtue of changing every metal into gold, and that the mountain contains the philosopher's stone. On this mountain is a large mass of granite on which is an ancient Babylonish inscription containing the history of the treasure, which, they say, is buried near this spot, and which will never be discovered until the mysterious writing be decyphered.

I have somewhere read of an alchemist who proposed to a rich merchant to communicate the secret of gold-making on being paid a large sum. The agreement being made, the process was performed with gold provided and the money paid. One of the articles made use of was earth brought from the mountain above mentioned, which earth had been purchased at one of the Persian markets by the merchant's own servants. The alchemist, having secured the payment for his services, took his leave with remarkable alacrity; the merchant forthwith commenced the process of making an extemporaneous fortune, and sent his servants to purchase all the earth that could be procured at the same market. But those who had previously sold it, being confederates of the alchemist, had decamped; no one there had heard of such an earth. The truth was that filings of gold had been mixed with the earth previously procured.

There are alchemists in the present day, in eastern countries, who perform their legerdemain tricks with impenetrable astuteness. The following account, given by Mr. Frazer (Travels in Koordistan), is worth recording. The transmutation was performed, after several months of preparation, before the pacha of Bagdad and the master of his mint, M. de Marquez, a remarkably clever man. M. de Marquez, suspecting the alchemist to be a rogue, provided the materials—viz., brass, and a very little arsenic, both of which, with his own hands, he put into the crucible; he examined the charcoal, and had the process conducted in the laboratory of the mint. The alchemist did not even approach, except to throw in a powder, less in quantity than a small pinch of snuff. M. de Marquez then poured out the melted metal. The redundant brass being removed, the gold produced weighed one-third of the brass and arsenic made use of, and, when assayed, proved to be perfectly good and marketable.

In concluding this history, I may be permitted to observe, that notwithstanding the astounding absurdity of the opinions promulgated by the persons whose names have been introduced—all of them of high repute in their day—they have been quoted with rigid exactness from competent authorities. I may further add, that in a few cases I have taken my statements at second-hand; the original writers in all other instances, and in no inconsiderable number, have been referred to, without which means of certainty, in the chief matters brought forward, I would not have presumed to occupy the attention of the reader.

ON TEETHING.

(From a Treatise on the Teeth by Mr. A. Canton.)

The process of teething, as the eruption of the temporary and permanent set of teeth is termed, is one of the utmost interest and importance to the medical attendant, the anxious parent, and to the child itself. In very many instances it unfortunately happens, that the absorption of the gum, and dental sac, set up by the onward progress of the advancing tooth, excites great irritation and fever in the animal economy, which not unfrequently settles in some one or other of the more important organs of the body, and induces disease, which, if not speedily combated by the resources of the medical art, may either lead to permanent and irretrievable mischief, or to the absolute destruction of life. It behoves then all who are interested in the welfare of children, to watch carefully at this period of their infantile existence for the signs and evidences of commencing irritation in any part of the system, and as soon as they appear, however trifling they may be, more especially if there be heat and swelling of the gums, with the other symptoms of approaching teething, at once to seek for that medical assistance, by which alone the impending mischief may be warded off.

We have already given a brief sketch of the development of the teeth during the period the embryo is carried in the mother's womb, and have brought up our remarks to the time prior to dentition. The teeth continue to grow after the birth of the child, until, in the average of instances, the crown in full growth makes its appearance externally, having caused, by the pressure it exerts, the removal of all the parts lying over it. The fang is not complete until after the crown of the tooth has presented itself above the level of the gum. Before this occurs, certain changes take place in the gums, which indicate to the experienced eye and finger, that nature is urging forward the eruption of a tooth. The gum becomes broader, swollen, hot, and tender; the child is constantly dribbling, and is

never easy unless it has a finger, or some substance in its mouth, to press upon the inflamed gum. Much pressure, however, causes a fit of crying, and the little sufferer frequently in addition presents signs of general irritation and irritability. It is fretful, frequently crying, and is pacified with difficulty; the cheeks are flushed, sleep restless and disturbed, and the stomach and bowels are more or less disordered. In some instances, however, the teeth are cut with little or no disturbance of the health, and almost the first indication given that the process of dentition has been going on, is the appearance of the tooth above the level of the gum.

The first teeth of the temporary set are cut in general about the sixth, seventh, or eighth month of infantile life; these are the central incisors of the lower jaw, and they are followed in the course of a week or two by the same teeth in the upper jaw. It should be fully understood, however, that in stating the sixth, seventh, or eighth month, as the period when these teeth are first seen in the mouth, the average is taken of the process of teething in healthy children. Teeth have been cut much earlier, and again the process has been delayed till the tenth, and even the twelfth month, the time of their appearance varying greatly in different children, owing to the state of their health, their freedom from disease, hereditary or acquired, the strength of their constitution, &c. Again some children cut their teeth across, as it is termed, that is to say, certain teeth appear above the gum in an order different to that usually met with; the canine perhaps before the incisors, and certain of the molar teeth are found to be making their way most irregularly.

In the usual course of nature, however, the central incisors of the lower jaw are cut about the time already stated, and their appearance is followed some days afterwards by that of the corresponding teeth in the upper jaw. The lateral incisors of the upper jaw next make their way; this occurs about the tenth or eleventh month, and those of the lower jaw soon follow. A month or two after these, we have the anterior molars of the lower jaw piercing through the gum, and soon after those of the superior maxilla. The canines next appear, and lastly the second milk molars, between the age of two years and two and a half.

The irregularities so often encountered among the permanent teeth, are rarely met with in the temporary, either as regards position, number, form, or date of eruption. The well-known, but somewhat apocryphal tale respecting Richard III., has, however, had its parallel of late date. Tomes mentions a child, five weeks' old, whose mother complained that it was born with two teeth in the lower jaw, by which her breast, and its own upper jaw, had been injured. On examination, he found two sharp-edged, rough-surfaced incisor teeth sticking up from the centre of the lower jaw. They were ill-shaped, imperfectly coated with enamel, and loose in the gum, and stood across, instead of in a line with the alveolar arch. These were removed, and it was found that the fangs were not more than one-third developed. In fact, the teeth had attained about the normal amount of development for the age of the child, but had been protruded through the gums before they were fitted for eruption. An after-process had been effected before the preparatory one had been completed. A similar case has occurred in my own practice.

Dr. Brown, an American physician, mentions a still more extraordinary example, which he published in the *American Journal of Dental Surgery*. A child was born with the central incisors through the gums. They were extracted. Two other children were afterwards born of the same mother, in each of whom the same singular anomaly was found. Their teeth were allowed to remain. In each case the children were females. Dr. Crump, another American physician, reports a case of full dentition, at birth, in a still-born negro child. The sockets were very imperfectly formed. Dr. Lethbridge, it is said, has met with a similar instance.

Imperfections in dentition are of occasional occurrence. Sometimes the central incisors are absent altogether; in others again, even when the child has attained its sixth year, it may have a few front teeth only. Two cases have been recorded in which the persons reached old age, without even cutting a tooth. In a case exhibited by Dr. Brinton at the Pathological Society, the alveolar processes of the upper jaw-bones were wanting, but the canine teeth were present on each side, lying parallel to the maxilla. I myself examined a child, whose mouth was apparently well formed. Nevertheless I detected the absence of the right canine tooth of the lower jaw during the first dentition. This was a deficiency that a dentist or a surgeon only could detect, as the jaw appeared to possess its full complement of teeth, there not being any vacancy in the place where the canine should have been found. As I looked upon this as an interesting specimen of dental pathology, I made a model of the mouth, which is now in the possession of my friend, Mr. Tomes.

It has been already stated that the irritation caused by the process of dentition will, in many children, induce disorder, and even permanent disease of other, and important organs of the body. The first signs indicative of the commencement of that process are mostly attended by fever, and general disorder of the system. The child is irritable and fretful; the skin hot and dry; the bowels disordered; the scalp hot; the eyes heavy and dull, or preternaturally bright; the mouth slavers, the gums are swollen, broader, and more red than usual, hot and painful to the touch: the appetite is lost; the little patient taking the breast by fits and starts, and speedily losing its hold of the nipple. The bowels are generally disordered, the stools being relaxed, and often of a pale, pasty appearance, or green, or clay-coloured. Frequent purging, with griping pain, is not an uncommon concomitant of dentition. The head, however, may be the part that sympathises most during teething; when the irritation has been continued for some little time, or even very early during the attack, the infant may be seized with convulsive fits, recurring often with great rapidity, and ending not unfrequently in death, if the appropriate preventive, and remedial measures, be not adopted. A less severe form of disorder, thus induced, may, however, attend on this cause of irritation; eruptions on the scalp, cutaneous inflammations, and discharge from behind the ears, inflammation of the eyes, &c., all in childhood owe their origin at times to the concomitant disorder of dentition. Water on the brain and epilepsy, generally of a temporary, but sometimes of a permanent character, may be thus excited. Again palsy, affecting one or more limbs, may be induced, and may become permanent, or even prove the precursor to a fatal termination.

On this point, Dr. Henry Davies, late of Saville-row, Physician to the British Lying-in Hospital, and now of Brighton, has added his testimony in proof of the very serious diseases which are sometimes set up in consequence of dentition. In a communication, which he addressed to the Medical and Chirurgical Society, he describes the case of a female infant, rather more than a year old, who had cut two lower teeth well; but who one day, having been previously very lively, and having taken her usual exercise in the baby-jumper, and been put to bed apparently well, soon after became restless, and slightly shivering. Early the next morning, she uttered a peculiar cry, and the nurse gave her some Dalby's carminative. This not affording any relief, she was put into a warm bath, and had a dose of castor oil. A few hours after, she was violently sick, turned cold, and looked blue about the mouth, nose, and eyes. She was then put into a warm bath again, when she appeared to lose the entire use of her limbs, and her countenance became vacant. Dr. Davies did not see her till the evening of the second day,—much valuable time being thus lost. She was perfectly conscious; head cool, and the temperature of the surface generally natural, the pupils contracting under the influence of light: pulse moderately frequent, small and languid: tongue slightly coated. The upper extremities were devoid of all power of motion, or sensation, even from pinching or pricking with a pin; but the lower extremities were drawn up on her feet being

tickled. Nothing unnatural could be detected in the spine or elsewhere. Leeches had been applied behind the ears; a blister was placed between the shoulders, and aperients, &c., were administered. During the five weeks that the child lived, no change took place in the paralytic symptoms, and she remained conscious to within a few hours of death. During this time she cut six teeth. The appearances after death showed some degree of determination of blood to the brain, which, with the upper part of the spinal marrow, was peculiarly firm. There was an ounce and a half of sanguineous fluid covering the surface of the brain.

In commenting on this very interesting case, Dr. Davies stated that palsy, coming on suddenly, not preceded nor accompanied by any apparent disease of the brain, is by no means uncommon in children between the first and tenth years. In all these cases, he believes—and facts fully demonstrate the truth of his opinion—that the predisposing cause is the process of dentition. The exciting or immediate cause has, he says, in the majority of cases, appeared to be some derangement of the digestive organs. In this peculiar case, he remarks that the exciting cause was the succession of shocks received by the spinal cord through the use of the baby-jumper.

This interesting and valuable instance of palsy occurring in an infant, bears directly on the statements that have been advanced respecting the dangerous consequences of neglected dentition. Had this poor little sufferer been subjected to the innocuous and highly beneficial operation of lancing the gums on the morning she was taken ill, it is more than probable that all the serious symptoms which ensued would have been prevented, and the infant still alive to rejoice the hearts of its parents. That the distress and nervous derangement dependent on dentition were the predisposing cause of the palsy, we have the authority of a distinguished physician, whose energies and medical knowledge have been especially directed to the investigation and treatment of the diseases of women and children, for believing. Every fact in physiology and pathology at all bearing on the subject confirms this opinion. The cases yet to be narrated, and the facts which have been already made known, are such as not to admit of any doubt upon the subject. Warm baths and aperients, and the application of leeches, were relied on to remove a disease affecting the frame generally, and the nervous system especially, while the simple but most efficient remedy, lancing the gums for the removal of the local cause of this general mischief, was apparently wholly neglected; at all events, no mention is made of its performance in the records of the case in the medical journals; it is therefore only fair to presume that it was not had recourse to. In this respect no blame attaches to the medical men, as their assistance apparently was not sought until the domestic pharmacopœia had been exhausted, and the disease was fully established. It is much to be regretted that the non-performance of this trifling operation led to the sacrifice of a human life, but it is to be hoped that the record of the painful results following its neglect will serve to open the eyes of parents and nurses to the folly of which they are guilty, in offering a sustained and almost systematic opposition to lancing the gums—a proceeding which has been the means of preventing, and of removing, a vast amount of infantile disease, and consequently of saving many lives.

Similar testimony is borne by Dr. Marshall Hall, in his work, On the Diseases and Derangements of the Nervous System, in which he has published the case of a little girl, twenty months old, a daughter of Dr. Grant, of Thayer-street, who, while suffering from dentition, lost the power of elevating the right arm—that of closing the hand and of bending the forearm remaining. There was not any symptom of brain affection present. The case was clearly one of palsy from teething. The gums over the four eye-teeth, which were all coming forward, consequently were freely lanced every second day; the bowels well moved, and the diet strictly regulated. For fear of hidden disease within the head, two leeches were applied. A few days after the attack of palsy, the little girl was seized in the early part of the night, with a fit of crowing inspiration. This confirmed Dr. M. Hall in his opinion as to the cause of the attack, and the event justified the view he had taken. The child recovered perfectly, without any energetic remedy being used for the cerebral affection, by continued attention to the state of the gums, the stomach, and the bowels; an event, he says, which could scarcely have occurred from such simple measures, had there been such decided affection arising from disease of the brain. The palsy and the cough completely disappeared when the four teeth made their appearance in the mouth.

(To be continued.)

POPLITEAL ANEURISM TREATED BY PRESSURE AND DELIGATION OF THE ARTERY.

(Under the care of Mr. Hilton of Guy's Hospital.)

Whenever we notice a case of aneurism, situated on a limb, in any of the hospitals of London, we follow the treatment with peculiar interest, for the question as to the best method to be adopted is far from being solved. Every one will agree that the safest way of arriving at something like a solution is the careful watching of the results of certain lines of treatment, and the exact observation of the nature of the complaint, as well as the peculiarities of the patient. Since we feel perfectly unprejudiced as to the value of compression or deligation, we are enabled to observe with an unbiassed mind, and shall have much pleasure in laying before our readers, *all* the cases which may fall under our notice. In the present state of the question, it must be apparent to those who have given it some attention, that both methods possess advantages, that neither should be undervalued, and that the skill principally consists in distinguishing the method best suited for a given patient.

As to pressure, it will doubtless become more and more clear that it should be very gradual, and that the locality chosen for applying it should, as far as possible, be such as not to include the vein. Those who are inclined to be enthusiastic about pressure should, however, recollect that cases occur where the slightest restraint is unbearable (we shall soon have to report a case fully illustrating this point), and that pressure, as well as the ligature, has its disasters. As an example of this fact, we would just allude to a case which was treated some time ago by Mr. Busk, surgeon to the *Dreadnought* hospital-ship. Here, as we are informed by Dr. Beith, R.N., pressure was made on the femoral artery for popliteal aneurism, and for a time apparently with success. Pulsation in the tumour had ceased; and just as Mr. Busk fancied the cure would be complete, gangrene of the limb set in, and death was the issue. The case which we have now to put upon record is replete with instructive facts, and we hasten to offer a brief sketch of the same. The notes were taken by Mr. Fuller, one of Mr. Hilton's dressers.

Hugh M——, aged 43, a man of spare make and nervous temperament, was admitted into Luke ward, Dec. 21, 1850. As a porter of hops, he was in the habit of straining his legs considerably. For some time past the patient has not drunk to excess, but formerly he was very intemperate, and on being closely questioned as to any blow or injury he may have sustained, nothing of the kind is discovered. One year ago the leg and ankle swelled at times, and nine months since the patient perceived a swelling like a walnut in the ham of the left leg. No attention was however paid to this symptom, until a fortnight before admission, when such sudden pain seized the patient, that he could not place his leg on the ground; and he now, for the first time, noticed a pulsation in the popliteal tumour, the latter extending from the ham to the calf of the leg. The pain has since become much worse, and includes the whole thigh and leg.

On examination, a deep seated, soft, fluctuating, and pulsating tumour was discovered, extending from the popliteal region into the calf of the leg; it diminished in size

by pressure on the femoral artery, and the reverse happened when the artery was compressed below the tumour. The usual symptoms of popliteal aneurism, including a distinct bruit, were present.

Mr. Hilton prescribed rest, an elevated position to the limb, the pain to be combated with opium, and the thigh and leg to be carefully bandaged from the toes upwards. About a fortnight after admission, Mr. Hilton had an apparatus applied for the compression of the artery. It was composed of two separate instruments: the one, fixed to the pelvis, was intended to press on the artery in its course over the head of the femur; the other, applied to the thigh about half-way down, was to compress the vessel in Scarpa's space. The pulsation was not arrested by the use of these instruments, but only moderated.

The patient bore the pressure pretty well, complained only of a little cramp in the leg, and stated that the acute suffering he experienced in the limb before the apparatus was put on, was now quite removed. On the third day after the commencement of pressure, scarcely any bruit or pulsation was left in the sac, the latter was less tender and swollen, and the patient could almost straighten his leg, though he had in it a sensation of numbness and tingling.

On the fifth day he began to feel uneasy and complained of the pressure; the pain in the leg had returned, the tumour was larger and softer, and the pulsation much more forcible. On the eighth day the pain in the leg and foot was much increased, and at six in the evening the suffering was so intense that the patient could not bear the pressure or even allow the limb to be touched; the apparatus was, therefore, removed, and a drachm of laudanum administered.

Mr. Hilton now directed digitalis to be given internally, and ice to be applied to the outer side of the tumour. The ice gave much pain and was discontinued. The tumour was, however, becoming larger,, and the pulsations scarcely perceptible on the inner, but more distinct on the outer side. On the tenth day after the first application of pressure, Mr. Bransby Cooper, Mr. Cock, and Mr. Hilton, held a consultation on the case, and it was agreed that the artery should be tied in the upper part of the thigh.

The operation was, however, delayed for a couple of days, as active inflammation was going on in the artery and limb. The thumb lightly pressed on the femoral artery caused intense pain, both in the course of the vessel, and the whole limb; it might thus be conjectured what distressing symptoms the ligature would occasion. The patient was placed under an antiphlogistic treatment, with purgatives, &c., and as pressure could no longer be borne, Mr. Hilton had no alternative but to tie the artery (under unfavourable circumstances) or remove the leg. The first of these measures was preferred, and Mr. Hilton put a ligature on the femoral artery, about the middle of the thigh. The coats of the vessel were found much thickened and infiltrated; the patient was at once put into a warm bed, the foot and leg comfortably wrapped up in flannel.

Half an hour passed in comparative ease, when suddenly pain of the most intense and agonizing kind in the whole of the left thigh and leg seized the patient. Large doses of opium were administered, and chloroform inhaled two different times without alleviation. Opium given continuously at last procured sleep, and the patient rested the whole night and part of the following day. The man now complained no longer of pain, but of numbness; the tongue became brown and dry, and the pulse beat 110, small and weak.

On the third day after the deligation of the artery, the pain was absent, the patient slept well, the tumour became harder, diminished in size, and the pulsations did not return. Matters went on very favourably until the tenth day, when shivering occurred, and pain arose in the foot, which was now beginning to fail in keeping up its proper temperature. Wine was now ordered, and the pain having two days afterwards become very violent in the leg and around the knee, Mr. Hilton made a small opening in the sac at its inner and lower part, and allowed three or four ounces of dark, grumous, exceedingly fœtid and purulent blood to escape.

Some effusion around the knee-joint was now noticed; a small opening was therefore made on its internal and inferior aspect; but no freeing of matter ensued. Pain and stiffness in the left *elbow-joint* were now complained of: a little more blood was allowed to issue from the aneurismal sac, and a plug of lint placed in the aperture. The patient now took as much as twelve ounces of wine a day, and though the pain in the elbow-joint diminished, it now declared itself on the shoulder, and intense heat attacked the affected leg and foot: pulse 130, irregular.

On the 1st of February, being the fifteenth day after the application of the ligature the pain had ceased, but the patient was extremely depressed; the toes on the left side, with a great portion of the foot, became insensible, and of a mottled purple colour; the wound of the thigh remained stationary and the ligature firm.

On the 18th day the general symptoms were worse, the gangrene spread over the whole foot and half-way up the leg; several vesicles formed, and a quantity of bloody serum escaped from some of these. A line of separation appeared to form a little above the middle of the leg; but the patient, in spite of the stimulants which were plentifully given, became so exhausted that he died on the 22nd day after the deligation of the artery; one month after the application of pressure, and six weeks after admission.

On a post-mortem examination, pus was found in the elbow, shoulder, and knee-joints. The viscera were tolerably healthy, and no ossific deposit was observed in the femoral or any other artery.

After the perusal of the foregoing case it will become evident that pressure is a very unfavourable forerunner to the ligature, and that there are patients with whom all methods of treatment, from nervous susceptibility and want of tone, fail of yielding good results. Pressure is now being tried at the London Hospital on a patient of Mr. Ward. The man is of a middle age, of a good constitution, and affected with popliteal aneurism. Mr. Ward is bestowing especial care upon the case, and has procured the new compressing instrument lately invented by Dr. Carte of Dublin. We shall watch the case with much interest, and endeavour, in reporting it, to render it practically useful to the profession at large.—*Lancet.*

CORRESPONDENCE.

THE MEDICAL CHARITIES' BILL.

TO THE EDITOR OF THE LEINSTER EXPRESS.

Dear Sir,—The reference made to the Queen's County Infirmary in the letter of your London correspondent in your last publication, in his outline of the proceedings in parliament on the subject of the Medical Charities' Bill, appears to render it imperative on me to make some explanation. I have not, I believe, offered any observations to the public on the bill of this session or the last; yet I have not been a passive observer of the measure, nor altogether inactive in respect to it.

I may remark that no more decisive example of the inefficient and ignorant manner in which English legislation is conducted in respect to Irish affairs could be adduced, than these Medical Charities' Bills, in the various Protean forms in which they have been presented to parliament. The first is at this moment before me, bearing date May 23rd, 1837. Endorsed with the name of—whom?—William O'Brien! and Lord Morpeth, upon the back. From that time to the present, various bills have been brought forward—by how many ephemeral Irish secretaries in succession?—and have proved abortive. The cause was obvious. The real propounders of these measures—the pullers of the strings—were not men of upright principles and honest intent, and the consequence was, that in their attempts to accomplish objects of their own, they led their parliamentary supporters into difficulties, and produced measures that were repudiated by the legislature. I do not believe that men practically acquainted with the subject, more especially those resident in country districts, were once consulted; the subject was handled almost exclusively by waiters on Providence and on patronage; and of late the matter has been descending to the waiters on them.

Now, even the man floated towards the surface by "famine and fever" turns his back upon it, and leaves it to the smaller fry, who followed in his wake, encouraged by the fœtid fragments of patronage flung to them during the existence of the Temporary Fever Hospital Act.

Your correspondent states that, in the course of the debate, the Infirmary of the Queen's County was named "as an example, that comparatively few brought from a distance were relieved in it," and a reference was made to the report on the Irish Medical Charities in support of the statement. I would ask, have the innumerable instances in which that report has been *proved* to be untrue been forgotten so soon, or is it merely because it appears in the garb of paper and print that it is referred to as an authority? I do not doubt that the honourable member supposed his statement to be correct, for such gentlemen do not always recollect that their prompters are unscrupulous, if there appears to be a chance of the object being attained.

I will trespass upon you with only a very brief outline of the statistics of the infirmary here. I find that the average number of in-door patients, for each of the last ten years, has been 1166. Of these, 431 came from within a circle of five miles radius round the infirmary; 472, from a circle between five and ten miles, and 263 from beyond a circle of ten miles. I have laid a measure to the map, and find that the county extends beyond the radius of ten miles in very few points, and to a very limited extent. The average of expense for the period of ten years—and a very expensive period it was—has been £17 1s. for each bed kept full throughout the year, and £1 3s. 8*d*. for each individual treated in-door, including all expenses of rent, bedding, clothing, food, salaries, medicine, &c. There are, at this moment, seventy patients in the infirmary, including cases of accident, medical and surgical diseases, and fever in its most serious form. I may challenge a comparison of its condition with that of any hospital, metropolitan or provincial, in the united kingdom, and there are few worth being visited which I have not seen. The institution is under the control of governors and governesses the most respectable, to the number of one hundred and sixty-three, while our annual income from voluntary contributions alone, has been over £200 for each of the last ten years.

I ask you is it excusable to experiment on an institution conferring so much benefit, and circumstanced as this? Can it be apprehended that it shall fall a sacrifice to men seeking for commissionerships and inspectorships? manufacturers of bills, who have been too idle to apply their energies to the legitimate practice of their profession, but have grizzled and grown white in dozing expectation that something might turn up. I cannot believe that such will occur; even though I have seen corruption prosper, and knavery and idleness meet reward.

The Queen's County stands indebted to her two members and to the honourable member for Portarlington, for their exertions to preserve the infirmary from being seized: all resisted the aggression. Much attention has been given by them to the question which they understand so clearly, as to enable them to exercise the most useful protective influences in regard to future stages of the bill.

It is alleged that there are many counties in which the infirmary is placed in an extreme and remote point. A reference to the map will, however, show that the instances are few. Existing laws provide for such cases, by conferring powers to establish a second infirmary where required. Population has diminished—*dare it be stated how much?* Workhouse hospitals and fever hospitals have been established, and facilities for medical relief undoubtedly increased. These facts, however, matter not; the medical commissioner and inspectors are ready, with their secretaries and clerks, messengers and servants, and the public still has a very long purse. I do not profess to address myself to this question as a matter of finance. I do not intend to sail or serve under colours that are false—my object is to correct misstatements and to act on the defensive against the real parties in the case, who, I am convinced, are seeking their own ends alone. I leave to Sir Wm. Somerville an explanation of the fiscal details. I leave to those who have experienced the perfections and pleasures of relief works and poor relief, to reflect on the probability of a judicious and well-regulated retrenchment, which I present, with my best respects, to the medical attendants of fever hospitals and dispensaries, Sir William's announcement that the dispensaries are to be reduced by 228 only, and from the hospitals 30 are to be taken off; with a liberal allowance of £95 for each dispensary, to cover house rent, medicine, doctor's salary, servant, and other details. Are the men blind not to see the inevitable result of the shuffling and dealing of the new pack? Are they deaf to the howling and yelping of the wolves and foxes, impatiently waiting for the bone which is complained of as being already too bare?

Your correspondent stated that allusion was made to a reduction of two hundred pounds by the presentment sessions, on the sum applied for, for the support of the infirmary in this county. This amuses me not a little, as proving how hard up are the supporters of this bill to sustain their allegations by facts. Those who were to be made men by the bill, sounded the tocsin that the institutions were to be undone—that the supplies were being stopped. The value of their statements may be judged by observing that the case is bolstered up by an allusion to a reduction of one hundred—not two hundred—pounds, by the presentment sessions of the Queen's County—at the instance of a gentleman, comparatively new to our county, and inexperienced in its affairs. But the allusion proves more—that there is a prompter at every elbow, and that the promoters of the bill have their emissaries, moving about in every direction, in coloured clothes. It may be satisfactory to add that the usefulness of the infirmary was unimpaired, that it continued in the same vigorous state of efficiency in which it had, by the intelligence and liberality of this county, been previously established and maintained.

You are aware that very few months since, the newspapers were filled by reports and resolutions of a meeting of the medical profession, at the College of Surgeons, in support of this bill. These were put forward in a form calculated to lead to a belief that they expressed the unanimous sentiments of the profession; such, however, was not the fact. The requisition was so framed as to admit of the attendance at the meeting of the medical attendants of fever hospitals and dispensaries only—and of these those only who were *favourable* to the bill.

I am not to be supposed as by any means objecting to legislation on this subject. That honest inspection and truthful reports would prove useful, I firmly believe. That there are many districts in which efficient medical relief cannot be provided for the poor, under existing laws, I am not prepared to deny, though not by any means, as yet, convinced of the fact, especially when I bear the more recent amendments of the poor-law in recollection. But I do contend that it is eminently impolitic and inexpedient to interfere with the general principles of the constitution of the infirmaries. They should, in fact, be excepted from the bill unless as relates to inspection, and placed in the same position as the County of Dublin Infirmary, and certain hospitals of Dublin, good, indifferent, and decidedly bad, as they are, whose exemption has been secured by the ingenuity of certain tacticians of the city, who did not fail to take care of themselves.

Let me, in conclusion, be permitted to observe, that in any part I have taken in connexion with this matter, I have not in any manner interfered, with fever hospitals or dispensaries. I left them, for my part, to the guardianship of their own officers, for whom, as a class, I may with truth and earnestness declare I entertain, more particularly in this county, the utmost good will and respect, as containing amongst its members men whom I highly esteem as of honour as unimpeachable, and motives as elevated as are to be found in any body of people in any portion of the British empire. —Believe me, dear sir, to be your very faithful servant,

JOHN JACOB, M.B.,
Surgeon to the Queen's County Infirmary, &c.

IMPORTANT INQUEST.

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—I would be greatly obliged by your giving insertion in the MEDICAL PRESS to the enclosed evidence and verdict taken at an inquest on the 4th of June last.

Yours respectfully, JAMES TAYLOR.

Bailieborough, 3rd July, 1851.

ON the 2nd of June last, Dr. Taylor of Bailieborough served, a requisition on John McFadin, Esq., coroner, also on James L. Bailey, Esq., sub-inspector, to have an inquest held on the body of the late John Jackson, who had been interred on the 19th of May near Bailieborough, and who, it was currently reported, had died from the effects of medicine prescribed for him by Dr. Taylor.

Jane Jackson, widow, on coming into court, refused to be

sworn until Dr. Moore was present. Her objection being overruled by the coroner, she deposed that deceased was her husband; that he had been complaining of a cold since early in November, 1850; that in the latter end of January he left home for the purpose of consulting Dr. Taylor, who prescribed for him some medicine, with directions to be divided into fifteen papers, which disagreed with him; some time in February again visited Dr. Taylor in company with deceased, when the doctor examined his breast and back with an instrument, and told him he was seriously affected, and that he might die suddenly; at this time he prescribed a box of pills containing twenty-one, one to be taken three times in the day, and to have boiling water and milk for drink; he took eleven of the pills, which poisoned him; no restraint of diet; I burnt the remainder of the pills, which I now regret, having lost the opportunity of having them analysed; I visited Dr. Taylor in the month of March, and told him deceased's mouth was sore; the doctor said it would do him good, and to get an alum wash, which I did, but did not use it; on my return home, sent for Dr. Moore, who visited him same day, and sent him medicine, and was in attendance on him up to his death with good effect.

On cross-examination, stated that Dr. Taylor has been in attendance on deceased and family for the last twenty-five years, and had the greatest faith in him up to the time of his mouth getting sore; whilst using the powders left home occasionally, and was absent two nights twenty miles distant.

(Copy) JANE JACKSON.

Anne Jackson, daughter, deposeth—That deceased was my father, and lived with him during his illness; he told me repeatedly that Dr. Taylor's medicine had destroyed him, for it was mercury; was visited by Dr. Moore, who told him he had been taking mercury; my father said he was not; the doctor said he was, for he felt the smell, and that he had got as much as would kill a horse without directions to take care of himself; also deposeth that on Monday, the 2nd of June, after being visited by the coroner, who took our joint informations, I left home for Bailieborough, and went to Dr. Moore's house, where I met my uncle and Dr. Moore, and remained for a considerable time.

On cross-examination, refused to relate the conversation that took place there. (Copy) ANNE JACKSON.

Mark Moore, Surgeon, Bailieborough, deposeth—That I was in attendance on deceased since March last; when I first saw him, he was labouring under extreme difficulty of breathing, which incapacitated him from lying down; saw some pills in his house which he told me he had been taking, but cannot say what was their composition; I attended him up to his death, and prescribed for him; he laboured under disease of his kidneys, the symptoms of which are, great difficulty of breathing, irritability of stomach, frequent wandering in his mind, and spasms of the extremities; his urine on being boiled, threw down a copious precipitate of albumen, its specific gravity from 1008 to 1012; I am of opinion that he died from disease of his kidney.

On cross-examination, admitted that on his first visit told deceased that he had taken mercury, and that it was a shame for Dr. Taylor to have given you so strong medicine without proper direction to take care of yourself.

(Copy) MARK MOORE, Surgeon.

Bernard Coyne of Cavan, Surgeon, deposeth—That I have examined the body of deceased, which was exhumed this day; decomposition has set in to a considerable extent; there is œdema of the lower extremities; on opening the abdomen, found all the fixed viscera healthy, except the left kidney, which was a mass of disease of long standing from repeated attacks of inflammation; on opening the chest, found the lungs rather healthy, but the chief organ that attracted my attention was the heart, which occupied most unusual space from its enlargement from hypertrophy and thickening of its walls; the pericardium contained three times its usual quantity of fluid; I am of opinion that he died from disease of his heart and kidney, either of which was sufficient to have killed him; I have examined the prescriptions written for the deceased by Dr. Taylor, who declares on oath they are the genuine ones, and am of opinion they were judicious, and could not produce any bad consequences.

(Copy) BERNARD COYNE, Surgeon.

Verdict.—"Died from disease of the heart and kidneys on the 19th of May, 1851; and we do acquit Dr. Taylor of having given him any injurious medicine that would tend to increase the disease of which he died, as was alleged."

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, JULY 9, 1851.

THE first act of the medico-political drama, which has been for some years in preparation, was performed on Friday last, in no less elevated a locality than the Council Chamber of Dublin Castle, and under no less elevated than viceregal auspices. It has been our fortune, good or bad, to witness strange occurrences in our time, but never did we dream of witnessing such a sight as the usurpation of the functions of a medical faculty by the Queen's representative and his councillors. So it is, however; there they met in solemn state to decide upon the merits of persons proposing to examine medical students; and then and there did the Lord Lieutenant, the judges of the land, and heads of departments, decide upon the fitness of doctors, surgeons, and midwives. It is literally so, as appears from the following official bulletin:—

At a meeting of the Senate of the Queen's University for Ireland, held in the Council Chamber, Dublin Castle, on yesterday, the following candidates for the office of examiners were duly elected:—

Cathcart Lees, M.D., in the Theory and Practice of Medicine.

John Hamilton, M.D., in Surgery.

H. Carlisle, M.D., of Belfast, in Anatomy, Physiology, and Comparative Anatomy.

James Apjohn, M.D., in Chemistry.

Alexander Fleming, M.D., of Cork, in Materia Medica, Pharmacy, and Medical Jurisprudence.

George J. Allman, M.D., in Zoology and Botany.

Thomas M'Keever, M.D, in Midwifery and the Diseases of Women and Children.

Sundry judges and other lawyers, a captain of engineers, a Presbyterian clergyman, a doctor, a surgeon, and a civil engineer, thus decide on the qualifications of those who are to decide on the qualifications of the future members of our profession. It is no business of ours to question the decision come to; all we want is to make known the true character of these proceedings, and to prepare our brethren for what is to follow. As far as we have been able to ascertain, there were some thirty candidates, or more, for these seven offices, the majority of them having high claims, and the above is the result. But the truth is, that the whole affair is little better than a barefaced hoax, as regards our profession—a mere manœuvre to take the wind out of the Pope's sails, and get the weather-guage of the other new university. The provincial college people admit that they have no pupils ready, or honestly qualified, to offer for these mock degrees, and every one amongst us knows that no one else is thinking of them. Indeed, few are troubling their heads about any medical degrees. Eight or ten only graduated this year in Trinity College, and as many more from Ireland may take degrees in Edinburgh; but the trade in these parchments is all but extinct. The surgeon is now content with his legitimate title and diploma, and has no money to spare for another, which is but a fictitious copy of it. As long as the medical colleges were devoted to the education of physicians and the granting of true medical degrees, surgeons sought their diplomas as an additional qualification; but since they have been obliged to resort to a patching-up of their tottering fabrics with surgical materials, the value of the parchment has declined. We are aware that great efforts are making, after maul-em-in fashion, to "draw"

candidates for these Castle degrees, and we shall not be surprised to find "exhibitions" provided for those who take them; but as surely as we write this, there is not one medical man in the whole country who does not know well that the whole affair is a rank job from beginning to end. It seems to be admitted on all hands that the number of candidates for these diplomas cannot exceed ten, if they even approach that number, and so, we have some five or six hundred pounds of public money expended to dub half a score of apothecaries' boys, who, if left to themselves, would not have cost the country a farthing. With grand political manœuvres we have nothing to do, and care not how far the machinery of patronage may be put in motion to manufacture sops for Cerberus, or tubs for whales; all we have to attend to are the attempts to make medical men scapegoats in these paltry intrigues, and to that we are determined to apply ourselves. The entire body of our profession, from one end of the country to the other—from metropolis to village—is thrown into a state of confusion, apprehension, and uproar, by a combination of place-making, place-hunting, and corrupting proceedings, which contemplate the disruption of all-existing institutions, and the substitution of a concentrated system of red-tape government, commencing with bribery, and to end in oppression and degradation. This is a state of things we will not tamely submit to, and therefore do we, on this day, give notice of our determination to provide a remedy for it, which, if it does not prove successful in the sequel, will prove that no method has been neglected which promised to counteract such doings.

MORE OFFICIAL PARAGRAPH PUFFING.

At the moment when all men are pondering upon the calamities which the present census reveals, the following is the use to which a government official applies the documents which announce the results. This, and other similar minglings of private interests with public duties, has become a crying scandal, and, we do not hesitate to say, is calculated to bring the government of the country into contempt:—

Without paying a tribute, however brief and inadequate, to the commissioners for the in every way satisfactory manner in which they have executed their gigantic task, to Dr. Wilde, particularly, we are aware a large amount of thankfulness is due for the untiring perseverance with which the huge bodies of details were classified, and for the clear and satisfactory fashion in which they will be presented to the public. Aware, as we had been, that to Mr. Wilde we are indebted for those very important vital statistics and valuable tables of Irish diseases, which formed a distinguishing feature of the last census, we, of course, could not have expected any other result than that which has attended his present labours. We, however, may take the opportunity, differing, though we do, from the general policy of the Irish executive, of acknowledging, frankly and unreservedly, the wisdom and justice shown by Lord Clarendon in the selection of a commissioner in every way so competent as Dr. Wilde. It is but justice to say that we are indebted to *Saunders's News-Letter* for being enabled to give this evening the Abstract of the Census, which has called forth these remarks.

What will Mr. Donnelly and Mr. Singleton, the persons really entitled to the entire credit of doing this work, say to this? If these "huge bodies of details were classified" by the "untiring perseverance," after so clear and satisfactory fashion," by Dr. Wild, how comes it that the country is to be saddled with the expense of other "heads" in the same department? But what are we to think of the discipline of the public offices of Dublin which permits common working subalterns to thus publicly set up a claim for credit due to their superiors. A person in authority may, for reasons best known to himself, dub the *pro tem. locum tenens* of a subordinate office a "commissioner," but surely that stretch of authority did not authorize such a person to go himself a step higher. By the way, it is somewhat amusing to see the "commissioner," since we last noticed this affair, reduced to the rank of "assistant-commissioner," and, still more, his laudable anxiety to be considered "*a doctor.*" We have not, however, been able to find his name in any list of graduates of any college in England, Ireland, or Scotland, and, therefore, do we conclude that his medical honours are derived from some higher source. Of the value of whatever pertains to medical science in the report of this census, some opinion may be formed from these public displays. Statements of facts, prefaced by such flourish of trumpets, are not very likely to have much weight with sober men; and certain, therefore, are we that these "vital statistics" will follow their predecessors to the snuff-shop, notwithstanding "the wisdom and justice shown by Lord Clarendon in selecting a commissioner in every way so competent as Dr. Wild."

HOUSE OF COMMONS—Wednesday, July 2.

MEDICAL CHARITIES (IRELAND) BILL.

The house went into committee on this bill, and clause 2 was agreed to.

On clause 3, relating to the appointment of inspectors,

Lord Naas moved, as an amendment, that they should be "practising" physicians or surgeons of not less than ten years' standing.

For the amendment	51
Against it	44
Majority	—7

The clause, as amended, and clauses 4 and 5, were agreed to.

On the 6th clause, which was to enable guardians of unions to divide them into dispensary districts,

Mr. H. Herbert moved, as an amendment, the omission of all the words in the clause after those which enabled the guardians to make such division, if the poor-law commissioners approved thereof, and the insertion in their place of words giving a power of appeal to the Lord Lieutenant in Council

Sir W. Somerville considered the appeal was unnecessary.

Mr. Hatchell opposed the amendment, on the ground that it would embarrass the operation of the bill.

Mr. Wakley, in supporting the amendment, observed that he had seen the condition of Ireland last year, and he considered that such a measure as this was a complete farce. He could state, from his own observation, that in districts through which he passed the people were dying for want of food, or from disease produced by starvation. The medical officers of districts were not empowered to order relief for the people in the shape of food; but here was a measure to give them as much jalap and Epsom salts as they wanted! The fact was, that the bill did not give medical men any power to order such food as might be requisite for the sick poor; and he did not think, therefore, that it would be attended with any practical benefit. He had been told last year by a guardian of the poor in Ireland that in the previous summer, between the 18th of June and the 3rd of October, 1100 persons perished in the workhouse at Listowel (as we understood), and that they were nearly all taken into the house in a dying state from starvation. He thought, therefore, that medical officers should have the power of ordering food and nourishment for the people when they thought it necessary.

After some conversation, the committee divided, when there were—

For the amendment	58
Against it	70
Majority against the amendment ...	—12

Lord Naas then proposed to insert the words "on application from the board of guardians," in that portion of the clause which provides that the commissioners may, from time to time, alter the dispensary districts.

A short conversation followed, the result of which we understood to be that the government would not object to the insertion of words, to be prepared before the report, giving the initiative to the guardians, with power to the commissioners to vary the proposal of the guardians if not approved of.

Mr. H. Herbert moved to strike out the words "number and" from that part of the clause which provides that the commissioners shall declare "the number and qualifications of the officers to be appointed for the service of each dispensary district." This was taking all control from the owners of property.

Mr. Grattan could not pity Irish gentlemen; they were superseded, but they deserved it. Where were those who ought to be taking care of the poor? Spending their money at the Exhibition (a laugh). Legislation was driving the Irish gentlemen out of their country; the bone and sinew of the nation were being taken out of it. Let any one read the report of the Emigration Commissioners. Ireland was being reduced to such a state that you would not find a gentleman to live there in a few years—you would have a mob there kept down by an army.

Sir W. Somerville, in reference to the particular question before the committee, would observe that the regulation objected to was in force now under the poor-law. He did not see how a better or safer arrangement could be made.

Lord Naas did not consider the poor-law analogous; under this bill the salaries of the medical officers and expense of management would form the whole expenditure.

Colonel Dunne was in favour of local management of these institutions.

Sir J. Young thought it safer and more economical that the power of fixing the number should be vested in the commissioners rather than in the local authorities. The interests both of the ratepayers and of the sick would be better consulted.

The committee divided. The numbers were—

For the amendment	44
Against it	57
Majority	—13

The Chairman then reported progress.

MEDICAL CHARITIES' BILL FUND.

The following subscriptions have been received, in addition to those already acknowledged:—

Dr. J. Clarke, Emo, Queen's County; Dr. J. Cronin, Erril, Queen's County.

Newry, July 6, 1851. J. Morrison, Treasurer.

BIRTHS AND DEATHS IN LONDON,

DURING THE WEEK ENDING SATURDAY, JUNE 28.

Births.		Deaths.	
Males.....	716	Males.....	519
Females.....	723	Females	513
	1439		1032

CAUSES OF DEATH.

1. *Zymotic* (epidemic, endemic, &c.) *Diseases*, ...	218
2. Dropsy, cancer, &c., of uncertain seat, ...	50
3. Brain, spinal marrow, nerves, and senses, ..	127
4. Heart and bloodvessels, ...	30
5. Lungs, and other organs of respiration, ...	124
6. Stomach, liver, and other organs of digestion ...	54
7. Diseases of the kidneys, &c., ...	13
8. Childbirth, diseases of the uterus, &c., ...	8
9. Rheumatism, diseases of the bones, joints, ...	12
10. Skin, cellular tissue, &c., ...	1
11. Premature birth, ...	0
12. Old age, ...	39
13. Violence, privation, cold, and intemperance, ...	85

The following is a selection of the number of deaths from the most important special causes:—

Small-pox,	24	Paralysis,	16
Measles,	41	Convulsions,	48
Scarlatina,	14	Bronchitis,	45
Hooping-cough,	46	Pneumonia,	56
Diarrhœa,	19	Phthisis,	145
Cholera,	1	Diseases of lungs, &c.,	7
Typhus,	38	Teething,	5
Dropsy,	15	Diseases of stomach, &c	2
Sudden deaths,	29	Diseases of liver, &c.	10
Hydrocephalus,	24	Childbirth,	4
Apoplexy,	19	Uterus,	3

INSTRUMENT FOR APPLYING ELECTRIC HEAT IN DENTAL OPERATIONS.

I use Grove's battery with eight cells. When using it I have in my hand a holder with two copper wires passing through it—one positive from the battery, and the other terminating in a groove in the holder and fastened to a spring, by which I make or break contact at will with the negative wire. To the further end of the two wires a thin platinum wire is connected, and on the battery being charged and contact made, this takes suddenly the electric heat. The efficacy and simplicity of the process being so decided, I am enabled to use it for many purposes—viz., to evaporate quicksilver from cements, and render them much less injurious to teeth than they otherwise would be; also where too great sensitiveness exists, and which prevents the operator from removing the caries; where gums have receded and left the necks of teeth highly sensitive to the touch; where teeth are affected by mollities which cannot by other means be combated; where teeth have to be pivoted, and when vitality remaining in the root would subject the patient to serious inflammation; where teeth have been broken, or cut, or filed, and left sensitive to cold and warmth; where violent toothache exists; where hæmorrhages come on, or slight bleeding into the cavity, preventing a continuance of any operation.

The electric heat retains its force differently to all other heat which can be applied to the mouth; the platinum wire can be placed, without the patient being aware of it, near the part affected, heat can be produced almost momentarily, and suddenly deadened, and as a most interesting phenomenon, and one which has surprised me very much, in patients of a highly nervous temperament where I have expected much suffering, none has been endured on its application. It would be superfluous here to detail many interesting facts which the use of electric heat will discover to the scientific dentist; these philosophy explains with the laws of the sensitive faculty. It is my sincere hope that operators will be judicious in the use of this agent, and not bring it into disrepute by ill-judged and ill-timed applications. In many cases it will be found equally efficacious when holding it near the teeth, as if they were touched by it. Care must be taken not to continue in its application too long, as it will burn up and blacken the part it touches.

As time passes on, I look forward to its use being generally understood, and it will then give rise to many improvements tending to the benefit of society.—*Mr. Waite, Surgeon-Dentist, in Lancet.*

METEOROLOGICAL TABLE.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1851.	Max. T.	Min. T.	Barom.	Rain
Sunday,	June 29th,	87	58	30.150	.440
Monday,	30th,	86	59	30.200	
Tuesday,	July 1st,	81	59	30.120	
Wednesday,	2nd,	76	55	30.150	1.020
Thursday,	3rd,	77	52.5	30.272	
Friday,	4th,	76	45	30.200	
Saturday,	5th,	78	50	30.150	

PORTARLINGTON, QUEEN'S COUNTY.

1851.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
June 29th,	80	54	29.784	74.2	64.4	58.2		SE
30th,	79	58.5	29.814	72.9	65.3	60.7	.033	Calm
July 1st,	74	60.5	29.762	67.3	62.5	59.4	.088	Calm
2nd,	70	56.5	29.794	68.1	62.7	59.2	.109	Calm
3rd,	72	53	29.928	65.2	58 8	54.1		SE
4th,	66 5	42	29.880	63.9	56.8	51.2		SE
5th,	69	52	29.821	61.4	53.6	46.7		Calm

M. W. HANLON, M.B.

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Mean height of Barometer.....	30.03
" " Thermometer*.....	62.3
Self-registering do.† ..... max. 102. min.	35.5

* From 12 observations daily—† Sun.

Rain, in inches, 0.6: sum of the daily observations taken at nine o'clock.

Meteorological.—The mean temperature of the week was 4 deg. above the mean of the month.

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ORIGINAL COMMUNICATIONS.

ON CATARACT OR OPACITIES OF THE CRYSTALLINE LENS.

By Arthur Jacob, M.D., F.R.C.S.,

Professor of Anatomy and Physiology in the Royal College of Surgeons in Ireland, and Surgeon to the City of Dublin Hospital.

(Continued from p. 21.)

I have said that the lens consists of an outer case or capsule totally different from the solid body contained within it. This capsule is strong, elastic, and perfectly transparent. In the paper to which I have alluded in the Medico-Chirurgical Transactions, I gave the following detailed description of its nature and properties:—"The real nature of the capsule of the lens has not, I think, been sufficiently attended to; its thickness, strength, and elasticity have certainly been noticed, but have not attracted that attention which a fact so interesting, both in a physiological and pathological point of view, deserves. That its structure is cartilaginous, I should conclude—first, from its elasticity, which causes it to assume a peculiar appearance when the lens has been removed, not falling loose into folds as other membranes, but coiled in different directions: or if the lens be removed by opening the capsule behind, and withdrawing it through the vitreous humour, allowing the water in which the part is immersed to replace the lens, the capsule preserves in a great degree its original form, especially in the eye of the fish; secondly, from the density and firmness of its texture, which may be ascertained by attempting to wound it by a cataract needle, by cutting it upon a solid body, or compressing it between the teeth; thirdly, from its permanent transparency, which it does not lose except on the application of very strong acid or boiling water, and then only in a slight degree; maceration in water for some months, or immersion in spirit of strength sufficient to preserve anatomical preparations, having little or no effect upon it. If the lens be removed from the eye of a fish dressed for the table, the capsule may be raised by the point of a pin, and be still found almost perfectly transparent. This combination of density and transparency gives the capsule a peculiar sparkling appearance in water, in consequence of the reflection of light from its surface, resembling a portion of thin glass which had assumed an irregular form while soft; this sparkling I consider very characteristic of this structure. The properties just enumerated appear to me to distinguish it from every other texture but cartilage; still, however, it may be said that cartilage is not transparent, but even the cartilage of the joints is semitransparent, and if divided into very thin portions, is sufficiently pellucid to permit the perception of dark objects placed behind it, and we obtain it almost perfectly transparent where it gives form to the globe of the eye, as in the sclerotic of birds and fishes. If the soft consistence, almost approaching to fluidity, of the external part of the lens, be considered, the necessity of a capsule capable itself of preserving a determinate form is obvious. If the lens were enclosed in a capsule such as that which envelopes the vitreous humour, its surface could not be expected to present the necessary regular and permanent curvature; nor could we expect that if the form of the lens were changed, it could be restored without this provision of an elastic capsule."

The capsule is liable to become opaque and constitute cataract, as the body of the lens is. These capsular cataracts are easily distinguished from the lenticular. They never present the stellated appearance frequently observed when the texture of the opaque lens opens in the capsule as it does when macerated in water, nor the uniform horny or the milky blue appearance of common lenticular cataract. The opacity in capsular cataract exists in the shape of irregular dots or patches, of an opaque paper-white appearance, and when touched with the needle are found hard and elastic, like indurated cartilage, the spaces between the specks of opacity frequently remaining perfectly transparent.

It appears to be generally assumed by writers on anatomy that a watery fluid is interposed between the body of the lens and its capsule, from an incidental observation of Morgagni when discussing the difference in density between the surface and centre of the lens; hence it has been called

the *aqua Morgagni*. The observation of this celebrated anatomist, in his Adversaria Anatomica, which has led to the universal adoption of this notion, is, however, merely that upon opening the capsule he had frequently found a fluid to escape. "Deinde eâdem tunicâ in vitulis etiam, bobusque sive recens, sive non ita recens occisis perforata, pluries animadverti, illico humorem quendam aqueum prodire: quod et in homine observare visus sum, atque adeo credidi, hujus humoris secretione prohibitâ, crystallinum siccum, et opacum fieri ferè ut in extracto exsiccatoque crystallino contingit." He does not, however, subsequently dwell upon or insist upon the point. I do not believe that any such fluid exists in a natural state, but that its accumulation is a consequence of loss of vitality; the water combined with the solid parts of the lens escaping to the surface and being detained by the capsule, as occurs in the pericardium and other parts of the body. In the eyes of sheep and oxen, when examined a few hours after death, not a trace of any such fluid can be detected, but after about twenty-four hours it is found in considerable quantity. In the human eye a fluid sometimes accumulates in the capsule, constituting a particular form of cataract, which presses against the iris, and almost touches the cornea; but such eyes are, I believe, always unsound. From this erroneous notion of an interposed fluid between the lens and its capsule has arisen the adoption of an unsustained and improbable conclusion, that the lens has no vital connexion with its capsule, and consequently must be produced and preserved by some process analogous to secretion. Respecting this matter I have observed, in the paper above alluded to: "The lens has been considered by some as having no connexion with its capsule, and consequently that its formation and growth is accomplished without the assistance of vessels; such a notion is so completely at variance with the known laws of the animal economy, that we are justified in rejecting it, unless supported by unquestionable proof. The only reasons which have been advanced in support of this conclusion are, the failure of attempts to inject its vessels, and the ease with which it may be separated from its capsule when that membrane is opened. These reasons are far from being satisfactory; it does not necessarily follow that parts do not contain vessels, because we cannot inject them; we frequently fail when there can be no doubt of their existence, especially where they do not carry red blood. I have not myself succeeded in injecting the vessels of the lens, but I have not repeated the trial so often as to make me despair of accomplishing it, more especially as Albinus, an anatomist whose accuracy is universally acknowledged, asserts, that after a successful injection of the capsule of the lens, he could see a vessel passing into the centre of the lens itself. Lobé, who was his pupil, bears testimony to this. The assertion that the lens is not connected with its capsule, I think I can show to be incorrect; it has been made from want of care in pursuing the investigation, and from a notion that a fluid exists throughout between the lens and its capsule. When the capsule is opened, its elasticity causes it to separate from the lens; especially if the eye be examined some days after death, or has been kept in water, as then the lens swells, and often even bursts the capsule and protrudes through the opening, by which the connexion is destroyed. I have, however, satisfied myself that the lens is connected with its capsule (and that connexion by no means slight) by the following method. I remove the cornea and iris from an eye, within a few hours after death, and place it in water, then with a pair of sharp-pointed scissors I divide the capsule all round at the circumference of the lens, taking care that the division is made behind the anterior convexity, so that the lens cannot be retained by any portion of the capsule supporting it in front. I next invert the eye, holding it by the optic nerve, when I find that the lens cannot be displaced by agitation, if the eye be sufficiently fresh. In the eye of a young man about six hours dead, I found that, on pushing a cataract needle into the lens, after the anterior part of the capsule had been removed, I could raise the eye from the bottom of the vessel, and even half way out of the water, by the connexion between the lens and its capsule. It afterwards required considerable force to separate them, by passing the needle beneath the lens, and raising it from its situation. I believe those who have been in the habit of performing the operation of extraction, have occasionally encountered considerable difficulty in detaching the lens from its situation after the capsule had been freely opened, this difficulty I consider fairly referrible to the natural connexion just noticed." When the lens enclosed in its capsule is detached from the hyaloid membrane, the connexion between it and the capsule is destroyed by the handling, and in consequence, it moves freely within that covering, affording to those who believe that there is no union between the two surfaces fallacious evidence in support of that opinion, which, if not sustained by better proof, should be abandoned. Dr. Young insists upon the existence of the natural connexion by vessels and even by nerves between the lens and its capsule: he says—"The capsule adheres to the ciliary substance, and the lens to the capsule, principally in two or three points; but I confess I have not been able to observe that these points are exactly opposite to the trunks of nerves; so that probably the adhesion is chiefly caused by those vessels which are sometimes seen passing to the capsule in injected eyes. We may, however, discover ramifications from some of these points upon and within the substance of the lens, generally following a direction near to that of the fibres, and sometimes proceeding from a point opposite to one of the radiating lines of the same surface. But the principal vessels of the lens appear to be derived from the central artery, by two or three branches at some little distance from the posterior vortex, which I conceive to be the cause of the frequent adhesion of a portion of a cataract to the capsule about this point; they follow nearly the course of the radiations and then of the fibres; but there is often a superficial subdivision of one of the radii at the spot where one of them enters." The great size of the vessels distributed on the back of the capsule in the fœtus strengthens the conclusion that the lens is furnished with vessels as the rest of the body. When the eye of a fœtus of seven or eight months is finely injected, a branch from the central artery of the retina is filled and may be traced through the centre of the vitreous humour to the back of the capsule, where it ramifies in a remarkably beautiful manner, assuming, according to Sömmerring, a stellated or radiating arrangement. Zinn declares that he found branches from this vessel penetrating the lens: "Optime autem placet observatio arteriolæ lentis, in oculo infantis, cujus vasa cera optime erant repleta, summa voluptate mihi visæ, quam prope marginem ad convexitatem posteriorem dilatam, duobus ramulis perforata capsula in ipsam substantiam lentis profunde se immergentem cortissime conspexi." He also quotes the authority of Ruysch, Moeller, Albinus,

and Winslow, as favouring the same view. Against such authority I find that of the French systematic writer Bichat advanced; but on such a point his opinion is of little value.

ON CATARACT OR OPACITIES OF THE LENS.

Having endeavoured to explain the form, properties, organization, and vitality of the lens, I have now to consider the changes it undergoes from age, inflammation, imperfect or irregular nutrition, and injury. Writers on ophthalmic surgery enumerate a great variety of cataracts, applying different names to every different appearance which these opacities assume, as they have done with respect to opacities of the cornea. This, however, is of little use, causes unnecessary trouble and confusion, and diverts the mind from the investigation of the real cause of these appearances. It is much better to consider the real nature of these changes, and to explain the state of structure belonging to them. The crystalline lens does not become opaque from a great number of different diseases affecting it; it is only the forms of opacity which are so numerous. In the first place, it must be obvious that the lens being composed of two structures so different in every respect as the capsule and the body of it, and that both these being liable to become opaque, there must necessarily be at least two very different forms of opacity, and hence the division of cataracts into capsular and lenticular. The lenticular is to be first noticed. From what has already been said respecting the change which the lens undergoes in advanced life, it is clear that it is liable to become still more changed from the same cause, and experience has proved that such is the case. In the great majority, it not only becomes much more flat, and hence long sight requiring convex glasses, but also coloured, acquiring an amber tint, although previously clear as water. In still more advanced life it also loses its perfect transparency, and becomes slightly opaque or milky, although not so much so as to impair vision materially. This I conclude from the appearance it presents on dissection, and when seen in the living subject by causing the light to be reflected from it, especially when the pupil is dilated with belladonna. When this colour and loss of transparency increase still more, vision becomes impaired and the opacity becomes visible in the pupil, constituting the lenticular cataract of advanced life, one of the most common forms of the disease met with. But the lens at this period becomes not only coloured and milky or opaline, but also much firmer in consistence, and hence the hardness of this species of cataract. The appearance, however, of the hard lenticular cataract of advanced life varies very much. It generally resembles a piece of muddy amber, or still more, common horn, such as is used for lanterns; but is sometimes so brown that it cannot be seen behind the pupil unless a strong light be thrown on it obliquely, and hence probably the origin of the notion that there is a black cataract. The hard lenticular cataract frequently also presents the appearance which has been denominated glaucoma, a greenish shining hue not easily described, and scarcely to be represented in a drawing. This semitransparent, amber, horny or opaline state of the lens is not, however, by any means the uniform appearance of the lenticular cataract of advanced life; on the contrary, the cataract of old persons is often of an opaque white, or even a bluish white, like the lenticular cataract of early life, or it may be irregularly clouded, stellated, or combined with capsular cataract.

The stellated opacity of the lens which sometimes occurs in the lenticular cataract of old age, but more frequently in that of earlier life, it is necessary to consider distinctly, because it is the result of additional disorganization, and indicates a softer state of the lens, rendering it more easily broken up and more fit to be absorbed. I have already shown that from its fibrous structure, the lens splits up into segments when immersed in water or other fluid, and from whatever cause it may be, a similar change sometimes takes place during life, constituting this stellated opacity or cataract. There is no difficulty in recognizing this state, or of perceiving that it depends upon a yielding of the natural structure, and that it is accompanied by a corresponding softness and looseness of texture favourable to division with the needle. This splitting up of the lens into segments, from the centre to the circumference, may be produced by removing it from the eye of a sheep or other animal enclosed in its capsule, and leaving it in water for a day or two. Thus treated it becomes opaque, while the bars of the stellated breach on its anterior surface are transparent, being in fact filled with water. Now, if we are to give a name to these different states, we may call the uniform amber or horny opacity the hard amber or horny cataract of advanced life; and if marked by bars radiating from the centre to the circumference, we may add that it is stellated.

There is, however, another kind of opacity which occurs at an advanced period of life which presents a more or less stellated arrangement. This is produced by delicate slender white streaks which run in the direction of the fibres, and therefore from centre to circumference, the rest of the lens retaining its transparency, or being only slightly opaque; so much so, that persons with this kind of cataract often enjoy useful vision. These white streaks or veins do not, however, always or even frequently assume the stellated arrangement, but run as single streaks across the whole face of the lens, with perhaps one or two other streaks diverging from it about the centre. It is a remarkable, distinct, and easily recognized opacity, although it often escapes notice, especially where the pupil is small; and is obviously very different in its nature from the hard, amber, or horny cataract just described. It is also remarkable for the slowness of its progress to perfect opacity, often existing for many years before it causes blindness and requires operation. Such cataracts are not, perhaps, harder than a healthy lens at the same period of life, and the streaks of opacity are obviously not slits or spaces formed by the receding of the fibres from each other, but an induration and consequent opacity of a certain number of them, the rest remaining transparent. I am surprised that this form of cataract has not been more particularly described and distinguished from the common hard stellated cataract, especially considering the anxiety shown to multiply varieties and vary names, for there can be no doubt of its being of a peculiar nature. It is it Mr. Mackenzie alludes to when he says—"It is not an uncommon appearance to see opaque *striæ* stretching from the circumference of the lens a short way into its substance;" and Mr. Lawrence notices it as a radiated cataract having the rays commencing at the circumference instead of at the centre, as in the more common or softer stellate cataract. "Lenticular cataracts (he says) are sometimes *radiated*, the opacity appearing in streaks or *radii*, with the intervals comparatively transparent. Those radii generally begin in the circumference of the lens—a circumstance which forms a striking contrast to the former species, in which the opacity

first appears in the centre. In the ordinary state of the pupil we can hardly see the radiated opacity, because the centre remains transparent; perhaps a small white streak or two may be distinguished: it is not, however, till we have dilated the pupil by belladonna that we detect the opaque streaks in the circumference of the lens." I sometimes, however, find these opaque striæ in the lens without the marginal radii. Of the hard lenticular cataracts of advanced life, we have then the amber or horny, the stellate, and the striated, but these are not the only varieties.

Cataracts in old persons are often white and very opaque without any *radii*, presenting a muddy cream-coloured or even a bluish milky uniform surface, behind the pupil, and such often have an opaline lustre from a hard amber central nucleus reflecting the light through a semitransparent superficial stratum. These cataracts appear so soft and pulpy that they often tempt persons to operate on them with the needle to cause their solution and absorption, but they are almost always hard in the centre, leaving a small nucleus undissolved for a very long time in the posterior chamber after operation, moving up and down with the motions of the eye. Besides these four distinct forms of hard lenticular cataract of advanced life, the amber, stellated, striated, and white or opaline, there are many intermediate varieties which might be enumerated under different names, and also many rarer varieties of the same species presenting such peculiarities that they might be described very properly as peculiar products of disease; but my object is to direct attention to the usual forms with a view to ascertain their consistence and solubility for the purpose of determining which operation should be chosen for their removal. It should, however, be observed that all these lenticular cataracts are more transparent and softer at the circumference, because the lens in health is there thinner and softer, and consequently, that when the pupil is dilated with belladonna, they admit more light and appear less opaque at the margin, except indeed it be the striated cataracts which are often more opaque at the circumference.

Lenticular cataracts are not found in persons advanced in life only, they occur at every period from infancy to old age, but in early life they are very different in form, consistence, and colour. As the hard amber cataract is that which occurs most frequently in aged people, the light-blue or milky one generally constitutes the disease in younger persons. It is also much softer, frequently indeed softer than the lens is in its natural or healthy state at the same period of life; and instead of being shrunk or flat, it is generally enlarged or swelled. Therefore, as has been said, the hard amber-coloured shrunk lens most commonly forms the cataract of advanced life, while the soft milky-blue prominent one is found most frequently in early life. There are, however, many varieties and modifications of the disease at this period, as there are at the other. Of these varieties, that which most frequently occurs is the starred or stellated one already noticed as a variety of the harder cataract of advanced life: the lens, in fact, being not only opaque, but so disorganized or changed in structure, that it has split up on its surface and exhibits deep fissures radiating from the centre to the circumference. The colour, however, instead of being a dirty-white, as in old age, is a milky-blue, and the fissures are of a lighter tint, as if filled by water, which they probably really are, the whole being so soft and pulpy that there is no difficulty in completely mashing it up with the needle in operation. A variety of the striated cataract described as occurring in advanced life, is also often found in early life, the striæ commencing at the circumference and converging to the centre, and not being open fissures but opaque veins with transparent intervals between them. Sometimes a defined circular white spot, very opaque, is found occupying the centre of a transparent lens, with one or more equally opaque thick bars or veins radiating from it toward the circumference. In using the term vein, I mean veins such as exist in minerals. This central opacity with dense radiating striæ, is generally, but not always, accompanied by an equally dense defined opacity of the capsule of smaller size, easily distinguished by its chalky whiteness and cartilaginous appearance, constituting a variety of capsulo-lenticular cataract. This dense opacity of the lens has not, however, always the bars or striæ radiating to the edge, but exists alone in a lens perfectly transparent to the circumference, admitting of very useful vision when the pupil is dilated with belladonna. Such are very slow in progress, sometimes, in fact, being permanent, and undergoing little or no change for many years, if not indeed for life, and they are often congenital, but I think not always, for I have sometimes found them in persons somewhat advanced in life who insisted upon it that they had always had good sight until a comparatively recent period. The late Mr. Tyrrel, in his book on Diseases of the Eye, describes the striated cataract, but does not, I think, appear to have distinguished it from the stellated. He says, alluding to the distortion or multiplication of objects in incipient cataract, "when these modifications of symptoms have presented themselves, I have found that the opacity of the lens has not been confined merely to the centre, but that one or two, or several, opaque radii have existed, passing from the centre to the circumference of the body." (Vol. ii., p. 355.) And again (p. 363), "In rare instances, when cataract commences from the circumference, and proceeds by radii toward the centre, these radii are at first confined to the posterior hemisphere of the lens. This opinion, however, is equally erroneous with that before adverted to respecting the anterior portion of the lens, as I have had opportunity of ascertaining by watching the progress of such cases, and subsequently extracting the cataracts." Mr. Saunders in his treatise (p. 133., pl. iv., fig. 3,) says:—"There is a form of the congenital cataract in which the centre of the lens is opaque and its circumference perfectly transparent. In these cases the lens remains of its natural size as long as its circumference preserves its transparency, which, if undisturbed, it will do for many years." Fig. 3, referred to, shows, he says, "a lens of which the centre is opaque and the circumference is transparent, with the exception of *three opaque radiated lines*;" and it shows also a small defined opacity of the capsule over that of the lens, but smaller than it. I have now in this paragraph shown, that of the lenticular cataract of earlier life there are four varieties: the uniform light-blue or milky; the stellated, or split from centre to circumference; the radiated, with veins from the edge toward the centre; and that with an opacity in the centre, with or without white bars or thick veins running to the edge. But these are not all, for sometimes the opacity is irregularly clouded, as if the original fibrous structure of the lens was destroyed, and the part converted into a grumous mass, as it appears some weeks after having been freely broken up by the needle. Mr. Wardrop, in his essays on the Morbid Anatomy of the Eye (vol. ii., p. 81), says, alluding to this variety:—

"Sometimes they are clouded in different parts, having the appearance of a flake of snow;" and Mr. Tyrrel (vol. ii., p. 364) says:—"Sometimes the surface of the opaque body appears flocculent, like the surface of a recently broken piece of spermaceti." These cataracts are very soft, and are speedily absorbed after breaking up. If they are to have a name, they may be called flocculent. There is yet another variety which I have often seen and operated on. It is a very light-blue cataract, the colour of milk and water, which evidently contains a quantity of fluid between the lens and its capsule, for it is quite prominent, pressing upon the iris so as to cause dilatation of the pupil, and almost, if not all out, touching the back of the cornea. This can be distinctly seen by looking at the eye in profile, or sideways, the patient facing the light. Before I was aware of the existence of this form of cataract, I was much surprised to find that in operating on it I did not break it up and scatter the pulp into the anterior chamber, as I do in very soft cataracts, but that the more I worked at it the less it moved. In fact, I had been all the time moving the needle about within the capsule, but when I saw how it was circumstanced I brought the instrument up to the back of the cornea and tore open the capsule, when it was immediately mixed up with the aqueous humour as usual. Whether or not it is this variety which authors allude to under the name of Morgagnian cataract I cannot tell, because they seem to differ in their descriptions of it. Mr. Mackenzie, in his work on Diseases of the Eye, appears to describe it under this title. He says:—"The effusion of an opaque fluid between the lens and its capsule forms one of the rarest kinds of cataract. It is generally followed by dissolution of the lens, and not unfrequently by capsular opacity. So long as the cataract consists in a mere effusion between the capsule and lens, it presents a cloudy appearance, as if formed of milk and water imperfectly mixed. It is stated that if the eyeball is repeatedly rubbed with the finger through the medium of the eyelid, the clouds of opacity change their outline and position; and sometimes they do so merely on quick motion of the eye from side to side. The capsule is distended in cases of Morgagnian cataract, and pressing against the iris obliterates the posterior chamber and impedes the motions of the pupil. When the disease is purely Morgagnian vision is sometimes but slightly impaired, small objects escaping the observation of the patient, especially after the eye has been rubbed or moved, but after the lens dissolves, the sight is limited to the perception of light and shade." Mr. Lawrence says:—"Opacity of the fluid situated between the lens and its capsule has been called *cataracta Morgagniana;* but I doubt its separate existence. How can we determine that the fluid is opaque and the lens transparent? Can we suppose that this fluid is opaque and the lens remains transparent? I think, therefore, that in a practical consideration of the subject this kind of cataract might be safely omitted." Beer speaks of such a cataract occurring suddenly in consequence of exposure of the eye to acid vapours, and adds observations which render it doubtful whether he understood the nature of the disease at all. In the cataract to which I allude, I do not think that it is the fluid which is opaque, but the lens behind it, which is, I think, a common soft cataract. Mr. Mackenzie adds, that a "pure Morgagnian cataract is not to be touched in the way of operation." The cataract I have been alluding to I frequently operate on with success.

Notwithstanding the varieties of lenticular cataract, both of advanced and early life, above enumerated, many other forms of disorganization of this body might be described. I have seen the lens of a beautiful pale opaque green after general inflammation of the eye, and other curious appearances of it are occasionally met with; but the greatest amount of disorganization is found in congenital cataracts, and where the eye has been destroyed by the inflammation commonly called iritis, but which should be called ophthalmia. When this happens the pupil is generally adherent to a white, thickened, hard, opaque capsule, within which is a shrunk, friable, white fragment, bearing no resemblance in structure to the original lens, and in congenital cataract, as shall be noticed presently, similar or equally great disorganization is observed. These shreds of lens are, I believe, what are called siliquose cataracts. That the lens sometimes, but very rarely, has earthy matter deposited in its structure, most probably phosphate of lime, is an admitted fact, and one of interest in a physiological point of view, when it is recollected that the nutrition of this part has been attributed to a secreting process rather than to the usual growth by vascular ramification. Mr. Wardrop records an example of it, and I have myself seen streaks of white earthy material among the fibres of the lens in horses' eyes destroyed by inflammation. Mr. Wardrop describes it as "ossification of the lens," and states that "on dividing the crystalline lens its central portion was found converted into hard bone. The external laminæ of the lens were soft, but those nearer the centre became more consolidated, the central portion itself being of a deep brown colour, perfectly osseous, and exhibiting a laminated structure." And again, in his description of a plate of it:—"The ossification is seen commencing in the centre of the lens, and extending towards its circumference in the form of concentric bony laminæ. The central portion was a dark brown coloured and hard bone; the exterior laminæ were of a paler colour, and more friable." This example, thus authenticated, is of great value, because although ossifications of the capsule of the lens have been met with occasionally, conversion of the body of the lens into bone, or an earthy solid resembling it, is of extreme rarity. In the Medical Press of December 11, 1844 (vol. xii., p. 372), a very rare form of disorganization of the lens was noticed by me, having first been described at a meeting of the Surgical Society. About a week after breaking up a cataract in a boy's eye, which had been injured by a blow some years before, a quantity of small brilliant scales of metallic or micaceous lustre were found mixed up with the pulp of softened lens. They resembled fragments of gold leaf, or the particles of mica which are seen in granite sand, and remained undissolved for about six weeks, when they ultimately disappeared. There could be no mistake about the matter, as they were distinctly visible with the naked eye, and presented a very beautiful appearance when viewed with a powerful lens. On another occasion, after breaking up a cataract, the fragments which fell into the anterior chamber presented the appearance of the stearine of oil; and upon examination with a lens of short focus were found to be mixed up with needle-shaped crystals or spiculæ, about a line in length, which were after some weeks also absorbed. That these were not fragments of fibres of the lens I am convinced, because their crystalline character was distinct, and because they were not dissolved and absorbed for some weeks. I see no difficulty in admitting the possibility of

crystals of some of the phosphates forming in such a situation. The lens has been found sometimes, although rarely, in congenital cataract converted into a white milky fluid. Mr. Saunders records two, in which opaque capsules were found filled with such material. In fact, there seems to be no end to the variety in form, consistence, and colour, observed in cataracts of long standing, especially when congenital, or caused by inflammation or injury, but it would be tedious and superfluous to enumerate all these under different names. In alluding to the causes of cataract and the possibility of its spontaneous cure, it will be necessary to call attention to cataract from wounds or other injuries of the eye. Here it is only necessary to say, that such cataracts are of a bluish-white appearance, and irregular flocculent composition; sometimes, when the wound in the capsule is very small, presenting the stellate form; sometimes, when the rent is larger, projecting in the shape of a white fleecy mass through the pupil into the anterior chamber; and sometimes, when the whole face of the capsule is torn open, swelling out so as to fill up the whole anterior chamber up to the very back of the cornea.

(To be continued.)

PROCEEDINGS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Mr. Hodgson, President.

ON SOME SECONDARY PHYSIOLOGICAL EFFECTS PRODUCED BY ATMOSPHERIC ELECTRICITY. By Prof. Schonbein.

After referring to the more obvious effects of electricity upon the organs of sensation, and more especially those of smell and taste, and stating his belief that the peculiar odour observed when an electrical discharge takes place, or in the neighbourhood of points from which electricity is passing, is not due to the electricity itself, but caused by the presence of a peculiar matter which he has named ozone, the author proceeded to lay before us the opinions held respecting it—viz., that either pure or atmospheric oxygen, when exposed to the action of electricity, is transformed into this odoriferous body, which he was at first inclined to consider a peculiar peroxide of hydrogen, but which other eminent chemists believe to be merely an allotropic modification of oxygen. With reference to its exact composition he declines, however, to give a decided opinion. This body, whatever its actual nature may be, is a most powerful oxidizing agent; at ordinary temperatures, oxidizing silver, forming iodic acid from iodine, nitric acid from nitrogen; converting the acids ending in *ous* into those which end in *ic*, the salts which terminate in *ite* into those which ends in *ate*; metallic sulphurets into sulphates. It decomposes the gaseous components of hydrogen, with sulphur, selenium, phosphorus, iodine, arsenic, and antimony, and exerts many other energetic chemical actions, both on organic and inorganic substances. It has a strong electro-motive power, similar to that of chlorine, bromine, and iodine; and lastly, it has certain physiological effects upon the animal system, similar to those of chlorine and bromine, acting powerfully as a poison, even in minute doses. Ozone is being constantly generated in the atmosphere by the electrical action going on. When in excess it has a sensible effect upon the mucous membranes of those exposed to its influence, and its presence is indicated by starch containing the iodide of potassium being turned blue. The author has availed himself of this fact in the construction of his ozonometer, which consists of a box containing test-paper thus prepared, and a chromatic scale. He believes that certain catarrhal affections are produced by the presence of ozone in the atmosphere, and he has availed himself of the assistance of medical friends in ascertaining the coëxistence of unusual prevalence of catarrh with what he terms his *blue days*, and he suggests that more extended observations are desirable for this purpose. The author then referred to the existence of poisonous miasmata in the atmosphere, which are generated by certain "purely chemical, or physical, or physiologically chemical actions," which take place within the earth, or on its surface, in stagnant or running waters, or in the atmosphere itself. Of these poisonous gases or vapours, there are two sorts which are antagonistic to and destroy each other. Of the first class, sulphuretted, and perhaps phosphuretted, hydrogen, alone, are produced by natural causes, and these in such minute quantities that they do not, except in a few localities, exert any general influence upon animal life. Of the second class, there is one,—namely ozone, which exists in appreciable quantities in the atmosphere. But the abundant source of gaseous matters is that which the decomposition of vegetable and animal substances affords. Some of these are well known, such as carbonic acid and ammonia; others are of unknown chemical nature, and though the absolute quantity of such deleterious matters may be small in comparison to the immense volume of the atmosphere, their accumulation would render the air unfit for the support of animal life, unless some agent were at work to neutralize or decompose them. The author states, that the purification of the atmosphere which we attempt to effect on a small scale by chlorine fumigations, is accomplished in the great processes of nature by the agency of ozone, a task for which it is peculiarly fitted by its high oxidizing powers. He gives the details of some experiments upon air tainted by putrid flesh, which was purified by ozone disengaged by the action of moistened phosphorus. Ozone, which is formed in the atmosphere by the electrical discharges constantly going on, acts upon and decomposes the oxidizable miasmatic gaseous matters which contaminate it, and thus the atmosphere is preserved in a state fit for the support of animal life, and, at the same time, the ozone, which, if allowed to accumulate, would become deleterious, is in its turn neutralized or decomposed by the miasmata. During a thunder-storm large quantities of ozone are formed, and the author supposes that the unhealthy state of the atmosphere which exists in the hot season of the year may be caused by the accumulation of miasmata produced by animal decomposition; and that it is by the generation of ozone that thunder-storms purify the air. The author considers that there are probably certain states of the atmosphere in which the quantity of ozone does not bear a due proportion to the miasmata it has to act upon, and that under such circumstances it is that certain diseases—cholera, for instance—make their appearance. He is also of opinion, that in the winter there is more atmospheric ozone than in summer, and that the higher strata of the atmosphere contain more than the lower; and as the generation of some diseases, such as the yellow fever, appears to be connected with certain seasons and geographical positions, he thinks that by an extended series of observations it might be ascertained whether these diseases bear any relation to the ozoniferous state of that portion of the atmosphere where they happen to occur. The paper concludes with a reference to experiments which prove that ozone produced by the action of electricity or by the agency of phosphorus is identical.

ON A NEW METHOD OF TREATING CERTAIN CASES OF EPIPHORA. By William Bowman, F.R.S.

This paper describes a new mode of treatment of those cases of epiphora which depend on a displacement of the puncta lachrymalia out of the course of the tears, or on an obstruction of the canaliculi between the punctum and caruncle, the inner extremity of the canals, together with the lachrymal sac and nasal duct, remaining healthy. The author describes the exact nature of these cases, and relates examples. The treatment which he has devised consists in slitting up the canal from the punctum on the conjunctival aspect, so as to carry backwards the orifice at which the tears are received on to the mucous membrane near the caruncle; and he finds that the tears are in fact taken up by the remaining portion of the canal, while the end towards the punctum is converted into a groove. For the cases of obstruction from injury or other cause, he suggests a modification of this operation, by which the

canal between the obstruction and the sac may be slit up for some way, so as to receive the tears at a new opening. The cases to which these new operations are applicable, have been for the most part abandoned by surgeons as incurable.

DESCRIPTION OF AN OPERATION FOR THE RADICAL CURE OF OBSTINATE STRICTURE OF THE URETHRA. By Dr. Nevermaun of Mecklenburgh.

(Communicated by B. Phillips, F.R.S.)

The author states that after having tried all methods of treating obstinate stricture, the operation with a trocar catheter appears to him the most rational. The patient is placed as for lithotomy, and the catheter introduced as far as the seat of obstruction. The operator introduces one or two fingers into the rectum as a guide to the instrument; he then grasps the handle of the instrument, whose point is exposed, with the right hand, and pushes it steadily and forcibly forwards in the axis of the pelvis towards the bladder. When the resistance is found to cease, the trocar is drawn out and the catheter is left in the canal. In four or six days it is replaced by an ordinary elastic catheter. The paper is accompanied by drawings of the instruments and a description of them.

CASE OF OBTURATOR OR THYROIDAL HERNIA SUCCESSFULLY RELIEVED BY OPERATION. By Henry Obre, formerly Assistant-surgeon to the St. Marylebone Infirmary.

(Communicated by Professor Erichsen.)

After commenting on the extreme rarity of this form of hernia, and stating that he had been unable to find any record of its having been detected and relieved by operation during life, the author relates a case in which he operated successfully. The patient, a female aged 55, the mother of a large family, was seized with symptoms which led her medical attendant (Mr. Gardener) to believe that she was suffering from rupture. She denied that this was the case, and a careful examination convinced Mr. Gardener that there was no hernia in the usual situations of that disorder. A little below the femoral region on the right side, however, he detected a degree of hardness resembling a small gland, and deeply seated; with some general fulness about the part. The author saw this patient on the fourth day after the symptoms had begun; at this time, she was suffering extreme abdominal pain in the umbilical region; during the previous twelve hours, her vomiting had been stercoraceous and incessant; the countenance pale and contracted; voice faltering; pulse weak, small, and intermitting—in short, all the symptoms of pending dissolution from strangulated intestine were present. On careful examination, nothing could be detected but a slight degree of fulness in Scarpa's triangle on the right side; that on the opposite side being well marked; on using firm pressure with the ends of the fingers over the neighbourhood of the femoral artery, and a little below the saphenous opening, a distinct hardness was to be felt, slight in extent, but giving the impression as if the sheath of the vessels was being pressed on. The state of the patient was such as to induce the author to propose to make an incision into the upper part of the thigh, down to the hard structure, in the hope that he might find confined intestine low in the femoral canal. He made a straight incision into Scarpa's triangle, as in the operation for tying the common femoral artery; beginning about three inches below Poupart's ligament. When the cribriform fascia was opened, and the saphenous opening exposed, no hernial sac was found, but the hardened structure could be felt lying deep to the inside of this opening. The dissection was with some difficulty continued downwards; the fascia lata was divided, and the pectinæus muscle exposed. The fibres of this muscle were divided transversely for about an inch and a half or two inches, and a hernial sac was exposed, which rose up into the wound to the size of a pigeon's egg. The finger being passed along the sac, entered the obturator opening. The sac was opened, and the intestine was found to be a portion of the small gut, blue and congested. The opening through which it passed did not tightly enclose its neck, but it was considered prudent slightly to divide the edge. In doing this the saphena vein was wounded, and it was necessary to apply a ligature to its upper part. This was the only ligature required. After the operation, no medicine was given; in the course of the day the bowels acted three times, and in the course of a few days the patient had quite recovered.

SOME OBSERVATIONS ON THE PATHOLOGY OF THOSE AFFECTIONS OF THE EAR WHICH PRODUCE DISEASE IN THE BRAIN. By Joseph Toynbee, F.R.S.

In this communication the author has a two-fold object: the first is to point out the nature of the several affections of the ear which produce disease in the brain; the second to show that each of the cavities of the ear has its particular division of the encephalon, to which it communicates disease. Thus, that—

1. Affections of the external meatus and mastoid cells produce disease in the lateral sinus and cerebellum.

2. Affections of the tympanic cavity produce disease in the cerebrum.

3. Affections of the vestibule and cochlea produce disease in the medulla oblongata.

1. In speaking of the external meatus, its intimate relations with the lateral sinus and cerebellum are pointed out; the affection most frequently producing disease in these parts is shown to be catarrhal inflammation of its dermoid layer, one of the numerous diseases which have hitherto been classed together under the term otorrhœa. This affection of the external meatus is fully described; and it is shown that it is found to endure during many years, without the presence of pain, or any other symptom calculated to apprize the surgeon of the presence of a formidable disease, while the bone may be becoming slowly carious, and portions of the dura mater and cerebellum disorganized.

In the second division of the paper, the tympanic cavity is described to be the part of the ear from which disease is most frequently propagated to the brain. This circumstance is accounted for, firstly, by the great liability of the mucous membrane of the tympanum to undergo pathological changes; and, secondly, by the existence of very intimate relations between this membrane and the dura mater. The affection of the tympanum which most frequently produces disease in the cerebrum is chronic catarrhal inflammation of the mucous membrane, an affection thus far only known as an otorrhœa. The four changes in the dura mater and cerebrum produced by the affections of the tympanum are—

1. Inflammation of the dura mater, and its separation from the surface of the petrous bone by serum.

2. Ulceration of the dura mater, and its complete detachment from the petrous bone.

3. An abscess in the substance of the cerebrum.

4. Undefined suppuration of the substance of the cerebrum.

From a careful examination of cases, it appears that chronic catarrhal inflammation of the mucous membrane of the tympanum may exist as many as twenty or more years, without the production of any disease beyond it, or at least without the existence of symptoms by means of which the presence of such disease can be diagnosed; nevertheless, in the great majority of cases, vital structures become sensibly affected in a much shorter period.

The third section of the paper is devoted to the consideration of the labyrinth, and it is shown that purulent matter in the vestibule or cochlea, sometimes causes disease of the auditory nerve, which is transmitted to the medulla oblongata, producing suppurative inflammation of the meninges, and death, without the presence of any caries of the bone.

In the course of this paper, the author shows the necessity of abolishing the use of the term otorrhœa, and of using in its place the names of the several diseases, eight in number, of which a discharge from the ear is one of the symptoms. In conclusion, the facts which he is desirous

of impressing upon the minds of medical men are, that the bone, dura mater, and substance of the brain may be slowly undergoing disorganization, without the presence of any other symptoms calculated to reveal to the medical man the existence of formidable disease, than the presence of a discharge from the external auditory meatus; and that consequently no person suffering from catarrhal inflammation of the dermoid layer of the meatus, the membrana tympani, or of the mucous membrane of the tympanum, can be assured that disease is not being prolonged to the temporal bone, the brain, and its membranes; and that any ordinary exciting cause, as an attack of fever or influenza, a blow on the head, &c., may not induce the appearance of acute symptoms, which, as a general rule, are speedily fatal. Appended to the paper are tables, giving the particulars of sixty-five cases of disease extending from the ear to the brain, in which tables the duration of the chronic and acute symptoms, and the post-mortem appearances, are concisely detailed.

A CASE OF OBSTRUCTION OF THE COLON RELIEVED BY AN OPERATION PERFORMED AT THE GROIN. By James Luke, Senior Surgeon to the London and St. Luke's Hospitals.

(Communicated by James Moncrieff Arnott.)

The subject of this report was a man aged 60, who, on December 16, 1850, first complained to the author of feeling generally unwell. He had no pain, but his countenance was depressed, his eyes sallow, and his tongue coated. The bowels were confined, and lately medicines had acted with difficulty on them. An aperient was ordered, and on the following day he passed a small lumpy motion, but without relief to the symptoms; castor oil was ordered, but after a time was rejected by vomiting. On the 18th there was no relief from the bowels and he vomited everything he took. From this time he progressively got worse in spite of all the means resorted to for his relief. He complained of pain chiefly about the region of the cæcum. The transverse arch of the colon could be felt distended and tympanitic. A careful observation of the case had led the author to believe that there was obstruction in the bowel about the sigmoid flexure of the colon, and it was resolved as a last resource to operate upon the patient. The operation was performed on the 23rd. Not thinking it prudent to assume that the conclusion respecting the seat of the obstruction was certainly correct, the author determined to adopt that operation which would give him some opportunity of extending his search, provided he did not find the obstruction at the point where it was supposed to be. He therefore opened the abdominal parietes near the groin, by an incision four inches in length, a little to the outside of the course of the epigastric artery, the lower extremity of which incision terminated a little above Poupart's ligament. The peritoneum was opened to the extent of about two inches. On passing the finger down the surface of the intestine, which now protruded, a diseased mass could be felt, which appeared to encircle the intestines. The bowel was then opened above this part; a large quantity of feculent matter came away and the patient expressed himself as relieved. On now passing the finger into the bowel it was found to be impervious about two inches below the aperture. After the operation the recovery of the patient was rapid. On the second day, fæces passed per anum, and continued to do so for more than a month, when their passage through the natural opening ceased; it was again partially restored, but from this time the greater part of the fæces passed by the wound. This is closed by a well-fitted pad, and he has been enabled since to pursue his ordinary occupation almost without interruption. The author then proceeds to remark on the danger of protracted delay in attempting to relieve such cases, a delay which is, however, to a great extent rendered necessary by the difficulties of diagnosis. The distention of the colon, and the evidence afforded by the proper introduction of the long tube, are pointed out as the two means of diagnosis on which reliance may be generally placed for the purpose of determining the seat of obstruction, when it is situated at the lower part of the colon. The advantages of the operations of Amussat and Littre are then compared, and the author, while admitting the advantage gained by operating in the loins, as proposed by the former—of not opening the peritoneal cavity—yet thinks that the operation in the groin offers certain advantages which render it in many cases preferable. By the operation in the loins nothing more could be done than opening the intestine; but this might in some cases be improper—as where obstructions were produced by fibrous bands overlying the intestine, or by strangulations, the result of causes acting exteriorly to its tunics. In these cases, the proper treatment is to divide the bands, or relieve the cause of strangulation. In the event, too, of an error of diagnosis, the opening in the loins does not provide any facilities for correcting the error. The danger of total failure of affording relief consequent upon this state of things, must therefore be attributable as a demerit to the operation in the loins. There are, besides the minor evils in this operation, that the opening cannot be conveniently attended to by the patient himself, and that there exists frequently a great disposition to contraction, arising from the great depth of the wound, which requires renewed surgical interference. In all these particulars, with the exception of the necessary attendant of peritoneal section, the operation of opening the abdominal parietes at the groin, in all cases of obstruction, or suspected obstruction, in the lower part of the colon, appears to the author to be the operation which should be preferred. It affords facilities for modifying the treatment, either by opening the intestine, when incapable of relief by other means, or by dividing or removing any existing cause of strangulation. It enables the surgeon to extend his search within a limited range, in the event of the diagnosis proving incorrect; it allows him to open the bowel as close as possible to the seat of obstruction; and it secures to the patient the facilities for attending to his own comfort which appear almost a necessary condition to make life endurable under such circumstances.

ABSTRACT OF A PAPER ON THE VARIATIONS OF THE SULPHATES AND PHOSPHATES EXCRETED IN ACUTE CHOREA, DELIRIUM TREMENS, AND INFLAMMATION OF THE BRAIN. By H. Bence Jones, M.D.

Having determined the variations of the sulphates in the states of health when different diets, amount of exercise, and medicines were taken, the variations of the sulphates in disease were examined. At the same time the total amount of alkaline and earthy phosphates was determined, partly in order to see whether the amount of sulphates and of phosphates bore any relation to one another, and partly to test the conclusions which were drawn in the author's previous paper on the Variations of the Phosphates in Disease. The cases were thus classified.

1st. Acute and chronic diseases, in which the muscular structures were chiefly affected, as chorea.

2nd. Functional diseases of the brain, as delirium tremens.

3rd. Acute inflammatory diseases of the nervous structures, as inflammation of the brain.

4th. Chronic diseases of the nervous structures.

5th. Acute diseases, in which neither the nervous nor the muscular structures were chiefly affected.

6th. Chronic diseases, in which neither the muscular nor the nervous structures were chiefly affected.

The three last classes gave only negative results.

In illustration of the first class, three cases of most intense chorea are detailed; the urine was examined frequently from the third to the eleventh day. The phosphates were found to be diminished. The sulphates were present in very great excess. The urine was found to be so loaded with urea, that nitrate of urea crystallized out before the urine was concentrated. The specific gravity of the urine was as high as 1036 in one case, 1035 in another, and in the third, 1031.

In illustration of the second class, three cases of delirium tremens are given. The urine was examined from the fifth to the fourteenth day of the disease. The phosphates were not found to be so remarkably diminished

as in the cases reported in the previous paper. The sulphates were found to be exceedingly increased. The amount of urea was so great, that nitric acid caused an instantaneous crystallization. The specific gravity also was in one case, 1041 ; in another, 1037 ; and in the third, 1027. In other words, there was the most remarkable correspondence between the state of the urine in acute chorea and in delirium tremens.

In illustration of the third class, four cases of acute inflammation of the brain are given. The urine was examined from the fourth to the twenty-sixth day. Though the inflammation in these cases was not so intense as in those which were recorded in the author's previous paper referred to, yet they confirm the statement that in inflammation of the brain the phosphates in the urine are increased ; they also lead to the conclusion that the sulphates are at the same time increased in the same degree.

In conclusion, the author states, the phenomenon common to acute chorea and to intense delirium tremens is increased and unceasing muscular action. The muscles are highly complex organic compounds, in which sulphur exists in an unoxidized state, and the muscular action is accompanied, if not caused, by an action of oxygen, which, among other results, gives rise to the formation of sulphuric acid and urea, the amount of oxidation being proportioned to the intensity of the muscular action. The result produced is an increase of the sulphates and of the urea in the urine, just as in health they would be increased if continued strong exercise were taken. The increased amount of urea does not constitute a disease resembling diabetes, but it is only an evidence of the changes which are taking place within. The increase of sulphates and phosphates in inflammation of the brain is also an evidence of increased oxidation of the nervous structures. These simultaneous variations depend on the fact that the amount of sulphur in the brain is nearly the same as the amount of phosphorus. Thus at one time we have evidence of increased oxidation of the elements of the nervous structures, and at another time increased oxidation of the elements of the muscular structures ; and we may thus arrive at the conclusion, that at one time the function of the nerves and at another that of the muscles, is inordinately increased.

ON TEETHING.

(From a Treatise on the Teeth by Mr. A. Canton.)

(Continued from p. 26.)

A BOY of my own, fifteen months old, during dentition, was discovered at one o'clock one morning in a state of stupor, and quite insensible to external impressions, he having previously manifested an extraordinary tendency to sleep. The limbs were all powerless, and apparently paralytic. The irritation of the brain which caused these symptoms, was excited by the process of dentition, which was going on with reference to the canine teeth, the apices of which were just perceptible above the gum. The poor little fellow was placed in a warm bath, leeches were applied to the temples, a blister to the nape of the neck, and the gums were freely lanced. He nevertheless remained in a state of stupor for a day and a night. Calomel, and the other remedies requisite in such cases were employed, and at the end of that time he became sensible, and shortly afterwards recovered the use of his limbs. He remained, however, more or less ill and suffering until the teeth, which had barely pierced the gum at the commencement of the attack, were fairly through. His health was not quite reëstablished till after the lapse of a month. Several cases of palsy affecting one arm, caused by dentition, have fallen under my notice. The operation of lancing the gums, and the employment of appropriate remedies, have generally sufficed to effect a cure in a shorter or longer period of time.

These are instances of great severity of disease caused in these poor little sufferers by neglecting the indications of approaching dentition, or by the sudden and very great irritation which it sometimes sets up in the system. The next case I shall mention is one of a singularly anomalous nature, but clearly dependent on teething for its cause. My friend Mr Whitmore, a surgeon practising in Oxford-street, has furnished me with the particulars of an interesting case under his care, exhibiting one of the anomalous results attending dentition. A female infant, seven months old—at birth a fine and perfectly healthy baby—became fretful and restless, evidently suffering from the irritation consequent on cutting her first tooth. There were heat of mouth, some swelling of the gums, and slight derangement of the bowels. This state continued a few days, when one morning, whilst dressing her, her mamma felt something beneath the skin of the abdomen, about an inch and a half obliquely to the left of the navel, which on each inspiration was forcibly propelled to the surface, as though it would protrude through the skin. On careful examination, it was found to be blunt-pointed, of a hard cartilaginous feel, and in size and shape resembling a very small *tin-tack*. Handling it, or even forcibly pressing it, caused no pain. The child was seen by Dr. H. Davies and Mr. Beale, neither of whom expressed any decided opinion as to the nature or character of the small tumour. On the second morning after this, it entirely disappeared, and simultaneously as it were appeared a tooth, the front incisor of the left side of the lower jaw. The little swelling reappeared a few days afterwards, again to disappear on the cutting of another tooth. A tooth was next cut in the upper jaw ; no swelling was observed on that nor on a subsequent occasion. It was in all probability a swollen sebaceous gland, its enlargement being owing to the irritation of the bowels, caused by teething.

Cases out of number might be brought forward to illustrate the serious consequences which are the result of teething. Those already given are, however, sufficient to warn affectionate parents of the dangers that await their offspring during this, the most hazardous period of infancy.

It is, however, advisable to state that, at a meeting of the Fellows of the Medical Society of London, in December last year, it was the unanimous opinion of the medical men present, that that very formidable disease, *laryngismus stridulus*—the crowing inspiration of infants, was, in the majority of instances, dependent on dentition, and to be prevented or cured by such measures as will remove its committant irritation.

Drs. Evanson and Maunsell, in their work on the Diseases of Children, support the views previously advanced, as to the dangers attending teething, in the following words:—"The more suddenly the teeth are developed, and the greater the number coming out together, the more will be the local irritation, particularly should any obstacle be presented, as a disproportion between the rate of development of the teeth and the jaws. The earlier the age at which dentition commences, the severer is likely to be the constitutional disturbance, from the greater susceptibility of the system : for the natural susceptibility is heightened by the rapid evolution which the brain is undergoing at this early period, in addition to which there is local determination of the blood, caused by the process going on, so that the nervous system is in the highest state of irritability ; hence is symptomatic disturbance of all parts, but more particularly of the brain, so liable to be induced at the time of teething. The proneness to this will be increased by anything that tends to deteriorate the general health, as the injurious effects of improper food, bad air, &c. Delicate children suffer more constantly than the robust, their dentition being tedious ; and in them bowel complaints, with wasting, frequently attend. Any complaint, in short, to which a predisposition may have existed, is likely now to be developed ; and any disease contracted at this time (as measles, &c.) is attended with additional danger."

This is not the place to dwell on the treatment of such cases ; that task belongs to the medical practitioner, who should be at once summoned when symptoms indicative of disordered health arise during teething. It is impossible, however, to refrain from making some remarks respecting the necessity of lancing the gums during denti-

tion—a slight surgical operation productive of the utmost relief to the little sufferer, but to which many parents, most unwisely and unaccountably, offer the most determined opposition. No one can feel surprised at the various disorders and their severity which are set up in the system during teething, when it is recollected that the process itself is attended with considerable local suffering and inflammation, and that the little patient is at a period of life, when the nerves are most prone to receive impressions, and most subject to external and internal causes of excitement. The tooth which has to make its way into the mouth from within the follicle in the socket, in which it had hitherto been confined, has, by means of pressure from behind, to cause absorption of all the parts which impede its progress. This is necessarily a work of time; the gum and the mucous membrane covering it, do not readily yield to the powers of the absorbents; inflammation is set up, the parts are put upon the stretch, the small nerves which supply them with sensation partake in the inflammation, and become exquisitely sensitive, but still they do not yield. And consequently one or other of the disorders and diseases, to which we have alluded, is induced; the child becomes much worse in its health; all the previous symptoms are aggravated, and unless some decided step be taken, its life will be lost. What step so ready, so necessary, so clearly pointed out by nature, as that of lancing the gums?

Medicine and surgery have been defined as the arts by which nature is to be aided in her operations. What under these circumstances is the process nature adopts? By a slow and unequal action, the edge of the tooth makes its painful way through a swollen and inflamed gum, the absorption of every atom of which being the cause of severe suffering, and perhaps of irremediable mischief to the little victim of mistaken and misguided affection. And why do parents object to this simple operation? Because an old woman's tale supports the ridiculous theory that the *cicatrix*, or scar resulting from the lancing, will be more difficult for the tooth to pierce through, than the sound or at least the previously unwounded gum would be. This is an error that few educated persons in the present day would venture to support. The newly-united part, where the incision has been made, is absorbed much more readily under the pressure of the tooth, as it advances externally, than would be the original sound gum, and tough mucous membrane covering it, because it being of more recent formation, and the result of effused lymph, has a less degree of vitality or life to resist the pressure of the tooth.

In sea-scurvy, a disease which formerly devastated our fleets, destroying the seamen, so that in Anson's time, our ships of war were frequently less than half manned: in that fearful disease it was found that when the sailors had previously suffered from wounds, or ulcers, or broken bones, of no matter how ancient a date, the cicatrices gave way, and the solder of the broken bone yielded, while the other sound and uninjured flesh remained intact and unimpaired. In like manner then, as in sea-scurvy, the parts previously wounded, or ulcered, yield sooner than those which are sound, so the cicatrix, left after the gum has been lanced, will also yield more readily than would the gum, if it had never been incised. But even supposing it were true that the hardened scar would be absorbed with greater difficulty, and the process of teething become thereby more protracted, is that to be alleged as a reason why the operation of lancing the gums is never to be practised, and the unfortunate little sufferers to be left, to bear the agonies of pain and inflammation in the mouth, and the more general disorders caused in the frame by the irritation thus set up? Is the life of the infant to be endangered and sacrificed by the non-performance of an operation, slight in itself, unattended with danger, and causing but little suffering; and which, when practised in time, invariably affords relief? The result so much feared by mothers and nurses—the greater impediment to the passage of the tooth—can be averted or remedied by the repetition of the operation. The hardened gum—always supposing it to increase the difficulty, which it does not—can be divided and separated by the gum-lancet, from time to time, not only without risk of danger, but with manifest benefit and relief to the infant. It is an operation which is serviceable, first by removing the tension of the gum, and of the small nerveletts in it which are strained and stretched by the protruding, compressing tooth; and secondly, it affords relief by the slight loss of blood which follows, and which serves to lessen the attendant inflammation.

In some cases, where the brain is in a state of great irritation, convulsive fits rapidly succeeding each other, each one being worse than its predecessor; and in many others also, where the general disordered condition of the internal organs runs high, it becomes necessary to have recourse to lancing the gums daily, and even more frequently still, in addition to other remedial measures, in order to keep down the local inflammation and irritation.

In Dr. Marshall Hall's Observations on Medicine, page 30, there is a chapter of so much value and truth on this very subject, that, were it not that space forbids, as it would add so much to the strength of our argument, we would willingly transcribe the whole. It is entitled, "On the motive for the scarification of the gums during dentition." We must content ourselves with making some extracts from it. He observes, p. 30:—"There is no practical fact of the truth and value of which I am more satisfied, than that of the effect and efficacy of scarification of the gums in infants, and not in infants only, but in children. But the prevailing, I may say the universal, idea on this subject is, that we should lance the gums only when the teeth are ready to pierce through them, and only at the most prominent parts of the gums, and as the occasion to which I have referred may require; and no idea of this important measure can be more inadequate to its real value. The process of teething is one of augmented arterial action and of vascular action generally; but it is also one of augmented nervous action; for formation, like nutrition, secretion, &c., generally, is always one of nervo-vascular action; and of this the case in question is, from its peculiar rapidity, one of the most energetic. Like other physiological processes, it is apt to become, from that very character of energy, pathological, or of morbid activity. It is obviously, then, attended with extreme suffering to the little patient; the brain is irritable, and the child is restless and cross; the gums are tumid and heated; there is fever, an affection of the general vascular system, and there are, too frequently, convulsions of various degrees and kinds, manifested in the muscles which move the eyeball, the thumb and finger, the toes; the larynx, the parietes of the respiratory cavities; and the limbs and frame in general, affections of the excito-motor part of the nervous system, and of the secretion of the liver, kidneys, and intestines, affections of the ganglionic division of that system."

Dr. M. Hall next examines the causes which lead to such extensive and varied irritations in the systems of children, which he considers to be seated, not in the gums alone, but in the entire dental system; and then strongly recommends the scarification of the base of the gums, as well as of the apex, and he remarks:—"Better scarify the gums *unnecessarily* one hundred times, than allow the accession of one fit of convulsions from the neglect of this operation, which is equally important in its results, and trifling in its character. And it is not merely the prominent and tense gums over the edges of the teeth which should be divided; the gums, or rather the bloodvessels, immediately over the very *nerves of the teeth* should be scarified and divided. Now, whilst there is fever or restlessness, or tendency to spasm, or convulsion, this *local bloodletting* should be repeated daily, and in urgent cases even twice a day. * * * A skilful person does it in a minute, and in a minute often prevents a most serious attack; an attack which may cripple the mind, or the limbs, or even take the life of the little patient, if frequently repeated. There is, in fact, no comparison between the means and the end: the one is trifling, and the other so momentous."

Nor is it, he asserts, only while the teeth are making their way through the gums that scarification or lancing should be practised. The most marked case in which he observed the instant good effect of scarification, was one in which *all the teeth had pierced the gums.* "And there is," he says, "a phrase among nurses—viz., 'the breeding of the teeth,' which may be taken as evidence that *before* the teeth actually reach the borders of the gums, they may prove the source of much irritation."

Can words of greater power be used, to urge and enforce on parents the absolute necessity for this operation under the circumstances we have indicated? The restoration of health, the preservation of life, and of the powers of the mind and body, may frequently be ensured by the careful and appropriate use of a small piece of steel on the inflamed gums of an infant; and on the other hand, all these may be and are frequently endangered by its neglect, owing mostly to the unwise, and unaccountable opposition of parents, or of an ignorant or prejudiced nurse. It seems strange that such a prejudice should still exist, but it does so unfortunately, and it is the duty of every one to do his utmost to eradicate it.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, JULY 16, 1851.

RESULTS OF UNIVERSITY DABBLING IN MEDICAL EDUCATION.

The following, evidently written without reference to the late proceedings of the New Irish University, indeed in ignorance of them, is still so *apropos* that we copy it for the instruction of our readers. That the London University has already failed as an institution for the conferring of medical qualifications cannot, we believe, be denied; and that it has failed in consequence of its unfitness for such duty appears equally admitted. With the education, examination, and licensing of medical practitioners, such an institution had no more pretension to interfere than it had to interfere with the "calling" of barristers, or the ordaining of clergy. Its mission was and is to prepare candidates for entrance upon the study of medicine; and to that, if its managers have any prudence, they will restrict themselves:—

Contrasted with the endowments, the privileges, and the free constitutions of her elder sisters, the University of London exhibits a singular anomaly. The university of the metropolis—the university of civil and religious freedom—the university which is the latest, although still imperfect, expression of the progress of the human mind in the long struggle for the emancipation of philosophy, science, and art from religious domination—the university which is the practical embodiment of the principle of the nineteenth century, is without the faculty of self-government. It depends for its existence upon an annual grant from parliament, and the fluctuating views of the individual whom the alternations of party strife may for the time being raise to the unstable office of Secretary of State. The constitution of the university has no independent element of vitality; her graduates—those who are linked to her principles, and whose interests are involved in her future destinies by education, early associations, and even stronger ties—have no position within the charter, no voice in the government. The maintenance of those great principles upon which the metropolitan university is based, is confided to a small body, the immediate nominees of the Secretary of State. Every change of administration brings a change in the person holding this office, and most probably a change in the sentiments which animate the behaviour of government towards the dependent university. Will it be advanced, that in the senate there exists a guarantee for its vigorous and consistent government, and, above all, for the perpetuity of its leading principle? That last hope the senate themselves have dispelled. When they entered upon office they foresaw, what experience has now confirmed, that a body constituted as they were, was neither adapted for the full and public expression of the functions of the new university, nor to guide it in its future growth. As was shown on a former occasion, they applied themselves to the task of providing a constitution more suitable to the purpose. The original senate in 1840 did this. But they seem to have mistaken their position. They had acted as independent men, invested with general discretionary powers to promote to the best of their judgment the high objects of the university. They had yet to discover that they were the mere agents of a higher power. In 1850, the vacancies time had created in their number were filled up by the Secretary of State. Among the new members were found four individuals who had held prominent positions in the present or former administrations. Possibly this circumstance may help to explain the opposite views the senate of 1840 and the senate of 1851 have taken of their functions. They now avow themselves to be the mere exponents of the wishes of the Secretary of State. They now discover that "this question (of the constitution of the university) is not one which they can with propriety discuss." "They act under the superintendence of the Secretary of State." This, then, is the condition of the university! The graduates have no status whatever: the senate formally acknowledges that it has no independent authority. It merely executes certain routine duties under the superintendence of the Secretary of State. Besides the government, who are presumed to act for the general good, and who may be regarded as only indirectly interested in this question, there are three parties more or less deeply concerned—the senate, the graduates, and the public. We ask each one of these whether the present position of the University of London is satisfactory? whether it is conducive to its development, and to the effective spread of an enlightened system of education? and, lastly, whether it affords the guarantee which the public have a right to demand—that the fundamental principle of the university, the freedom from religious tests, shall be preserved. As a portion of the public we broadly answer this last question with a decided negative. *We have no security whatever.* We might show that no body constituted on the plan of the university can offer the necessary security. We could show, and we shall probably deem it our duty to show, that, EVEN NOW, the principle of religious freedom which the University of London was founded to protect, is in the most imminent jeopardy. We will not presume to answer the questions proposed on behalf of the two other parties—the senate and the graduates. The graduates, indeed, have already answered for themselves. For three years have they, with remarkable unanimity and laudable disinterestedness of purpose, repeated their practical conviction that they find under the present system no safeguard for the permanent welfare of the university, no ground for confidence that the integrity of its fundamental principles will be upheld. And assuredly this distrust will not be removed by the declaration of the senate, "that they act under the superintendence of the Secretary of State." But if we cannot answer this question for the senate, it is at least competent for us to ask them another. We will ask them if an office of servile dependence upon a minister—an office in the execution of which they are required to carry out to the letter the restricted duties of a mere examining board, without heed for, or liberty to promote, the final object of the institution at the head of which they are ostensibly placed—is an office befitting them to hold? Can it be that men whose names are illustrious in the ranks of the advocates of freedom, are prepared to repudiate the principle of representation? Have they who have so patiently traced the history and dwelt upon the advantages of constitutional institutions, so little faith that they dare not recommend the extension of the system in an instance where they possess the power to give effect to their opinions? Some of them are members of the older universities. Will they be guilty of the inconsistency, of the injustice, of denying to the graduates of the University of London the privileges they themselves enjoy? Have they forgotten, that on the foundation of the University of London, it was made a deliberate promise and condition that the new university should have powers coextensive with those of Oxford and Cambridge; that the new graduates should not be in an inferior position to the old; that henceforth it should not be said that the members of the State-religion monopolized all academical honours, functions, and privileges? Will the senate be the instruments in falsifying that pledge which consecrated the new university whose interests they were appointed to guard? —*Lancet.*

PHARMACY BILL.

Looking upon this as a measure of the first importance, we are anxious to make our readers acquainted with its objects, which we cannot do better than by reporting the late statements in the House of Commons respecting it. The bill has been amended in committee, but will not be pressed until next session:—

HOUSE OF COMMONS.—WEDNESDAY, JULY 2.

Mr. Jacob Bell rose to move the second reading of the Pharmacy Bill, the object of which was to improve the qualifications of the pharmaceutical chemists; and the principle of which was, that all those who compounded the prescriptions of medical men should be educated, and should pass an examination. If it were necessary for physicians to pass an examination before they were permitted to practise, it was of course of equal importance that the persons who furnished the remedies they prescribed should be able strictly to obey the directions of the physicians. The first incorporation of apothecaries took place in the year 1617, that body then holding the position which pharmaceutical chemists occupied at the present day. The number then incorporated was 114, that being the number of the physicians. In 1694, their growing importance was shown by their being exempted from serving on juries. In 1748, a new charter of incorporation was granted to them. In 1815 an act was passed, called the Apothecaries' Act, which contained some exemptions that in great part frustrated its object. One was in favour of the chemists and druggists, for they had increased so much, and had obtained so much importance, that it was impossible to bring the bill through the house without some compromise. A clause in that bill, therefore, exempted chemists and druggists from its operation. The examination of the Apothecaries' Company was a general one, and comprehended medical practice in all its branches. Up to the present time, the apothecaries, who had now become general practitioners, had been gradually receding from pharmacy, and had become more identified with medicine and surgery, while the chemists and druggists had taken the place which had been left vacant by the apothecaries. In 1834, a parliamentary committee was appointed to inquire into the laws which regulated the medical profession. Several bills, about nine, had been since introduced for the regulation of the profession, Four of these bills had proposed to include chemists and druggists in their provisions, the object being to provide for an education and examination of the dispensers of medicine which should make them as competent to perform their duties as were the prescribers of medicine. But the most determined opposition had been made to these bills by the chemists and druggists, because it was proposed to place them under the Apothecaries' Company for examination. It was not to be supposed that the chemists and druggists would consent to be placed under the jurisdiction of the Apothecaries' Company. They had no objection to the improvement of the education of the body, but they opposed the bills that referred them to the hall for their diplomas. The honourable member for Kinsale (Mr. Hawes) left out this clause from the bill he introduced, but then the chemists and druggists regarded it as an insult that they should not be recognized as being in existence. They then organized themselves into a body, and in 1843 obtained a royal charter of incorporation. That body had since that time been in active operation, and had effected considerable good. But the pharmaceutical chemists of this country were still far behind those of France and Germany in point of education; but if the present movement should extend the powers of the society, there was no reason to doubt that in the course of ten or twenty years the pharmaceutical chemists of England would be superior to those of any other country. At present, however, if an individual came before them for examination, and was declared by them to be incompetent, he had nothing to do but to commence business, ignorant though he might be: he might snap his fingers at the examiners, and their examination went for nothing. The object of the bill was not to give a medical character to the body, but to make it strictly pharmaceutical. The bill was not so stringent in its provisions as any of the medical or pharmacy bills hitherto introduced. It did not propose a penalty upon the person who sold an ounce of Epsom salts; it only imposed a penalty upon persons who should deceive the public by assuming a name that did not belong to them. After a certain time it prohibited unqualified persons from assuming names to which they were not entitled; but after a man had commenced business it would be unjust for the law to step in and prevent him from obtaining his daily bread. Any improvement in the qualifications of such a body must be gradual. What parliament could do was to prevent the evil from going any further, and as each individual went off the stage his place would be supplied by one who had received a suitable education. By this means, in about ten or twenty years, a great improvement would be visible. It was not the year 1851 they were legislating for, but 1860 or 1870, and by that time he (Mr. Bell) expected to see a great improvement manifest. The bill might not be perfect, and certain amendments might be introduced in committee. But it was by the union of that house with the parties concerned that the desired object might be effected. He was told there was no chance of passing this bill, because it was connected with the medical profession, and because the condition of that entire profession ought to be legislated for in one measure. But any bill comprehending the rights and position of that profession had always been opposed, and care had been taken to keep the present bill distinct and isolated. He hoped that it would pass without much difficulty, and he deprecated its postponement to another session, from which great mischief would arise. If the bill was to become the law of the land at all, the sooner it passed, and the sooner the educational improvement commenced which it was the design of this bill to secure, the better it would be for the public. It was said that a bill of this sort ought to emanate from the Home Office. Nothing would have induced him to bring forward a measure on this subject if her Majesty's ministers could have been persuaded to undertake it. But during the last six or eight years numerous memorials to the Secretary of State for the Home Department, and petitions to that house, had been presented from chemists and druggists in all parts of the kingdom, praying for such a bill. He had now introduced it, with the permission of the Secretary of State, but if it were objected that it ought not to be in private hands, he should be glad to hand it over to the Home Secretary. He believed that it would be a great benefit to the public and to the profession, and he therefore moved that the bill be read a second time.

Mr. Hume said that when the house had had before it for the last twenty years one bill after another legislating for the medical profession, he had not much faith in the success of any measure professing to regulate that profession. This and preceding governments had found difficulty enough in dealing with the three medical bodies already in existence—the College of Physicians, the College of Surgeons, and the Apothecaries' Company; and now it was proposed to add another incorporated body to the number. The chemists and druggists were exempted by their own request from the provisions of the Apothecaries' Act of 1815. The honourable gentleman said that the Apothecaries' Company had gone to another sphere, and that they had become medical practitioners; but in his opinion the duty proposed to be devolved upon this pharmaceutical body ought to be the duty of the Apothecaries' Company. He wished to know whether any inquiry had been made by the government of the three established bodies to know whether the duties proposed to be given to the new body could or ought to be performed by any of them. It appeared to him that the addition of a fourth parliamentary body of medical men, invested with a monopoly in its particular business, would only complicate the difficulties of the subject, and interfere with that general measure which it was so essential to have enacted for the regulation of the medical and surgical profession at large. The chemists and druggists were doubtless a very valuable set of men, but it was quite undesirable to remove them from the sphere to which they properly appertained, and in which their usefulness developed itself.

Mr. Bernal said the honourable member for Montrose seemed unaware of that progress of public opinion which imperatively demanded that the class of men practising the business of chemist and druggist should be greatly elevated in the scale of science and knowledge. At present he was afraid there were but too many persons employed as chemists' assistants who did not comprehend the difference between oxalic acid and Epsom salts, and to whom the refinements of iodine, of aconite, and other developments of recent science, were altogether unknown.

Mr. Henley considered that the bill in its present shape would not effect the object contemplated. There was an utter absence of accurate definition of the persons who were to be entitled to sell drugs, or of the drugs they were to be entitled to sell; and there was no provision against the sale

of patent medicines, or proprietary medicines of any kind, however deleterious their materials might notoriously be.

Sir G. Grey said he had already, in conversation, suggested to the honourable gentleman behind him, and he would now suggest to him publicly, that this being a measure upon a subject of great importance, and of which the details were necessarily complicated, it was advisable that it should in some shape be for a reasonable time under the consideration of the profession and of the public before it was discussed in that house. The best course he thought would be to read the bill a second time *pro formâ*, and then postpone the further progress of the measure until next session, so that the public might meantime have an opportunity of ascertaining what the remedy proposed by the honourable member for admitted evils really was.

Mr. Cardwell concurred in the expediency of the suggestion made by the right honourable baronet.

Mr. Ewart was quite as much an advocate for some comprehensive measure on this subject as the honourable member for Montrose, but he felt that, in default of a general measure, a special measure that was likely to do good should not be rejected. Undoubtedly, however, the provisions of the bill should be thoroughly investigated.

Mr. Bell was quite willing to adopt the suggestion which had been made, and to have the bill now read *pro formâ*, with the purpose of introducing before next session such valid amendments as had been and might be suggested.

The bill was then read a second time *pro formâ*, and ordered to be reprinted.

Friday, July 4.

Mr. Wakley said the Pharmacy Bill had been read a second time on the understanding that it would go into committee on Wednesday *pro formâ*, in order that the bill should be printed, and that then it should not be proceeded with during the present session. He understood that the College of Physicians and the College of Surgeons had no objection to the bill, and that the Apothecaries' Company had only one objection to it. Nearly 30,000 chemists and druggists were in favour of the bill, and it received no opposition from the members of the medical profession. Under these circumstances he wished to know whether the bill could not be proceeded with, and become law during the present session?

Sir G. Grey—The honourable member (Mr. J. Bell) who had charge of the bill wished to make alterations in it, and after the bill, with those alterations, was printed, it would be ascertained whether he was right or not in saying that the bill would give general satisfaction. From what took place on Wednesday, he thought that objections would be made to the bill, but if no one opposed it there could be no objection to its passing this session.

ABSTRACT OF THE BILL.

Clause 1 confirms the charter of the Pharmaceutical Society, except such parts as are altered or repealed in this act.

Clause 2. The council to appoint a registrar and other officers.

Clause 3. The registrar to prepare, from time to time, a list of all pharmaceutical chemists, their assistants, apprentices, or students, respectively.

Clause 4. Registrar to keep books, &c.

Clause 5. Certificate of register to be good evidence in the absence of the contrary.

Clause 6. All members and associates of the Pharmaceutical Society to be registered, also every other person, within one year, on his producing evidence that he was exercising the business at the time of passing this act.

Clause 7. Assistants, apprentices, and students to be registered.

Clause 8. The board of examiners of the Pharmaceutical Society recognized.

Clause 9. The council empowered to make and alter bye-laws, subject to the approval of one of her Majesty's principal Secretaries of State.

Clause 10. Every person examined and having obtained a certificate to be registered.

Clause 11. Power to suspend or modify examination in the case of persons apprenticed before the date of the act.

Clause 12. After one year from the passing of the act it shall not be lawful for any person not duly registered to exercise the business, to assume or use the name of pharmaceutical chemist, &c., or any name, sign, token, or emblem implying that he is registered under this act, under a penalty not exceeding £20, nor less than £2. Penalties recoverable in the county courts, &c.

Clause 13. No proceedings to be taken after the expiration of two months from the commission of the offence.

Clause 14. Penalties to be forfeited to the crown.

Clause 15. Registrar liable to penalty for the falsification of any register, &c.

Clause 16. Penalty for procuring certificate of registry by fraudulent means.

Clause 17. Act not to extend to or interfere with the rights, &c., of legally qualified medical practitioners.

Clause 18. Provided they do not take or use the name of pharmaceutical chemist, chemist and druggist, &c.

Clause 19. Exemption in favour of drysalters, vendors of patent medicines, horse and cattle medicines, or chemicals, &c., used for other than medicinal purposes, such parties not using any name, title, &c., implying that they are registered under this act.

THE NARCOTIC NECESSARIES OF LIFE.

That narcotics have now become a necessary of life to the majority of the human race must be admitted. Tobacco, drugged malt drink, and opium are with many more the *sine qua non* than food and fuel. By way of illustration we copy the following, hoping that it may serve to warn the besotted victims of nicotine that their next step is to morphine. Such persons may boast of their prowess as tobacco-smokers, but if the observations of observing men be correct, they have to boast of very little other prowess:

OPIUM-EATING IN ENGLAND.

Seeing in your invaluable publication of last week a letter soliciting a little practical information as to the best mode of treating a confirmed opium-eater, &c., I beg to offer the following:—It has been my lot to have sojourned for some time in China, which is the hotbed of smoking and opium-eating; and I may say, without vanity, I have had more opportunities than any man of my age in seeing its effects, by prolonged usage, on the sanguineous, nervous, and biliary systems. I then advisedly recommend to withdraw, *gradatim*, the stimulating and soothing doses of morphia, and substitute for it small doses of the tincture of lobelia inflata combined with the tartrate of antimony—these two medicines in combination altering to an extraordinary degree the disorganized condition of the brain and spinal cord; at the same time freeing the liver from its congested state by alterative doses of mercury with chalk, and warm aperient salines. By steadily persevering in this treatment, I may confidently assert, from my experience, that the patient referred to will soon present the "sana mens in sano corpore." I fear your invaluable space will not permit me (knowing as I do the general pressure upon your columns) to enter upon the consideration of the physiological and pathological condition of the nervous system, as induced by the "use and abuse of that beneficial" or deleterious drug, opium, your correspondent simply demanding a practical suggestion.—*Dr. Burnir in Lancet.*

In reply to the question of your correspondent "Medicus," I should say that it is no more "possible to reform a person who has been long addicted to the practice of taking opium," than it is to reform a patient who is paralyzed. Habitual intoxication is as decidedly a disease of the nervous system as paralysis, and as impossible to cure by an effort of volition; or more correctly, it produces a disease of the nervous system almost as intractable as paralysis. Intoxication constitutes a *class* of diseases, of which there are two *orders* and several *genera*.

The two *orders* are *narcosis* and *alcoholosis*, or those produced by narcotic and those produced by alcoholic excitants. The symptoms of these two orders are determined by the kind of excitants to which the patient has been addicted.

That the nervous system is primarily affected, and the parenchymatous structure is subsequently diseased, is so evident, that it requires no proof.

But the point to which I wish to direct your correspondent's attention is, that the two causes of intoxication, the narcotic and the alcoholic, are antagonistic or curative of each other; that, to a certain extent, they stand in the relation of poison and antidote. In delirium tremens from alcohol, for instance, opium is our antidote, and for habitual narcoticism, nothing in the way of remedy is so efficacious as alcohol.

If either narcotic or alcoholic excitants are indulged in exclusively, and in excess, the work of destruction, first of the

functions of the nervous system, and next of the parenchymatous structure, is much more speedy and sure than if both are taken alternately, and in moderation. Hence the poor suffer more than the rich from exclusive narcoticism, because they are deprived of its antidote.

I knew a gentleman of the highest intellect, and of the most fervid eloquence, who took daily twelve grains of solid opium, without sustaining any perceptible injury, either in body or mind. He died in a good old age, in the full possession of his faculties to the last.

It is said of the Chinese opium-smokers, that, to the lower orders, the habit soon proves destructive; but the upper class indulge in the practice with comparative impunity.

As it may not be in the recollection of "Medicus," I would remind him of the case of a gentleman, very similar to that of his friend, which was related in the *Lancet* some time since. In this, as in his case, the habit of opium-taking had been unwittingly acquired. He, too, felt "irritable, dejected, and prostrate in body and mind, and utterly incapable of discharging the ordinary duties and business of life," except under the inspiration of his siren drug, from the allurements of which he found it impossible to escape. But the disease having been developed, volition over it was powerless. In this state, his medical friend, whom he consulted, invited him to dine. After dinner, he plied him vigorously with claret, to the extent of a bottle or more. He had him conveyed to bed, *the worse* for his potation. The patient slept soundly, without his opiate, and awoke next morning, refreshed, and in better health and spirits than he had for a long time enjoyed. The doctor detained his patient as his guest another day, and in the evening he administered another dose of anti-narcotic. The second dose operated equally well, and completed the cure.

It is true that "contraria contrariis et morbi morbis curantur;" but there is a fear lest "incidit in Scyllum, cupiens vitare Charybdim;" but it is also true, that "ubi unica via salutis, ea licet cum periculo est tentanda." It is moreover manifest that there are many more domestic, social, and prudential safeguards against alcoholic, than there are against narcotic intoxicants.—*Dr. I. Pidduck in Lancet.*

SIR C. BELL'S GRAVE AND DR. STEVENS' STUDY.

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—If you think the few accompanying notes, taken from my thoughts during a visit to Sir Charles Bell's grave and to the study of Dr. Stevens, as worthy of a place in your excellent journal, they are quite at your disposal.

I trust the concluding deductions may induce a spirit for research among our talented brethren in the sister isle.—I am, dear sir, yours faithfully, R. TUTHILL MASSY, M.D.

25, Bleuheim-road, St. John's Wood, London,
July 14, 1851.

BELL'S GRAVE.

PERHAPS it may not be uninteresting to the admirers of the great Sir Charles to hear of his resting-place. On the western bank of the Severn, and about four miles north of Worcester, we come to a rising ground, on which stands a large yellow building surrounded with trees, and called Kallow Park. In this house Sir Charles died quite suddenly, and on the evening of the day of his arrival; it is supposed that a rupture of some of the heart's cavities caused this great loss to the medical world, but Lady Bell would not allow an autopsy, and thus we are undecided as to the immediate cause of death.

As we approach the park and ascend the pathway, we see the village church, and in the south-west corner of the yard a few plain tombs are visible, surrounded with iron rails; on one of them the following lines are inscribed:—

SIR CHARLES BELL, K.T.
Born at Edinburgh, MDCCLXXV.
Died at Kallow Park, April xxix., MDCCCXLII.
"Blessed are the pure in heart for they shall see GOD."
This stone is placed by MARTHA, his widow.

To the right of this stone is another, with the records of a Yorkshire banker and his long family; and to the left, over an humble grave, may be seen a weeping ash, that has left its owner's grave and turned to weep over some neighbour. In this county the story goes that it turned over poor Bell, but this is not the case. Now, as I stand contemplating on all worldly honours and reputations, I find myself with the peasant who expected to find a treasure if he reached the golden lines of the rainbow, and, after much toil and perseverance, found it resting on the tomb. Let us not too soon put Bell's kingly work in the grave. His nerves of sensation and motion are not to be interred so quickly: let us have a new theory first. But while I think, the clouds darken o'er me, the thunders roll above, the face of nature is changed, the sun is hidden, the rain in torrents falls about me, and I must get to shelter; the side door of the church is open, and now within it, and almost opposite the entrance, and on the north side of the communion-table, I stand, and before me a white marble stone, plain and unadorned, has written on its surface in black letters those words:—

"Sacred to the memory of Sir Charles Bell, who, after unfolding with unrivalled sagacity, patience, and success, the most wonderful structures of our mortal bodies, esteemed lightly of his greatest discoveries except only as they tended to impress himself and others with a deeper sense of the infinite wisdom and ineffable goodness of the Almighty Creator. He died while on a visit of friendship at Kallow Park."

The records of the past are all around me. The walls are filled with the opinions of those who loved us. No vice is here: all our little virtues are cut out on stone—our wrongs are buried in the tomb. This pretty church is now illuminated with heaven's lightning; the thunders rattle, and the rain still falls, but lighter; and as there is little appearance of a clearing up, I must take you back to Worcester, and get a change of clothes, and remove those wet garments and get my supper, and get to bed, and take you on to-morrow to Dr. Stevens' study, a two-miles walk from Worcester.

STEVENS' STUDY.

Upper Wick House is beautifully situated in a well-wooded park, commanding extensive views. The rippling stream of the Teme may be heard, and Malvere hills may be seen, where all the *pathys* are now progressing—hydropathy, homœopathy, kinesiopathy, and allopathy, and even mesmerism, continuesflourishing.

Dr. Stevens will pardon me for taking you into Wick House, and introducing you into one angle of the mansion which contains a large square room with three windows. You see it is filled with books and papers; journals of every nation, here and there, open and half open: the Book of Books is very conspicuous. He tells me that all his new views are built on the Word of GOD, and not on the word of man; he speaks of his foundation as the house that is built on a rock—ours as the one built on sand.

On this shelf to the left, are books on the blood, books on cholera, books on the salts; and, tossed on chairs and loungers, books on everything, and papers and manuscripts to no end; and then plates on the nervous system in every shape and form. The ganglionic nerves beautifully pourtrayed. Among this confused mass is a little mahogany writing table; by it is seated a fine old man, with silver locks, rolled in an Indian morning gown: the most industrious man living. This is Stevens. His inquiring look and eye almost ask you have you brought anything new. His "how do you do" is quite Scotch, and his unaltered perseverance is also Scotch. He has a great object in view—to prove truth and upset falsehood. For the last four years you might have seen the philosopher here, day after day, determined to shake the foundations of "legitimate medicine" and mere material philosophy, and to raise up a new physiology, and point out our electrical nature, as well as our spiritual state, and to extinguish phrenology, and make all mere materialism vanish before his pen, and a new medicine to shine out of his discoveries! The human mind shall no longer be taught as a material secretion of the brain. This intelligent spirit is not again to be looked on as a glandular secretion, like the tears, the saliva, and the bile; this human mind is not in the cerebrum or cerebellum, but it is just beneath the arch of the tentorium in the third ventricle, in a separate material house of its own, at the root of the pineal gland, and at the upper part of the corpora quadrigemina, at the origin of the optic nerves—the telescopes of the eyes, through which *the mind sees, not perceives*, as the philosophers tell you. Those ideas of Stevens are startling. He tells me that the brain can no more see than a material brick, for it cannot see itself, and that sight is a spiritual gift which is given to the entities that belong to the spiritual world of intelligence; next, that the gray and white matter of the cerebro-spinal system separates the terrestrial electricity from the blood, which electricity the blood has received from the earth by electric attraction. But then he speaks of another electricity contained in the

saline matter of the blood, which produces and keeps up the heart's action, and on those views he has founded his theory of the action of his salines in cholera; and with Dr. Stevens I must confess, that any treatment is preferable to the bleeding, calomel, opium, and other abominations adopted. The extensive bleedings would kill the most healthy and robust, let alone the enfeebled and collapsed, and the repeated dose of calomel must produce debility and secondary fever; and I have no doubt but that the quantities of opium given in fifty cases would produce a sound sleep in five hundred soldiers, and if given to two hundred and fifty, it would close the eyes for ever of at least one hundred and twenty-five.

Dr. Stevens' views, though so distant from ours just now, and so apparently invisible and intangible, are yet deserving of the highest respect, and offer much for our deep consideration. Everything is progressing; we must not stand still, the labours of the disinterestedly industrious must be considered, and not laughed at during the present unsettled state of our art.

I did express my wonder and astonishment when the doctor pointed to an excellent plate on the ganglionic nerves, and, with his fingers on the solar plexus, described it as the seat of life, I felt quite unprepared for such views, yet I see a great deal in them; and if he does even a little good while proving that our minds are spiritual and not material, and that it has its residence in the one central cavity of the head, and that the true life is not in the blood, but originally the offspring of a higher world, and that it has its residence in the central tree of life—the solar plexus. In support of those views, Dr. Stevens refers to many passages in the Bible; then he refers to disease and death in man; and finally, he brings comparative anatomy and experiments on the lower animals to prove his views.

He traces the origin of the pneumo-gastric nerve, *not* from between the olivary and restiform bodies, but from the semilunar ganglion: it is therefore the connecting link between the vital power and the mind. He gives a similar origin to the spinal accessory, and, as he traces its distribution to the root of the phrenic nerve, he tells us it keeps up respiration when the mind is asleep; and then compares those fine cords and the lovely structures within us, with the parts alluded to in those verses:—"Or ever the silver cord be loosed, or the golden bowl be broken, or the pitcher be broken at the fountain, or the wheel broken at the cistern. Then shall the dust return to the earth as it was; and the spirit shall return unto God who gave it."

Bell and Stevens differ widely on some points. For example,

Bell believed that all the motor nerves originated from the brain.

Stevens, on the other side, says that not one of the true motor nerves originates from the brain, or from any portion of the cerebro-spinal system.

According to his views, every one of the true motor nerves of the body originate from *the one central organ of the ganglionic system.*

Bell believed that all the sensational nerves originated from the gray matter of the brain, and conducted sensation from the cerebro-spinal system to the entire body.

Stevens, on the other hand, believes that the vital electricity which is derived from the oxygen of the air that we breathe is the true cause of bodily sensation, and that *the so-called* sensational nerves conduct impressions made on the body, from the body itself to the mental organ, which is in the centre of the head, but not in the brain.

Bell makes the sensational nerves to derive their origin from the gray matter of the brain, and considers these nerves as the conductors of the cause of sensation from the insensible brain to the sensitive body.

Dr. Stevens makes these nerves to originate from every part of the body, and to be the conductors of impressions made on the body to the sensitive mind, which is not in the brain but in its own separate and distinct material dwelling; which impressions give knowledge, which is the true spiritual food of the human mind.

Just now I have not time to enter into his peculiar views on the circulation, and to the many wonderful links in the chain of our creation.

OBITUARY.

At Castleblaney, on the 30th of June, aged 81, George Shegog, M.D., Medical Attendant of Fever Hospital and Constabulary, &c., and for sixty years an eminent practitioner in the county of Monaghan.

BIRTHS AND DEATHS IN LONDON,

DURING THE WEEK ENDING SATURDAY, JULY 5.

Births.		Deaths.	
Males.....	746	Males.....	534
Females.....	784	Females	469
	1530		1003

CAUSES OF DEATH.

1. *Zymotic* (epidemic, endemic, &c.) *Diseases*, ...	214
Sporadic Diseases, viz.—	
2. Dropsy, cancer, &c., of uncertain seat, ...	46
3. Brain, spinal marrow, nerves, and senses, ..	132
4. Heart and bloodvessels, ...	33
5. Lungs, and other organs of respiration, ...	114
6. Stomach, liver, and other organs of digestion ...	68
7. Diseases of the kidneys, &c., ...	11
8. Childbirth, diseases of the uterus, &c., ...	3
9. Rheumatism, diseases of the bones, joints, ...	7
10. Skin, cellular tissue, &c., ...	3
11. Premature birth, ...	27
12. Old age, ...	40
13. Violence, privation, cold, and intemperance, ...	60

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1851.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	July 6th,	73	49	30.150	
Monday,	7th,	71	51 5	30.120	
Tuesday,	8th,	71	52.5	29.900	
Wednesday,	9th,	70	47	29.850	
Thursday,	10th,	66.5	49	29.924	.130
Friday,	11th,	69	46	30.128	.004
Saturday,	12th,	74	52	30.060	

PORTARLINGTON, QUEEN'S COUNTY.

185		Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
July	6th,	65	50	29.859	57.8	53.7	50.2		NW
	7th,	65	54.5	29.808	62	57.2	53.5		NW
	8th,	66	54.5	29.728	63.2	56.3	50.8		NW
	9th,	65.5	47	29.551	61.1	56	52		NW
	10th,	65	53.5	29.581	59.4	52.1	45.3	.024	NW
	11th,	62	47	29.816	59.7	56.4	53.9		SW
	12th,	66 5	56	29.780	61.3	56.2	52.2	.015	SW

M. W. HANLON, M.B.

ROYAL OBSERVATORY, GREENWICH.

Mean height of Barometer.....	29.87
" " Thermometer*.....	62.9
Self-registering do.† ..... max. 93. min.	34.

* From 12 observations daily—† Sun.

Rain, in inches, .76: sum of the daily observations taken at nine o'clock.

Meteorological.—The mean temperature of the week was 1 deg. 9 above the mean of the month.

NEW ANÆSTHETIC AGENT.—In witnessing some operations performed by Mr. Fergusson, Saturday, June 21, in King's College Hospital, we learned that Dr. Snow was using, with much success, a new anæsthetic agent called chloruretted hydrochloric ether, which Dr. Snow believes had not been administered before, except in an operation in this hospital on the previous day, when Mr. W. Hewett, the house-surgeon, removed some venereal warts from a patient in one of the wards, and applied strong nitric acid to the raw surface. The substance is called by its discoverer, M. V. Regnault, *l'éther hydrochlorique monochloruré*. It is the first of a series of five bodies which he formed by decomposing muriatic ether by means of chlorine gas in the sunshine. A liquid which is a mixture of these bodies, has been used for some months in Paris by M. Aran, a very zealous experimentalist, as a local application to relieve and prevent pain. Dr. Snow having procured a quantity of this through the kindness of Mr. Morson, chemist, of London, separated the first and more volatile of the liquids by distillation, and he thinks that it possesses some advantages over chloroform.—*Lancet.*

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Three months, ...	6 6

*** Orders to be addressed to Mr. HENRY BEAUMONT, 15, Molesworth-street.

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ORIGINAL COMMUNICATIONS.

MISCELLANEOUS CASES AND OBSERVATIONS IN THE PRACTICE OF MEDICINE.

By J. Kirby, LL.D.,

Ex-Professor of the Practice of Medicine, R.C.S.I., &c. &c.

FRACTURE OF THE THIGH BONE, WITH UNUSUAL CIRCUMSTANCES—ENGORGEMENT OF THE BRAIN—DEATH—POST-MORTEM EXAMINATION.

A man died some years ago in Jervis-street Hospital. According to the order of attendance observed in that infirmary, he became my patient eight weeks after his admission, and about five days before his death. He was lying without bandage, splints, or pillow: his limb three-fourths of an inch short, but the foot in a proper direction. The seat of fracture presented to the mind the irregularities intelligible by an inspection of the preparation, without any of the surrounding firmness which accompanies a considerable formation of callus. The impression I received from the examination was, that the bone had been broken into three pieces, and although the case had been entered as one of simple fracture in the records of the hospital, I was confirmed in the opinion I formed, and which I expressed to the pupils in attendance, when I was informed that the accident occurred by the passing of a wheel of a cart across the limb while the man was on the ground. The thigh bone and leg were free from œdema and pain, but there was no sense of power of motion. He could draw up the heel and again extend the leg, but when desired to raise the leg and thigh together, he grasped the fracture as if sensible of weakness there. Even thus assisted he could not succeed. I left him as I found him. In two days he complained of some uneasiness in the site of fracture, to which I did not pay any attention, such not being an uncommon attendant on first efforts after confinement for fracture. Two days afterwards the nurse informed me that he had not spoken during the night, and that he could not drink. He was comatose; sweating; fuller quick pulse; eyes open; pupils of natural size; iris immoveable; eyes distorted. Blisters to the neck and legs prescribed, and stimulant glyster, but he died in a few hours. Examining the limb to ascertain the degree of union, before I proceeded to expose the fracture, it was found that the motion of the trochanter harmonized with the rotating motions on the lower part of the limb—a circumstance which we will be able to explain by a reference to the preparation, which I shall now proceed to describe more particularly.

It will readily be perceived that the bone is broken into three parts, and that the spliced piece on the outside, which is very considerable, and extends to the trochanter major, belongs to both the remaining portions of the shaft. The thickest part of these portions acquire half the diameter of the bone, and contain a large share of the medullary cavity. It is united to the trochanteric division of the bone, but in a direction behind its natural level. The line of union exhibited no callus, so that the union has probably been accomplished according to the laws which regulate the most simple and most ready union which takes place among the soft parts of our structure. The inferior portion of the femur lies at the inside of the trochanteric portion, and exhibits a considerable extent of spliced fracture. Thus the trochanteric division of the femur lies between the others as if driven between them; but this relation of the parts is properly attributable to the action of the muscle. There is a distance observable between the external piece and the superior end of condyloid division of the femur. This cavity contained a large spoonful of thick fluid, such as fills ganglionic tumours at the wrist. The membranic cyst which contained and formed it is to be seen; it is thick and opaque, with smooth internal surface, but was more and more transparent where it corresponded with the soft surrounding structure. The separated surfaces of the bone are smooth; the medullary cavity and cellular structure being covered in by a thin but firm osseous plate. The periosteum of the upper piece of the femur is thickened, softened, of a brownish-red colour, and easily detachable, and there is no trace of bony deposition in any of the parts adjoining the fractures, which are separated from each other.

Observations.—From the period which had elapsed, it is probable that the union here was as perfect as it could have been at any future period, or at least that at no period could it be expected that callus, or any thing approaching to it, would have been supplied.

Had reparation been accomplished and apposition been preserved, it is probable that union would have taken place between the parts now disunited, as well as between those in firm junction; the union which has taken place evincing that the bone fully enjoyed its reparative process.

The intimate union above of the large splinter shows the value of close apposition; the inferior fracture displaying the consequences of distinct separation. The intimate union above, without any external callus deposition, strongly evinces the sufficiency of the medullary membrane for the purposes of union, unassisted by any traceable aid from the external investments of bone. The same fact seems to be confirmed by the callus formation which closes up the medullary cavity where apposition is not maintained.

Nature, defeated in her efforts at a thorough repair of the fracture, has prepared a new articulation differing essentially from those which are usually found in instances of imperfect union or false joint, as has come under my observation. The cyst which has been described seems to be a provision for future motion; it is large, undivided by septa, and contained a seemingly bursal fluid, which must undoubtedly have issued as a secretion from its smooth and synovial-looking surface. The firmness of this structure may be fairly appreciated from the firmness with which the parts, even after death, resisted motion made to ascertain the amount of union that had taken place, and which I suspected not to be quite perfect from the uneasiness of which complaint was made on the day but one after he made his first but feeble efforts.

Had he lived it is probable he would have been soon encouraged to try his crutches, and to bear his foot upon the ground. The consequences can be easily foreseen: the limb must have inflamed, and he should return to his bed for an indefinite length of time, and thus have been in the condition in which I found him. Had he borne heavily, was he able to continue these daily efforts, the probability is that a progressive shortening would have been the consequence.

The brain was moderately firm, perhaps somewhat firmer than natural; medullary matter somewhat subsuffused; some effusion subarachnoid; considerable effusion in the ventricles; the scalp, cranium, and dura mater were free from disease. Although there is no evidence that this person was affected by any apoplectic tendency previous to his admission, still I see no reason to suppose that his death was in any way connected with the original injury, or the subsequent condition of the fracture. The nurse, however, remarked that he was asleep since he came under her charge, and one of the pupils informed me that he exhibited unusual insensibility during all parts of the treatment, and that even when there were considerable abrasions from the splints, he did not seem to be aware of their existence; so that there is reason to think that the head was all along engaged, and that disease in that quarter unhappily existed.

CASES OF PRESUMED PHTHISIS—DANGER—CONSULTATION—HOPELESS CONDITION OF THE PATIENT—PRUSSIC ACID—REMOVAL TO THE COUNTRY—DIARRHŒA—UNEXPECTED RECOVERY.

In cases of presumed extreme dangers, when all ordinary means have been prescribed and disappointment has been the result, physicians are willing to catch at any remedy of promise, however personally ignorant they are of its power or efficacy. This is more especially true, if the proposed means are recommended with earnestness and on the authority of accumulated cases, which, coming from a reputable hand, appears to justify the terms in which their virtues are extolled, and for this reason they are thought to have a claim to our notice, and more than that, a claim to our fullest reliance. For this reason, I desire to put these cases upon record. They are pregnant with much information—they show how the wisest may be mistaken, and how accidentally medicines receive a character which they by no means merit.

Some years ago Mrs. W. was by a full consultation pronounced to be in a hopeless stage of consumption. She had a harassing cough of long continuance, copious expectoration, and exhausting night sweats. The appetite was prostrate, while wasting emaciation and loss of physical power were the necessary attendants. Sleepless nights, a feverish pulse, and hectical countenance were in the eyes of her attendants certain evidence of the conclusion which could not be postponed.

As a last resource, it was proposed she should accompany her cousin to Bordeaux, who, being in an advanced stage of phthisis, was recommended to a residence in the vicinity of that town. I therefore concluded my personal attendance to be no longer necessary professionally.

In the evening Mr. W. called on me. He was in deep affliction. He entreated my guidance as a friend, and asked me whether the proposed change afforded any reasonable hope of his wife's recovery. I thought it did not, and I expressed this opinion to him. He resolved she should remain, and then he threw her on my care in these words: "While it is the will of the Lord to spare my wife, give her all your tenderest care, and treat her as you would the person you hold dearest in your affection." This appeal was touching. The confidence thus displayed flattered and embarrassed me while I reflected how perfectly powerless the means of art must be through my instrumentality. Dr. Granville's remedy flashed across my mind. In prussic acid, I saw a new and a promising remedy. I explained the power of the medicine, and I suggested its use; but having no experience in the matter, I was unwilling to prescribe it without his full approbation. He refused the experiment, and resigned himself to a fate which seemed to be inevitable.

Mrs. W. was next day conveyed from her bed into a carriage, and removed to a village near town by my advice. Here her only medicine was dandelion and goat's whey. In a week a profuse diarrhœa set in. At first it seemed to threaten to undermine the slender remains of vital power. Each day, however, was marked by an improvement in strength. To my great surprise, her appetite began to return, while her cough, expectoration, sweat, and feverishness gradually disappeared, and in a few weeks there was no longer any cause for alarm.

Mrs. W. still lives, and although very many years are passed, she presents in her person a striking instance of the efficacy of Nature's doings, and of the helplessness and uncertainty of medicine. Had these events taken place during the administration of the acid, according to a common fallacy in medical reasoning, they would have been attributed to the virtues of the remedy, and a strong case made out to encourage reliance on an agent which experience has amply proved to have no power over a disease in which it was nearly pronounced to be a specific.

The sudden and most unexpected recovery of Mrs. W. must be attributed to the medicinal agency of dandelion and goat's whey,—remedies in very general use by the faculty at the period of her illness. During the long continuance of her tedious disease, her bowels were attended to, so that it is not more surprising where the immense quantity that she discharged was contained, than the effect so rapidly produced by the diarrhœa which supervened. The manner in which this accumulation operated in the production of the severe symptom under which she suffered, I shall not presume to explain; neither shall I attempt any elucidation of that happy issue to which all her complaints were brought so rapidly and unexpectedly; but to me it is quite apparent that an irritation in the bowels was the cause, and that that irritation was owing to whatever was carried off by the catharsis, induced by the dandelion and goat's whey combined.

That Mrs. W.'s case was not one of pulmonary phthisis is quite evident from the rapid recovery, and her being

alive at this day. In the examination of her chest the stethoscope was not used, as it was not introduced into practice until subsequent to the date of the case, so that her illness is to be sought for in that cause which has been just stated.

Nor let it for a moment be doubted that the reason assigned is sufficient to explain the whole train of symptoms, when we reflect on the many instances in which remote sympathies are displayed in consequence of various irritation among the alvine organs. Take all the circumstances, for instance, connected with hysteria, you will find them disappear under a steady course of aperient medicine. I have lately had under my care a young lady in an attack of hiccup unceasingly night and day for a fortnight. She was attended by a physician who tried various and random remedies ineffectually. The case devolved on me. I used every means which my experience or books suggested in this obstinate malady. As her health was good, I advised a journey to a distance of forty miles. Diarrhœa set up as soon as it was accomplished, and the hysteric hiccup at once disappeared.

I have seen another lady in whom an attack of hysteria simulated peritonitis, as it most frequently does. The abdomen was full, and the slightest touch of it gave rise to pain. When the trunk was fixed, and the bowels remarkably costive, when the pulse ranged from 130 to 150, when the tongue was white and the skin was hot and dry. She was the subject of consultation. She was blooded largely. The blood did not buff, and great debility ensued. The disease seemed to be transferred to the head, and coma took place. She was insensible to tickling, to disagreeable odours, to the loudest noise and violent slapping of the hands; the breathing was noiseless and silent, as in syncope; while paleness of the visage and flushing alternated with one another. The urine was secreted in small quantity, discharged with great difficulty, or totally retained. It was unusually clear.

From all these alarming symptoms, she was relieved by a daily use of mild cathartics. A period of consciousness now returns. She describes her pains as at one time better and at another worse, and this in a short period. She describes a painful sensation in the uterus, as of a feeling of motion and enlargement, with occasional bursts of wind from the part. She complained of intolerance of light, and spoke with a slender voice. There was much irregular action of the heart, and she expressed a great desire for solitude. By a continued perseverance in the same mild aperients, she is also relieved from these symptoms.

Frank attributes coughs and catarrhs to such a cause: "Ex ipso adeo *consensu*. abdominali imprimis, non modo tusses, sed ipsos catarrhos oriri, experientia confirmat. Nec certe, cum et oculos, et fauces, et ipsos pulmones, hac a causa non raro incendi sciamus; cum tantam pituitæ sub tussi ferina, cujus sæpe in abdomine origo est, copiam in pectore secerni videamus; mirabimur, sensilissimam bronchiorum superficiem internam a nervis ventriculi, intestinorum per bilem acriorem, suburras corruptas, aut per vermes, continuo irritatis, similia experiri, aut longas vanasque per tusses ad phlogosin ac morbosas secretiones incitari. Hinc ratio summæ interdum virtutis emeticorum, purgantium in catarrhis, præprimis epidemicis, cum gastrica febre manifeste conjunctis, atque adeo spontaneæ, qua non pauci catarrhi solvuntur, diarrhœæ, elucet."

When we reflect on the numerous symptoms of the many diseases of children which yield to the use of purgatives, we cannot but feel confirmed in the opinion, that alvine discharges may alone be sufficient to produce that series of symptoms which induced me to hold such an unfavourable prospect in Mrs. W.'s case, and which disappeared on the supervention of a most profuse and continued diarrhœa.

CASE OF PRESUMED PHTHISIS—SYMPTOMS—DANGER—A FULL CONSULTATION—PATIENT BREAKS FROM HIS ATTENDANTS—ARRIVES AT MY HOUSE—RESULTS OF AN INTERVIEW—DIETETIC TREATMENT—RECOVERY IN FIVE DAYS.

One evening in October, some years ago, Mr. —— of Drogheda drove up to my door accompanied by his wife, who was large in pregnancy, and had not an hour to count on. He was helped into my study in a state of extreme exhaustion.

He informed me that he had been a long time unwell, and had been confined to his bed for some weeks, and under the care of four physicians. His prominent complaints were an alarming debility and emaciation; he had a great cough, with copious expectoration, constant diarrhœa, profuse sweats, sleeplessness, inordinate thirst, with a red tongue, quick pulse, and a continued feverishness. The medical attendants were in serious alarm: his relatives were in despair. It was a question whether he had sufficient strength to bear a journey to town. However, under all risks, it was undertaken. He did not bring any statement from his physicians, who were both surprised and dissatisfied at the resolution he had taken. He answered my questions so fully and clearly, I was pleased not to be embarrassed by such a document. Our interview was long. I saw nothing materially wrong with Mr. F——, so that my questions related principally as to the desires of his appetite and thirst. As he expressed a great eagerness for animal food, I gave my sanction to his wish, and I recommended London bottled porter as the fluid most likely to alleviate his thirst. He rejoiced at the advice, and condemned the obstinacy which forbade an indulgence ardently desired. I ordered five grains of the pulv. cretæ comp., and four Dover's powder, from Mr. Collins in William-street, and then dismissed him to the Londonderry Hotel.

My morning visit found him in bed, after a night of "sound and refreshing sleep, undisturbed by cough, diarrhœa, or sweat." The same diet was continued during the ensuing week; at the expiration of which period he returned to his residence, sufficiently recovered to resume the business of an active occupation.

Now, in a case such as this, of protracted duration and of alarming severity, one may reasonably suppose that all medicines likely to be of service were from day to day prescribed. Had any drug, such as prussic acid, been employed at the same time as these dietetic rules were prescribed, those changes which plainly and almost miraculously followed the adopted regimen, its value would have been extolled, and a dangerous confidence have been reposed in a dangerous and perhaps a worthless remedy.

There was no stethoscopic exploration of the chest. At my first visit my patient was so much better it seemed unnecessary, and every succeeding day there was less occasion to employ it.

This case plainly suggests how much may be accomplished by mere attention to dietetic means in many diseases; nor indeed can we doubt, as Huxham has truly said, that what we administer by ounces and pounds affect us as well as what we take by grains and scruples. If the choice of medicine demands much circumspection, that of diet requires much knowledge of man's living nature, and of the agents to the action of which it is exposed.

Prussic acid has in a great measure shared the fate of many medicines of late introduced into practice, and after a trial, neither scanty nor unsatisfactory, has fallen into comparative disuse, and such is the case with many other remedies. If we look to the history of the materia medica, we find remedies of established value giving way to articles in which confidence has been for a short time most mistakingly and injudiciously reposed.

There is a fickleness by which medical men are led that is a truly dangerous imperfection. It belongs to impatience, the offspring of ignorance, and, as Galen remarks, leads to a disturbance of nature, finally subverting those powers of recovery which nature holds within herself. This fickleness should be avoided by young practitioners, who are apt to think they have a remedy for every disease, if they desire to have established principles of action as they advance in practice.

Case.—On a cold night in February, a few years ago, I was hurried from my bed to visit a lady at twenty-five miles

distance from town. I entered my carriage relying on my servant, whom I desired to bring my large cloak and other muffling suited to that inclement season of the year. He, however, was as forgetful as myself, and I entered the carriage wholly unprovided. I instantly went to sleep. When I reached the first stage I awoke quite chilled, and I started fifteen miles farther. Thus unprotected I again slept, and was so thoroughly starved with cold when I arrived, I begged for some very hot tea before I could see my patient.

When my business was done I felt quite recovered, and returned home in time to make some evening visits of urgency.

I awoke out of my first sleep with many uncomfortable feelings, and I slept no more. I arose at my usual early hour, ate little breakfast, and retired to my study, where I was soon seized by giddiness, a confused feeling in my head, and great debility of my lower limbs, so that it was with much difficulty I got upstairs to bed. I soon fell asleep, but I was disturbed in a short time by a painful starting of all my limbs, and a sensation in my head, as if it were double its size. I felt as if my mind was external to my proper cranium. I conceived correctly, and I answered with my usual promptness, and I made no mistake whatever. While I was recumbent, every article seemed in its place, but as soon as I raised myself to drink, everything appeared to go rapidly round and round me. As the day advanced I was drowsy and easeless. The spasms of my lower limbs increased, ever incessant and painful; sometimes they nearly threw me from my bed. Under these circumstances a medical friend visited me. He ordered a mustard bath to my legs, and some aperient draughts; twenty ounces of blood to be taken from my arm. When my arm was being tied up by my son-in-law, I remarked to him that he would be a cunning fellow to get the quantity of blood desired: that I would surely faint before an ounce was drawn; and I told him he would find my blood to be perfectly cold. Matters turned out as I foretold. My blood was cold to him, and I so quickly showed signs of deliquium as to show him the impropriety of continuing the *evacuation*—his proceeding. The aperient medicine having answered its end, others were substituted. I do not know their nature, but I do the frequency with which I took them without any effect on either my head or my limbs, which continued their severity for several days.

In three days I was the subject of a consultation. After I had answered all questions I expressed a wish to be taken into the councils on my case. I had been now some time ill, and exhibited no marks of amendment, or anything approaching to it. Being asked what I would suggest, I replied, "I had a shilling in my purse, which I would go to market with, and purchase a haddock for my dinner; that I would have it grilled, and that then I would drink a pint of Madeira mulled, and that I was quite sure I would be quite well the next day." My friend laughed at me, and retired to inform my wife that I was at the commencement of the worst typhus fever he had seen. The next visit found me as usual. I suggested my removal to the country, and obtained their consent to go the next day. In the mean time I had my bed prepared, and I started the next day, provided with a chicken and a bottle of Madeira wine. I dined most heartily on my food and a cauliflower. I drank the quantity of medicine, and immediately retired to rest. I perspired copiously, and slept until ten o'clock the next morning, soon after which hour I was to be seen making a visit in West-street.

The distressing symptoms under which I laboured were brought on by the intense cold to which I was so long exposed, and I suffered in my nervous system as many gouty persons do. My attack was one of debility, and hence I foresaw the difficulty of drawing the desired quantity of blood, the deliquium which ensued upon the attempt, and the low temperature of that essential fluid. The abstraction of blood was an error, and so was the sedative course subsequently pursued, together with such strict abstinence for so many days, during which everything was forbidden except the usual diluents. It is quite plain to me that had it been longer pursued, I would have suffered a protracted illness, or some serious metastasis would have taken place. With this view I acted as I did. I knew my constitution, and I felt I was one of those of a peculiarly nervous temperament, that I was suffering very great depression, and that animal food and wine were really and mainly necessary to my recovery. Of the value of this treatment I had subsequent experience. When my head has been affected with pain and confusion, my vision disturbed, and my ears rung with various unnatural sounds, and my heart beat with great irregularity, I have found, in the same course of treatment, relief, without having recourse to bleeding or any depressing remedy.

ACUTE TRAUMATIC TETANUS TREATED WITH CHLOROFORM.

By Richard G. H. Butcher, F.R.C.S.I.,
Examiner on Anatomy and Physiology in the Royal College of Surgeons in Ireland,
Surgeon to Mercer's Hospital,
&c. &c. &c.

James Kelly, aged eight years, was admitted into Mercer's Hospital, under my care, June 29, 1851. The patient not being able to speak distinctly, his mother gave the following history of the case:—On her return home at ten o'clock the previous night, she found the child sitting on the steps at the hall-door waiting for her. He instantly complained of having been beaten and ill treated by some play-fellows, one of whom gave him a severe blow on the throat with a stone three hours before. She also remembered that eight days since a large needle ran into his left heel, and it was instantly drawn out without being broken, but the part continued slightly tender ever since. When she brought him into the house at ten o'clock, she made tea for him, but he refused to drink it, assigning as a reason that "his throat was too sore." Afterwards he was placed in bed and obtained sleep for nearly three hours, when he awoke, and "got a kind of fit, his head was drawn back, and he could not straighten it." At this time the child complained of great pain in the throat, which she attributed to his having got cold from being exposed to the night air. He fell asleep soon again, and remained so for an hour, when he awoke in violent spasms, so violent that "he fell out of the bed quite stiff." He had five returns of the "fits" before he was brought into hospital the following morning at nine a.m.

I saw him immediately on admission. His condition was then as follows:—The jaws were nearly closed, and he could scarcely swallow, owing to the spasm which quickly beset the muscles of the pharynx, yet after much agony and convulsive efforts, the act, however imperfectly, was performed, and fluids in small quantity were got down. The head was forcibly bent backwards, and this condition never entirely relaxed, while superadded, at intervals of a few minutes, were paroxysms, during which there was violent extension and rigidity of the limbs and horrible distortion of the countenance from perverted action of the muscles; the nose being drawn up, the forehead wrinkled both vertically and across; the mouth pursed up, at the same time its angles drawn towards the cheek-bones, forming the most frightful exhibition of the risus sardonicus; the pulse was very rapid, 135 in the minute, and hard and full; the respiration from the very first was performed with the greatest difficulty and accompanied by a sense of agony in the throat, while each effort was attended by a croupy noise; there was profuse perspiration over the entire body, and characterized by its peculiar pungent odour; darting pain shot back from the sternum to the spine, and during the paroxysm the bone was considerably depressed. As the disease advanced, the posterior muscles of the neck were so violently contracted, the head was absolutely drawn down upon the neck, so as to make the larynx and trachea project and stand out very prominently

on the anterior aspect of the neck, and here the spastic action of the muscles almost ceased, for the muscles of the spine were not affected beyond the cervical region, but the muscles of the extremities seriously participated in the morbid action, both the upper and lower being thrown into a rigid state of extension during each paroxysm. The mind in the midst of all this anguish remained perfectly clear.

From the history of this case, there is evidence of the child having sustained injury in two ways from a severe blow of a stone on the throat, and from a punctured wound of the heel; of the latter being the cause of the alarming and fatal train of symptoms, there was evidence from the following fact. On pressure being made over the heel, where only a little black speck marked the point of entrance of the needle, the situation of the wound, the patient was instantly thrown into a paroxysm. An equal amount of pressure applied to the opposite limb produced no sensible effect whatever. This result could be obtained over and over again, rendering the experiment conclusive. The occurrence of the boy having received an injury of the throat brings forcibly to my recollection a case which I saw a few years since. Two young men were boxing, and one received a heavy blow upon the larynx, which broke the left ala of the thyroid cartilage. The day after but one, he was seized with symptoms of trismus, followed by opisthotonos, and he died in sixteen hours, dating from the first stiffness of the neck and difficulty of swallowing to the last expiration.

From the very first the treatment of this boy Kelly was energetic. A large quantity of calomel was got down by the mouth, mixed with a little mucilage and water, and conducted on a spatula to the back of the tongue. The entire abdomen was rubbed over with mercurial ointment, and swathed with a flannel roller, besmeared with the unguent; a quantity was also placed in each groin and axilla. Thus I endeavoured to bring the system under the influence of mercury by internal administration and rapid inunction.

Purgative enemata, largely charged with spirit of turpentine, were repeatedly given from the known fact of the obstinate costiveness which attends the disease, and because we have convincing evidence of their strong revulsive influence on diseases of the cerebro-spinal centre. The occiput and upper part of the spine was freely blistered, and the seat of injury in the heel was incised, and morphia placed in the wound. Almost from the very first the power of swallowing was gone, but every effort was made to get down stimulants, whiskey and water, &c. At first the paroxysms were produced almost every ten minutes, and of the most violent character. I resolved on trying the effects of the inhalation of chloroform on the accession of each. With this intention about a drachm and a half was poured on a warm towel and applied to the nose. The patient never objected after the first two or three trials, but looked rather anxiously for it towards the coming on of the fit. It most certainly rendered the paroxysms shorter and more mitigated in their violence, and lowered the pulse in a remarkable manner. This treatment was continued uninterruptedly to the end. In order to guard against congestion of the brain from the repeated exhibition of the chloroform, I applied eight leeches to the temples and an ice cap to the head. The creature was perfectly conscious all through, and though he could not be cured, his sufferings were greatly lessened. For several hours (nine) before death, the darting pain backwards from the sternum was removed, and the intensity and duration of the spasms of the limbs diminished, while the tension on the jaws never relaxed, and the head remained rigidly drawn back. In this state he died, twenty-four hours after first complaining of stiffness of the neck and difficulty of swallowing, and twenty hours after the accession of the first paroxysm. The patient died quite calmly, not in a paroxysm. The body was removed immediately after death, and I regret to state I could not obtain an examination of it.

NEW PREPARATIONS OF GOLD FOR STOPPING CARIOUS TEETH.

By John Tomes, F.R.S.,
Surgeon-Dentist to the Middlesex Hospital.

If the various operations performed by the dentist were compared, with a view to ascertain the relative value of each, it is probable that the stopping of carious teeth would be placed first on the list. A tooth skilfully plugged under favourable circumstances, is, in point of durability and usefulness, scarcely inferior to one that has not been stopped, or to the tooth had it not been attacked with caries, and needed plugging. Indeed, a tooth which has been well plugged before disease had too far reduced its substance, is in effect restored to the condition of a sound and healthy organ.

If inquiry be made of those who have been accustomed to attend to their teeth, and are somewhat advanced in years, many instances may be found of teeth which have been stopped twenty, thirty, and even forty years; but teeth which began to decay, and yet have remained useful for such lengthened periods without having been plugged, will not be found.

The knowledge of these facts has for many years past led dentists to pay great attention both to the performance of the operation, and to the material most suitable for stopping teeth; and the results of individual experience have been from time to time published.

It may, I think, be safely said that all experienced dentists regard gold as by far the best material for filling teeth, and deprecate the use of any substitute when that metal can be effectively used.

The gold has been used in the form of foil reduced from plate by hammering to suitable degrees of thickness; and in the preparation of this great care and expense have been bestowed. The superiority of gold over all other substances has for a long time been acknowledged; but there are many difficulties in its use, and these require considerable practice and skill to overcome. The gold may be good, and the case favourable; yet, in the absence of dexterity in the operator, the filling may be, and frequently is, defective. Neither will this appear astonishing when the conditions which constitute a good plug are considered in connexion with the position of the teeth, and the parts of these which may require plugging. A perfectly successful plug is a solid mass of gold, fitting perfectly the cavity in the faulty tooth. Hitherto, gold foil has alone been used. This is introduced into the cavity in various forms,—in long strips folded up and down from the top to the bottom of the cavity; in small masses, introduced one after the other; or in small carefully-made cylinders. Whichever method is practised, great care is taken to press the gold against the sides of the cavity in the process of filling, as pressure on the surface of the plug condenses the gold only for a very short distance below the surface. If, for instance, the masticating surface of a molar tooth which has a large hole in it be plugged with gold foil, forced in from the surface, and pressed only towards the bottom of the cavity, it will be found, on removing the tooth, that the gold near the surface has been compressed into a hard scale, while that occupying the bottom of the cavity is porous, and admits of further compression. Hence it has been found necessary to pack in the gold, and in the steps of the process to compress it against the sides of the cavity. When the cavity has been in this manner filled, wedge-shape instruments are forced into the gold, and as room is thus made more of the metal is added, until the instrument can no longer be made to enter the plug. Then the surface of the plug is compressed forcibly with the plugging instrument, the superfluous gold is filed away, and the surface of the plug burnished. Now, if the operation has been conducted in the best possible manner, and the gold used unexceptionable, the plug will be a perfectly solid mass; the foil will have become cold welded. This result has been obtained, and is, perhaps, not very unfrequently obtained by most good operators: but the result would be much more constant if the gold foil having the welding

property could at all times be obtained, and the cavities of diseased teeth were favourably situated for applying the requisite amount of compression. We cannot, however, choose the situation of the cavities; we must treat them in whatever position they occur. But something can be, and, I believe, I may safely say has been, done towards the improvement in gold. A gold has been produced, which, under the pressure of the plugging instrument, welds with the greatest readiness into a solid mass capable of being rolled into plates or drawn into wire.

Platinum is obtained in a spongy condition, is heated, and then compressed in a solid mass: it, in fact, welds as wrought iron does when hammered at a white or welding heat, as it is called. The new preparation of gold may with propriety be called spongy gold, from its close resemblance as regards condition, to spongy platinum. But the gold welds under pressure without the aid of heat.

In 1825, Mr. Caudius Ash obtained a precipitate of gold by using copper, which he thought would do for stopping teeth. He tried it, and did not find that it answered his expectation. The idea was abandoned without further effort. Had he continued his experiments, it is probable he might have obtained a result which would have encouraged him to proceed; and, judging from the success which has attended his untiring efforts in the improvement of mineral teeth, it can scarcely be doubted but that he would have produced a gold similar to that which has recently been presented.

Some months since, a Parisian dentist, on his return through London from a visit to America, brought with him two or three teeth plugged with spongy gold. He called on several dentists—myself amongst the number—and exhibited the stopped teeth. This gentleman also called on Mr. Ash, and offered to sell him the secret of preparing the gold, with directions for its use, both of which he had learned in America. While negotiations were going on, the method of preparation was sold to a dentist for a large sum, and the conditions of sale were considerably raised to Mr. Ash, who then declined the offer.

The purchaser, I am told, found that the gold prepared in accordance with the directions he received did not at all answer his expectations, and he (for the time) abandoned the idea of using it. Mr. Ash, however, recollecting his former experiment, again commenced to work on the subject, and succeeded in producing a preparation of gold which readily welded. Of this he sent me half an ounce. It consisted of a fine brown powder, and of small masses, which readily broke down into powder when pressed lightly. Under the microscope the powder was seen to consist of minute particles of bright metallic gold, in the form of irregular crystals or nodules. Under pressure these minute particles readily unite into a solid mass. Several teeth were plugged, by introducing small balls of the powder and compressing it from the exposed surface of the plug. The results seemed highly satisfactory; but on removing the plug it was found that the welding extended but a short distance from the surface against which the instrument was applied, while the lower part of the plug remained porous, and maintained the brown colour of the powder. This condition indicated a serious imperfection in the method of using the metal, and other plans were tried: teeth were partially filled with the powder, and this was condensed by forcing it towards the circumference of the cavity, thereby forming a solid ring; more powder was then added, and the plug completed. By these means a perfectly solid plug was formed, to which no objection could be made. In practice, however, the use of the powder was attended with considerable difficulty, even though introduced into the teeth in lumps, in consequence of the great waste. More or less constantly escaped into the mouth before its condensation could be effected. In stopping teeth in the upper jaw the waste was very great. It occurred to me that this difficulty could be overcome by wrapping the gold in foil. The experiment was tried, and the result equalled my expectation. By this method I succeeded in making very perfect plugs, which, when removed, presented a solid uniform mass of metal, perfectly welded, and free from pores.

Still the gold seems to admit of improvement—in fact, requires to be produced in the shape of a sponge instead of a powder, so that the present difficulties of manipulation might be overcome, and the use of gold foil rendered needless.

In the *American Journal of Dental Science* for October 1850, the following editorial notice will be found:—"*A new preparation of gold for filling teeth.*—Within the last few weeks several dentists in New York have tested the value of sponge gold, as a substitute for gold foil, for filling teeth; but to what conclusion they have arrived with regard to it we have not been able to ascertain. We have been informed, however, that some are disposed to think very favourably of it.

The preparation is of a reddish brown colour, and readily crumbles into a fine powder on being rubbed; but, on being pressed together, it at once becomes a compact mass. A few weeks ago we received from the manufacturer, Dr. Maire, through Dr. G. E. Haws of New York, a small quantity of it, with a request that we would try it. This we have done; but our experiments have been too limited to enable us to say much with regard to its value. We tried it in the cavity of a dead tooth out of the mouth, and succeeded in making a very solid filling. The surface assumed the colour of gold, and presented a highly polished and beautiful appearance; but, on removing it from the tooth, we found that every other part retained the reddish brown colour of the sponge, with here and there the lustre of a particle of gold. For front teeth this would constitute an insuperable objection. On breaking it, the fractured surfaces had the same appearance. We have also seen two incisors that were filled with it, which were correspondingly discoloured.

It may, perhaps, answer a very good purpose for filling the grinding surface of a molar tooth; but, as it crumbles into powder so readily, we should not think it could be employed for filling a small cavity in the approximal surface of any tooth where the aperture between it and the adjoining organ was very narrow. It is possible, however, that some may have discovered a method of introducing it into the cavity of a tooth, of which we are ignorant; and, as our experiments with it have been very limited, we would be glad if some of our brethren of New York, who have given it a thorough trial, would favour us with their opinion with regard to its value."

The gold here described is probably similar to that prepared by Mr. Ash; but, either from the manner of plugging, or from the quality of the gold, the results seem to have been less satisfactory than those I have obtained. The two subsequent numbers of the journal contain no further information on the subject.

Mr. George, in conversation, told me that he had prepared some spongy gold by making a plate largely alloyed with silver, and then dissolving out the latter metal with nitric acid. In the first experiment he succeeded in producing a gold which formed a good plug; but, in several subsequent trials, he had failed to obtain a similar result.

Some years since I read an account of precipitating gold from its solution by oxalic acid; and on trying the experiment, found that part of the gold was thrown down in a thin sheet. It did not occur to me at the time to use this for stopping teeth; but when the spongy gold was talked of, the experiment recurred to me, and I mentioned the circumstance to my friend Mr. Makins of Kingston, and also showed him the results obtained by Mr. Ash. Mr. Makins and myself were students together at King's College, and colleagues at Middlesex Hospital, he having a short time since held the chemical chair in the school attached to that institution, I knew that, since his retirement from the lectureship, Mr. Makins had been working in metals. At my request he at once undertook to make some researches on the forms in which gold could be obtained, and the results have been most satisfactory.

Mr. Makins has obtained a soft and malleable gold in two forms—one a thin leaf, another a soft compressible sponge.

The leaf has a frosted appearance, which a microscopic examination shows to arise from the surface being minutely nodulated with here and there irregular, imperfect, crystalline columns, arising to a considerable height from the surface of the leaf. If two of these leaves are pressed together, even with an ivory paper-knife, they cannot be again separated. This gold, introduced into a small cavity, condenses under moderate pressure into a most perfect plug; but, if the cavity be large, it must be introduced in small pieces, and each one compressed before introducing another, much in the same way as in using gold foil, excepting that much less care is required as regards the packing and the direction of the folds of metal; for, with moderate care, the whole may be welded into a compact uniform mass.

The sponge is revealed by the microscope to be a porous mass of bright metallic gold. It may be compressed by the thumb and finger to a third of its bulk, or may be torn into small pieces without exhibiting any tendency to fall into powder. The smaller pieces may again be united into a mass by simply pressing them together in the hand. These are advantages which no other form of gold possesses.

The sponge, if the bulk be not too great, condenses into a compact solid mass, when pressed into the cavity of a tooth with the ordinary plugging instruments, and presents a bright burnished surface where the steel instrument has come in contact with it, and a hard frosted surface when it lies in contact with the surface of the cavity. If the plug be sawn through, the interior will be found to be compact, and the angles formed by dividing a cylindrical mass will be found to be sharp and hard. Such a plug made with gold foil may present a similar appearance; but, commonly, the angles will be much less firm, and the plug will fall into several pieces, corresponding to the portions of foil which were separately introduced.

In estimating the relative value of the new forms of gold for stopping teeth, as compared with the gold foil in common use, it must be remembered that the latter has a smooth, more or less burnished surface; that such surfaces weld with difficulty, while the former have nodulated surfaces which have not been burnished or subject to pressure, and that they weld readily; that the foil requires very careful packing, both as regards the position of the folds and their size; while the new gold, from the readiness with which it welds, needs no such care.

The properties of the new and old forms of gold may be shown by taking an equal mass of each, and, with a plugging instrument, pressing them upon the surface of a sixpence. Each will assume the form of a plate; but the foil will break up into small fragments and layers when bent and pressed with the finger-nail; while the sponge and leaf will present a hard rigid mass, which with force may be broken, but it will not fall into small fragments or break up into layers. Again, if the surfaces of two pieces of the new gold which have been pressed against the coin, be placed in contact, and firmly pressed together, they will adhere—a condition which will not be found to obtain with the pieces of gold foil similarly treated. If the surfaces of the plates of the new gold are highly burnished with the stopping instrument, and are then pressed together, they will adhere, but very imperfectly, if at all.

In giving directions for using the new forms of gold, it will be unnecessary to urge the absolute necessity of removing all the softer dentine from the cavity of the tooth to be plugged, and to again state what should be the form of the cavity for receiving the gold, as these points have been fully dwelt on by many writers, and by myself, when treating on plugging teeth, in my Lectures on Dental Physiology and Surgery; for the form of cavity should be similar, whatever kind of gold be used: it should approach a cylinder as nearly as is practicable; and overhanging edges of enamel should, if possible, be removed.

If the cavity be of moderate size, and shallow (for instance, not more than the sixteenth of an inch in depth), sufficient sponge gold for completing the plug may be taken, and pressed with a plugging instrument into the cavity; it should then be gradually worked round the circumference of the cavity with an instrument having a small extremity. At first the pressure should be light, but afterwards it should be increased till the plug is consolidated. At this stage of the operation, the plug (if sufficient of the sponge has been taken) will project above the orifice of the cavity. The surface may now be cut or filed away, and the plugging instrument again used. The gold will probably sink a little under the reapplication of the instrument, in consequence of the removal of the surface which had become so hard that the pressure had not operated through it. The greater hardness of the surface would seem to indicate that the plug is imperfect, from the unequal density in the different parts. It is not so, however. If a piece of brass (or any other metal, indeed,) be hammered, it will in working be found to be harder near the hammered surface than in the interior. Yet the interior will be harder than if the brass had not been hammered, and it will be hard enough. So with a gold plug, if the surface is the hardest, yet the interior will be hard enough, and to the eye will be perfectly compact. Indeed, the hardest part is in the best position,—that exposed to wear. If the cavity be double the depth I have described, then take half as much of the spongy metal as would serve for its completion, and thoroughly compress it, but with as little burnishing of the surface as possible. The cavity will then be in the position of the one I first described, and may be treated in the subsequent stage of the operation similarly. By adopting this plan a more solid plug is gained than if a sufficient quantity of gold for completing the operation had been introduced at once. This method would not be very effective with gold foil, but with the sponge the welding is so perfect, that there is no chance of the upper part coming out or crumbling to pieces: indeed, it is exceedingly difficult to get a plug made with sponge gold out of its cavity, unless by drilling. In this respect it resembles a plug made with amalgam.

If a cavity be broad and shallow, the further side may be first filled by pressing the gold in that direction, before too much pressure has been applied on the surface of the plug. When the further half has been filled, and vertical wall of gold left, the other half may be filled. The two halves of the plug will weld, if in making the wall of the first half, the surface has not been burnished.

An equally good plug may be made by introducing a mass of gold sponge, and, after compressing it moderately, making a hole in the centre, and from this compressing the stopping towards the walls of the cavity. By this method the cavity becomes lined with a cup of solid metal, the centre of which can be readily filled, and the plug made sound.

In large angular cavities, such as are sometimes found in the molar teeth, more especially in those of the lower jaw, a good plug may be made by forcing the gold into the angles: thus reducing the cavity to a cylindrical one. The bottom may then be filled to within the tenth of an inch of the surface, and the remaining part completed. With gold foil the filling the angles of a cavity is often troublesome, but with spongy gold it is an easy matter.

When the compressing instrument ceases to take effect, in fact, when no further consolidation of the metal can be effected,—the plug should project above the edges of the cavity, so that when the surface has been cut or filed away, and further compression is attempted, the plug may not sink below the margins of the cavity.

A sharp wedge-shaped instrument should at this period of the operation be used, and if any parts are found which can be pierced, these should be filled with a little of the leaf gold.

In finishing, all the tool-marks should be removed, the margin of the plug made perfectly level with the surrounding part of the tooth, and with the centre a little elevated. It should, lastly, be brightly burnished.

In using the new forms of gold it is desirable to bear in mind that the surfaces of the metal should be handled as little as possible, otherwise they will become coated with extraneous matter, which will interfere with the welding. Neither should the stock of gold be exposed to the atmosphere. It may be conveniently kept in a wide mouth bottle, which admits of being well corked. Should, however, the metal lose its softness or its welding properties, it may be restored to its former condition by annealing over a spirit lamp.

In selecting the gold for making a plug, I have usually employed the sponge for filling the cavity, and the leaf for stopping the cavity made by the wedging instrument in the partially completed plug.

The two kinds of gold manufactured by Mr. Makins, may, I believe, be obtained of Mr. Ash of Broad-street, Golden-square; and I would urge upon dentists the expediency of giving them a fair trial. At present but little has been made; it is therefore probable that with further experience many improvements in the condition of the gold may be made. But should it be shown that better spongy and leaf gold cannot be produced than that with which Mr. Makins has supplied me, even then I think there is great cause for congratulation, for I believe it will be found that better plugs can be made with these forms, than can, on the average, be made with the gold foil prepared by hammering in the usual manner.—*Med. Gaz.*

MALIGNANT DISEASE OF THE TONGUE—DIVISION OF THE LINGUAL GUSTATORY NERVE.

By John Hilton, Esq., F.R.S.

A female, æt. 39, was admitted into Guy's Hospital for an ulcer of the tongue. It was at first appearance thought to be due to irritation of teeth, but it did not improve after extraction of the teeth, nor from various local applications. On admission there was a large ragged ulcer, with hard everted edges occupying the left side of the tongue, from the tip to the posterior third. She had profuse discharge of tenacious saliva, with intense pain on attempting to eat. There was a gland in the neck somewhat enlarged.

It was Mr. Hilton's intention to remove the disease by excision, but in order to render any operation painless, he determined to divide the lingual gustatory nerve, thus cutting off communication with the brain.

The patient being placed in a favourable position, and the tongue drawn forward by an assistant, Mr. Hilton divided the mucous membrane and submucous tissue vertically, for three quarters of an inch, opposite the molar teeth, over the hyoglossus muscle, and across the upper portion of the sublingual gland.

The operation was much impeded by venous bleeding, but the nerve was exposed and divided. Immediately all sensation was lost in the ulcer, and the anterior portion of the tongue. There was a good deal of pain after the operation on the left side of the face, but leeches and fomentations subdued it. The day after, the profuse salivation had subsided, and food could be taken without pain. Considerable portions of the disease were subsequently removed without pain by ligature, but it was impossible to include the whole mass. Exactly one month from the date of the division of the nerve, she began to feel again, the saliva increased, and the ulcer again became painful. As the disease extended, nothing further was done.

The after-history of the case, given by Mr. George Rose of Yarmouth, is to the effect, that the cervical glands became extensively involved, that the tongue was totally invaded by the disease, became ædematous, that the pains were agonising, and that, as was inevitable, death speedily came to her relief.

Mr. Hilton proposes the question whether the division of the nerve may not be advisable in similar cases, as a palliative.—*Guy's Hospital Reports.*

POISONING BY SCHEELE'S GREEN.

By Thomas Stewart Traill, M.D.,
Professor of Medical Jurisprudence in the University of Edinburgh.

It is well known that various substances capable of acting as poisons are in common use as pigments, and especially that a very beautiful green is obtained from the arsenite of copper, which is commonly known as *Scheele's Green.* An instance of the deleterious effects of this substance occurred here on the 31st of May.

George Webster Graham, a child of three years of age, had obtained some slips of paper coloured with this material, and had chewed some of it. He returned home, complaining of severe pain over his abdomen, and vomited repeatedly. His mother observed some shreds of the paper in his hands, and saw some of the green matter on his lips and cheeks. The vomiting returned at intervals with much severity, the pain was violent, and I was sent for; but I did not return home for three hours after he was taken ill. In the meantime his pulse became feeble, his extremities cold, and face livid. I went immediately on coming home, and found that the vomiting had somewhat abated, and that the skin was recovering its heat; but the pain in the bowels was still acute. On hearing the symptoms I inquired if the child had swallowed anything unusual, heard the story, and, on seeing the piece of paper, immediately concluded that it was coloured by arsenite of copper, and had caused the child's illness.

I instantly gave the only remedies at hand—magnesia in milk, with the whites of two eggs diffused in water—until I could procure the more powerful antidote, the *hydrated peroxide of iron.* I also directed small portions of milk porridge to be repeatedly given. All the symptoms were so relieved before the peroxide was procured, that I judged it unnecessary to administer that antidote, and next morning the boy was quite convalescent.

On the third day the child passed by stool one or two fragments of the paper, on which some of the green colour was still visible, and for a few days more he did not take his food with his usual relish; but no other bad consequence has followed.

I preserved the shreds of paper which the child had carried home, scraped off a portion of the green colour, mixed it with a little soda flux, and subjected it to heat in a tube; when I obtained a distinct metallic crust, with a crystalline inner surface, an alliaceous smell, and resolvable, by heat and air, into white crystals, with triangular facets, proving the colouring matter to contain arsenic, of which the quantity appears much more considerable than I expected. On comparing the pigment on the paper with Syme's Wernerian colours it answers to pale *emerald green* (No. 52).

It seems improper to employ so dangerous a material as *arsenite of copper*, in such large quantity, on articles like paper-hangings, which may often come in the way of children, or other persons little aware of the deleterious properties of this colouring matter.—*Edinburgh Journal.*

DISLOCATION OF THE SCAPHOID BONE OF THE FOOT.

By Dr. Walker, Peterborough.

On the 10th of June, 1850, a stonemason, æt. 40, and of a spare but sinewy form, in stepping from the top of a wall eighteen feet high, to another about a foot lower, over an intervening space of about two feet, advanced his right foot, but stepped short, his toes only resting upon the wall, his whole weight being, in the act of stepping, thrown upon the right leg. The foot, as he says, "bent upwards, and something gave way." Falling down between the two walls, he found himself on the ground on his hands and knees, not hurt, as he conceived, by the fall, but quite unable to work, and his foot in great pain. He was carried home, and Mr. Walker saw him next day. He was in bed, and on examination, his opinion of the case entirely coincided with that of Mr. Hanbury, our excellent house-surgeon,

who had previously visited him. We found a bold projection on the dorsum pedis, in the situation of the os naviculare and a corresponding depression beneath, where, in the normal condition, the tuberosity of this bone forms a distinct projection. Over the displaced bone the skin was tense and red, and over this point there was a deal of pain on pressure. He could bend and extend the ankle-joint without difficulty or much increase of pain. Mr. Walker at first tried to reduce the bone by firm pressure with the thumbs, but it felt firmly fixed in its abnormal position, and he could not move it. He then requested Mr. Hanbury to press the foot downwards, whilst he attempted to return the bone to its position between the astragalus and cuneiform bones, and with an audible snap it returned and the deformity disappeared.

Mr. Walker then merely directed the foot to be kept quiet and fomented; but two days after, finding that the bone felt loose and easily moveable, with a tendency to slip upwards, occasioning the peculiar appearance of a slight dimple or hollow in place of its natural projection, a plaster and roller were applied. He was confined to the house for three weeks. He then returned to his work, but continued slightly lame for a month after. This morning (September 16th), on examination, no remaining appearance of injury is found: he has no pain, and the motions of the foot are perfect.—*Prov. Jour.*

HOSPITAL REPORTS.

ST. BARTHOLOMEW'S HOSPITAL.

Popliteal Aneurism; Pressure; Deligation of the Femoral Artery; Recovery.

(Under the care of Mr. LAWRENCE.)

WILLIAM J——, aged 31, following the occupation of waterman, married, of light complexion, short stature, and habitual good health, was admitted into Bentley ward, January 27, 1851, under the care of Mr. Lawrence. The patient states that his habits have generally been temperate, that he has not overworked himself, and that the only ailment he had had to complain of was an occasional pain in the chest. Seven months before admission, he noticed in the right popliteal space a tumour of the size of a marble which pulsated visibly; the circumstance caused him, however, no alarm, and he was content to rub the tumour with turpentine, without seeking for medical aid. The tumour, however, gradually increased in size, without giving intense pain, and the patient was enabled to attend to his occupation up to two days before admission.

When examined, the tumour was found to be of the size of an orange, situated in the centre of the popliteal space, and presenting very strong pulsations. The hand applied over the swelling received the sensation of a distinct thrill, and a loud bruit was heard on the application of the stethoscope. The patient did not complain of a great amount of pain, neither in the tumour nor in the leg, and the rest of the arterial system seemed in a sound condition.

Mr. Lawrence resolved to try compression of the femoral artery in order to arrest the progress of the disease, and on the 31st of January, four days after admission, a compressing apparatus was applied. It was the usual clamp-shaped instrument, provided with two pads connected with the steel rings (which encircled the thigh without compressing it) by screws of spring materials, the upper part of the screws working as ball and socket. One of the pads was made to press upon the artery in the groin, the other in Scarpa's space, and they were intended to act alternately.

By the use of this instrument, the pulsations of the tumour were completely arrested; the patient, however, stated that the pressure gave him intense pain, and that he should probably not be able to bear the compression long. Nor did his feelings deceive him, for he could endure the apparatus but two hours, at the end of which time it was removed. On the 4th of February, four days after the first application of pressure, Mr. Lawrence proceeded to place a ligature on the femoral artery, the patient having been rendered insensible by chloroform. The artery was tied in Scarpa's space in the usual manner. The pulsations of the tumour ceased immediately and have never returned.

No untoward symptoms whatsoever marked the progress of the case, and so thoroughly did the collateral circulation become established in a short time, that the limb did not sensibly lose any of its natural temperature, though no cotton-wool nor flannel wrappings were used. The patient did not complain of pain in the leg, and he seemed to experience no uneasiness but what might be expected from a common wound in the thigh.

Ten days after the deligation of the vessel there was a little numbness in the foot; the latter was, however, not cold, and the wound in the thigh looked well. The tumour in the ham had now become quite hard; there was no thrill or pulsation to be noticed in it, though the size had not materially decreased. The swelling gradually diminished, however, the patient progressed very satisfactorily, and on the 28th of March, about seven weeks after the deligation of the femoral artery, he was discharged in good condition, the tumour having decreased to the size of a pigeon's egg, and being of very firm consistence.

The only complaint the man had made during the latter days of his stay in the hospital was of tightness and pain in the chest, unaccompanied, however, by shortness of breath. The stethoscope applied to the region of the heart did not afford any bruit or abnormal sound about that viscus.

The failure of pressure in this case seems to point to a more than ordinary irritability of the patient, or to the compression of a nerve or nerves by the pad placed upon the artery. Whatever the cause may be, it shows that this method of treatment (in common with many others), though extremely valuable, and likely, as Mr. Skey states in his work on Surgery, to have a "useful if not a brilliant career," is not universally applicable. Mr. Lawrence's case will tend to show that the various untoward symptoms which sometimes follow the deligation of an artery, can hardly be prevented by the use of external warmth to the limb; but that the temperature is kept up more or less, according to the amount of energy displayed by the vessels which are to carry on the collateral circulation.—*Lancet.*

DEATH FROM A FOREIGN BODY IN THE PHARYNX.

DR. MACKENZIE, at the Edinburgh Medico-Chirurgical Society, showed a specimen of impaction of a foreign body in the pharynx, which had been productive of fatal asphyxia. The parts were removed from the body of a cab-driver, who, while eating his dinner a few days previously, was suddenly choked in swallowing a large morsel of meat. He immediately walked across the street to a chemist's shop; shortly after entering which he fell down in a state of asphyxia. Unfortunately, surgical assistance was not rendered on the spot. He was conveyed a short distance to the infirmary, where, however, he did not arrive till about twenty minutes had elapsed from the occurrence of the accident. Tracheotomy was immediately performed by Dr. Pinkerton, and attempts made to restore animation by means of artificial respiration, but without effect. The foreign body (a large mass, apparently of tough and gristly beef) was seen filling nearly the entire pharynx from opposite the cricoid cartilage below, and projecting forwards as far as the uvula. It rested on the glottis, pressing the epiglottis forwards. The trachea and lower part of the larynx being laid open in front, part of the mass was seen to have entered the larynx, and to have descended a little beyond the *rima*. Dr. M. remarked, that the propriety of using forceps in the removal of foreign bodies from the pharynx, and the danger of employing the probang for this purpose, were well illustrated by the preparation. The use of the probang in the present instance could scarcely by any probability have dislodged the portion of the mass which had entered the larynx, while a single attempt with a pair of dressing forceps would almost certainly have been attended with success. Dr. Mackenzie

showed another preparation, of a somewhat similar kind,—a large piece of meat impacted in and above the *rima glottidis*, and which, in the same way as in the present instance, had produced immediate death by asphyxia.—*Ed. M. Jour.*

A CASE OF POISONING FROM OPIUM, SUCCESSFULLY TREATED BY ELECTRO-MAGNETISM.

By J. B. Biddle, M.D., Philadelphia.

The following case illustrates, I think, very strikingly, the value of the electro-magnetic current as a means of relieving the coma produced by narcotic poisoning:—

At about half-past twelve o'clock of the night of the 28th of April, 1851, I was called to visit a woman, described by the messenger as being in a fit. No history or explanation of the case could be obtained, except that the patient had gone out at about half-past seven o'clock to get something at an apothecary's for a cramp colic; that she had upon her return home eaten her supper as usual, then gone to bed, soon fell into a deep sleep, and finally, at about midnight, from her unusual respiration and the impossibility of rousing her, excited the alarm of her husband and family.

I found her in a state of profound torpor; her breathing extremely slow and interrupted, stertorous and gasping, with spasm of the throat, lividity of the countenance, inability to swallow, utter insensibility to the most violent agitation, pupil contracted to the size of a pin's head, pulse scarcely perceptible at the wrist; in short, all the symptoms of an advanced stage of asphyxia. That it was a case of narcotic poisoning, rapidly approaching a fatal termination, was, I thought, evident, and I at once so expressed myself—the family, however, still professing themselves unable to explain or account for it.

Acting, however, upon this opinion, I obtained the assistance of my friend Dr. Goddard, who lives in the neighbourhood, and the use of his electro-magnetic apparatus; and the doctor, coinciding in my view of the case, we determined, although with no very strong hope of saving the woman's life, to resort to this agent. An attempt was made to introduce the stomach-tube, but was unsuccessful, owing to spasm of the pharynx; and its introduction could have been of no service, as, at the lapse of more than five hours, the poison must have been altogether absorbed from the stomach.

The electro-magnetic machine employed consists of two coils rotating between the poles of two horse-shoe magnets—an unusually large and powerful instrument, producing a rapid succession of violent shocks. One pole was applied to the nape of the neck, the other to the pit of the stomach. For about two minutes after the battery was started no effect was produced. The patient then began to make convulsive efforts with her hands, as if to put away something annoying her, and in perhaps half a minute more she opened her eyes with a ghastly stare. The battery being still kept in action, she rose up in bed, and was able to mutter some indistinct answers to questions put to her.

Upon withdrawing the electric current, the woman immediately sank back into the state of torpor in which I had found her; but as soon as it was renewed artificial vitality was again restored. When the current was a second time stopped, after about the same period of application as at first, the woman continued for some two or three minutes awake, gradually, however, relapsing into coma. After each application of the battery, the interval of consciousness became longer, and at the end of two hours she remained roused for a full half hour, in which she was able to let us know what she had taken.

It appears that she had bought three cents worth of laudanum, and never having taken it before, she supposed it was a proper dose, and swallowed it all. It amounted, as she said, to some three teaspoonfuls — probably two fluid drachms, as this is, I believe, the quantity usually sold for that price. I think it probable that she was also previously somewhat under the influence of whiskey, as we detected it on her breath, and this must have increased the narcotic effect of the laudanum.

We now gave her some volatile alkali and strong coffee, but they were not long retained. After half an hour's consciousness, stupor slowly crept on again, and a further resort was had to the battery, which was followed with rapid, and, as it proved, a final revival.

The patient now got up, walked about, conversed clearly, was able to keep some coffee on her stomach, and it was apparent that she had at last struggled through the effects of the narcotic. Some disposition to somnolence remained, but this was easily overcome without recourse to the battery. I remained with her till half-past four—an hour and a half from the last application of the electricity—and then left her in charge of her friends, directing them not to suffer her to sleep till I saw her again.

Between eight and nine I found her very comfortable, and completely awake, although begging hard to be allowed a nap. Three or four hours natural sleep now took place, and left her completely recovered.

It may be worth mentioning, that in the successive applications of the poles of the battery, while one was kept constantly to the nape of the neck, the other was placed indifferently at the pit of the stomach, the arm-pit, and in the hand; and the effect did not appear to vary.

Since drawing up the notes of this case, upon mentioning it to my friend Dr. Mütter, I found that he had lately resorted to electro-magnetism with success under similar circumstances; and he kindly offered the history of his case for publication with the foregoing:—

"May 14, 1851.

Dear Dr. Biddle,—In accordance with your request, I send a brief outline of the case of poisoning with opium, to which I referred in our interview the other day.

Last spring, my colleague, Professor Pancoast, and myself, were summoned about eleven o'clock p.m., to visit a young gentleman residing at the corner of Ninth and Market streets. On our arrival we found that a large quantity of laudanum had been swallowed accidentally, and although strong and very appropriate means had been immediately taken by several medical students who lodged in the same house, no impression seemed to be made upon the influence of the drug. All the evidences of rapidly approaching death were manifest, and all other measures had been unsuccessfully employed, we determined to employ electro-magnetism. An instrument was accordingly obtained: one pole placed upon the nape of the neck and the other over the epigastrium. Almost on the instant, the muscles of respiration were violently agitated, and the patient sprang up in bed, opened his eyes, and answered questions. The pain in a few moments was so severe that we were obliged to change the position of the poles of the machine. Keeping one steadily applied to the back of the neck, the other was made to touch different points of the thorax, throat, abdomen, and upper extremities. The *burning* sensation occasioned by the fluid was almost intolerable, causing the patient to complain loudly, and effectually preventing any return to the lethargy from which he had so happily been aroused. We deemed it most prudent to continue our efforts, even after the patient was fully restored to consciousness, but I think not more than *an hour* elapsed beween the first application of the remedy and the complete relief of our young friend.—Yours truly,

—*Phil. Med. Examiner.* T. D. Mutter."

REVIEWS AND NOTICES OF BOOKS.

A PRACTICAL TREATISE ON THE DISEASES OF THE LUNGS AND HEART, including the Principles of Physical Diagnosis. By W. H. Walshe, M.D., Professor of Medicine and of Clinical Medicine in University College, Physician to University College Hospital, and Consulting-Physician to the Hospital for Consumption. London. 1851. pp. 580.

Dr. Walshe is already favourably known to the profession by his valuable monograph upon cancer, as well as for an excellent introduction to the physical methods of diagnosis in diseases of the lungs. In the present treatise he has combined the physical diagnosis of diseases of the heart and lungs with the symptoms and treatment of the principal diseases of these organs. The volume consists of two parts; in the first, as he states, "an attempt is made to describe the facts and principles of physical diagnosis in their applications to the lungs, heart, and great vessels." In the second, "the symptoms, physical signs, diagnosis, and treatment of the chief diseases of the lungs, heart, and aorta are clinically described."

"The author's design being to furnish, within a moderate compass, a guide to the detection and treatment of those diseases, he has systematically avoided (unless where some particular object obliged him to deviate from his plan) all inquiries into their general or special pathology."

Dr. Walshe commences with the physical examination of the lungs in health and disease, and describes in succession the results of "inspection, the application of the hand, mensuration, percussion, auscultation, and succussion." In the second chapter, the physical examination of the heart and great vessels is considered in the same order. These two chapters, which complete the first part, and occupy above two hundred and fifty pages of letterpress, may be said to constitute a complete introduction to the physical methods of diagnosis in diseases of the heart and lungs.

The first chapter of the second part, which embraces the individual diseases of the lungs, commences with the following brief notice of "neuralgia of the lung," and "intercostal neuralgia."

"*Neuralgia of the Lung.*—The parenchyma of the lung is not only, under ordinary circumstances, endowed with but slight sensibility, but even in the state of inflammation is very rarely the seat of pain, at least of pain demonstrably referrible to itself. Still the pain has occasionally been noticed in central pneumonia where the pleura had wholly escaped; and various anomalous, and more or less painful, sensations felt by phthisical patients, deeply within the chest, apparently originate within the pulmonary texture. Certain morbid processes in the parenchyma appear then to irritate the branches of the pulmonary nerves.

The only physical condition I have ever succeeded in connecting with these painful sensations (and this only in cases of phthisis) is jerking rhythm of the respiration. The quality of the murmurs may also probably be roughened by their existence.

These sensations are either greatly relieved or altogether removed by counter-irritation, and emollient and anodyne inhalation. They are not so directly, as might be expected, modified by anodynes taken internally."

"*Intercostal Neuralgia.*—The intercostal nerves, especially on the left side, and from the sixth to the ninth, are not unfrequently the seat of neuralgia, which, in respect of diseases of the lung, derives its interest from the possibility of its being confounded with pleuritic pain, and from its being pretty frequently associated with phthisis. The pain is severe, occurs paroxysmally, follows the course of the affected nerve, and if there be co-existent palpitation, may (especially if combined with brachio-cephalic neuralgia) simulate in its paroxysm an attack of angina pectoris. Generally speaking, three tender points may be detected by pressure in the course of the nerve—one in the vertebral groove, another about the axillary region, a third in front, towards the terminal ramusculi. In the female, intercostal neuralgia is often associated with that of the mammary gland, and with spinal irritation.

The physical signs are those of pleurodynia; impaired chest-motion, with weak, jerking respiration, the percussion signs being negative. The three painful points in the course of the nerve, point to the true nature of the affection, distinguishing it from periosteitis, and all pains of intra-thoracic origin.

If the tenderness be extreme at any one of the three points, a few leeches are requisite; subsequently flying blisters will, as concerns local measures, often complete the cure. The endermic use of morphia, and inunction with belladonna or aconita ointments, combined with purgatives, and iron and quinine internally, will triumph generally over the most obstinate case."

In the section upon pneumonia, the author follows Dr. Stokes' classification, and admits four stages of the disease—viz., a stage of "arterial injection; of engorgement; of red hepatization; and of interstitial suppuration." We shall pass over Dr. Walshe's description, and limit our extracts to some of his remarks upon the remedies in pneumonia:—

"In acute sthenic pneumonia there are few barriers to venesection. Advanced age is none; neither do pregnancy nor menstruation, provided the indications be otherwise positive, stand in the way of the use of the lancet. . . . . The earlier the bleeding the better. M. Louis has shown that pneumonic patients, bled within the first four days, recover, *cæteris paribus*, four or five days sooner than those bled at a more advanced period; and Dr. Jackson has proved that by bleeding on the first day, the mean duration, in a mass of cases at the Massachusetts Hospital, was lowered from 14.60, to eleven days. . . . . No fixed rule can be laid down for the quantity of blood to be drawn; the mean amount of four pounds five ounces, taken from his patients by M. Bouillaud, has been most satisfactorily proved by M. Grisolle to have produced no more favourable immediate results (and of the ultimate ones that may not be feared?) than the abstraction of a mean quantity of two pounds seven ounces from a mass of patients treated by himself and others. For my own part, I strongly question the utility of even such amount of depletion as this. Certainly, few cases have presented themselves to me in London practice where it was necessary to draw blood oftener than twice; sixteen ounces sufficing in the first instance, and some ten or twelve in the second. Slow convalescence is not the worst evil in cases where blood has been too lavishly sacrificed; a form of spanæmia is sometimes induced, which it may take months, nay, years, to recover from.

Tartarized antimony stands next in importance to bloodletting in the treatment of pneumonia. . . . . In what manner this important agent produces its beneficial effects on the lung, is matter of the loosest speculation. That it does produce such effects is the really important point, and one of which scientific proofs abound. There is not any available evidence to show positively whether the effects of antimony on pneumonia are more marked when the mineral is (as it is technically called) *tolerated* perfectly or imperfectly; or where it is not *tolerated* at all. The question could obviously only be decided by numerical comparison; and the number of cases in which complete tolerance is observed (that is, total absence of effects on the stomach and bowels), is relatively very small. Improvement often takes place within eight or ten hours after the medicine has been commenced with, and without any notable effect on the alimentary canal being noticed; whereas, recovery also ensues when it acts freely both as an emetic and purgative.

The constitutional effect of mercury is by some held to be peculiarly efficacious in the stage of red hepatization. It is even maintained that when that step has been reached, calomel is a more valuable remedy than antimony. No scientific demonstration of this view exists. If it were correct, the value of antimony, in hospital practice at least, would be singularly small; for the great majority of persons admitted into hospitals have some amount of hepatization when first seen. Mercurials appear to me to be desirable in those cases of pneumonia only where, for some cause or other, antimony is inadmissible."

The subject of phthisis receives the full share of the author's attention which its importance demands, its symptoms and diagnosis being given at considerable length. The section upon treatment contains the following conclusions respecting the use of cod-liver oil in phthisis; in which, from the author's connexion with the Hospital for Consumption, his experience has been very considerable:—

"1. That it more rapidly and effectually induces improvement in the general and local symptoms than any other known agent.

2. That its power of *curing* the disease is undetermined. I mean here by 'curing' the disease, its power of causing, along with suspension of progress, such change in the organism generally, as shall render the lungs less prone to subsequent outbreak of tubercles, than after suspension occurring under other agencies.

3. That the mean amount of permanency of the good effects of the oil is undetermined.

4. That it relatively produces more marked effects in the third than in the previous stages.

5. That it increases weight in favourable cases with singular speed, and out of all proportion with the actual quantity taken; that, hence, it must, in some unknown way, save waste, and render food more readily assimilable.

6. That it sometimes fails to increase weight.

7. That in the great majority of cases, where it fails to increase weight, it does little good in other ways.

8. That it does not relieve dyspnœa out of proportion with other symptoms.

9. That the effects traceable to the oil in the most favourable cases are—increase of weight, suspension of colliquative sweats, improved appetite, diminished cough and expectoration, cessation of sickness with cough, and gradual disappearance of active physical signs.

10. That in some cases it cannot be taken, either because it disagrees with the stomach, impairing the appetite (without itself obviously nourishing), and causing nausea, or because it produces diarrhœa.

11. That in the former case it may be made palatable by association with a mineral acid, and in the latter prevented from affecting the bowels by combination with astringents.

12. That intra-thoracic inflammations and hæmoptysis are contra-indications to its use, but only temporarily so. I have repeatedly given the oil within a day or two after cessation of hæmoptysis without any return taking place.

13. Diarrhœa, if depending on chronic peritonitis, or secretive change, or small ulcerations in the ileum, is no contra-indication to the use of the oil; even the profuse diarrhœa caused by extensive ulceration of large bowel is not made worse by it.

14. That the good effects of the oil are, *cæteris paribus*, directly as the youth of those using it—a singular fact, which probably may one day (when the textural peculiarities of youth and age are better understood) aid in giving a clue to its mode of action."

The second chapter of this part is devoted to diseases of the heart. The author commences with functional diseases. He next describes the inflammatory affections and their effects, followed by an account of the other alterations of its tissue. The last chapter embraces diseases of the aorta, which are considered under the heads "aortic pulsation," "aortitis," "calcification," "coarctation," and "aneurism."

Dr. Walshe's treatise is essentially practical. Avoiding unnecessary details, he has given a succinct though faithful description of every important disease of the heart and lungs; and we make no doubt that the work will be well received by the profession; while it cannot fail of adding to the author's reputation as an experienced physician and an accomplished teacher.

THE LONDON EXHIBITION.

CHEMICAL AND PHARMACEUTICAL PRODUCTS.

This class is divisible into the following heads:—*A*. Chemical substances used in manufacture. *B*. Rarer chemical substances for the scientific chemist; and *C*. Chemical substances used in medicine.

The objects in this class do not admit of more than a general grouping, into the chemicals of the chemical factories, and the more delicate and refined compounds produced in the laboratory. The former of these, inclusive of large specimens of alum, protosulphate of iron (copperas), and soda, are interesting as representing a department of British commerce which has grown into importance within a very recent period. The manufacture, especially of caustic and carbonate of soda on the great scale, has originated and developed itself in a degree almost unparalleled in the history of commerce within twenty or thirty years of the present time. The fires of the kelp-burners on the shores of the islands of Scotland are scarcely now extinct, when vast factories, employing large numbers of individuals, appear to produce in enormous quantities the same alkali, which was until recently scantily derived from the fused ashes of marine plants. The manufacture of this alkali, by an ingenious decomposition of common salt by the simple aid of sulphuric acid, chalk, sawdust, and coal, is now prosecuted to a vast extent for the supply of the industrial arts generally, the quantity used in medicine and pharmacy being comparatively insignificant. At some alkali works fifty and sixty tons and upwards of common salt are decomposed every week, and converted into caustic or carbonate of soda. The alum factories are not less extensive. At those establishments crystallizations on a scale emulating those of nature are constantly in progress. Some very large specimens of these crystals, and of those of other chemical compounds, are placed in the central avenue, some of the masses being eight feet in height. The manufacture of sulphuric acid, and of the compounds used by the dyer and calico-printer, also occupies a prominent feature of commercial enterprise. The prussiates of potash forming large masses of yellow and red crystals, and the green, but perishable crystals of copperas, are illustrations of substances largely used in the arts, and the colours and dyes produced by their assistance, present themselves in every direction, when the classes relating to textile printed fabrics are examined.

Articles.—Decoctions and infusions of medical substances. Superphosphate of lime. Sulphate of lime or gypsum. Fine white sand, found at Todmarton, near Banbury. An extensive and very interesting series of valerianates. Specimens of concentrated medicinal infusions and decoctions, intended to obviate the inconveniences connected with infusions and decoctions as usually prepared. Cod-liver oil, stearine from cod-liver oil, simple and compound extracts of sarsaparilla, English and foreign oils of lavender, benzoate of ammonia, iodide of iron, extract and tincture of Indian hemp, juice of taraxacum, &c. Five specimens of salt, from the Droitwich Patent Salt Works. Mineral paints, which quickly dry under water, and on metals exposed to extreme heat. They are suitable for ships' bottoms, or for damp walls. Sundry paints and varnishes. Carbonate of soda, containing 59 parts soda, and 41 carbonic acid, particularly adapted for scouring wool or woollens, as it removes grease without injuring the animal fibre. Refined oil. Pure oleine, for watches, clocks, chronometers, fine machinery, and instruments; free from acid or mucilage; not affected by change of temperature, and having no chemical action on metals. Colours manufactured from the oxide of zinc, applicable for painting in distemper, on porcelain and boards, for paper staining, and for oil-cloth. The qualities of these paints are stated to be their freedom from noxious properties, their permanency, and economy. They are not acted upon by gases. Specimen board painted with various colours in zinc paint. [Oxide of zinc is stated to be the basis of the various paints (browns, yellows, reds, blues, greens, white) in this collection.] Crystal of copperas, or sulphate of iron. Arran kelp, muriate, nitrate, chlorate, and sulphate of potash. Sulphate of soda, pure sulphur, commercial iodine, pure sublimed iodine, iodide of potassium, iodide of lead, biniodide of mercury. Preparations from seaweed. Semola; caffeine; kreatine; kreatinine; uric acid; allantoin; hippuric acid; urea. Cantharides *(Cantharis vesicatoria)*, imported from Russia. Cantharidine, the active principle of cantharides, alone (in three states—viz., from solution, by sublimation, and fused) and in combination with bases. Cantharidine and potassa. Cantharidine and soda. Cantharidine and oxide of lead A pyramid of best table salt, with several other specimens of salt. The salt springs in Cheshire are the greatest in Europe, and their annual production is upwards of 800,000 tons of salt. Specimens of deeds, writings, books, maps, engravings, &c., injured by fire, water, age, dirt, smoke, mildew, water, &c., in a restored and unrestored state. Those with red lines round them were taken from the ruins of the great fire at Lincoln's Inn, Jan. 14, 1849. [Specimens of parchment documents, leaves of books, &c., which have been injured by fire, &c., are exhibited with one-half of them restored without separation from the injured portion. The unrestored part is hard, horny, and brittle; the restored portion clean and flexible.] A chemical liquid for imparting the colour of mahogany and rosewood to common woods. A specimen of the prepared wood, polished, with a bottle containing the liquid; the sides of the block are left unstained, to show the natural wood. [The liquid commonly employed for staining wood, so as to communicate to it the appearance of antiquity, is a caustic solution of potash. The same effect is also produced by the use of soap leys, simply in consequence of the free alkali contained in that liquid. Other chemical fluids are likewise used for the same purpose.] Mineral substances used for the manufacture of paint; in their natural state and pulverized. Iodide of iron, saccharated fifty per cent. in brilliant lamellæ, neutral and soluble, remains unaltered by the air; iodide of quinine in a neutral crystalline form; iodide of quinine and iron, in the form of syrup; iodide of iron, in the form of syrup; iodide of lead, crystals. Chloride of lead, crystals. Citrate of protoxide of iron, powder. Ammonio-citrate of protoxide of iron (lamellæ). Citrate of sesquioxide of iron in lamellæ. Ammonio-citrate of sesquioxide of iron (lamellæ). Quinine, neutral sulphate, crystals, soluble. Citrate of quinine and iron, neutral soluble. Phosphate of iron, soluble lamellæ; phosphate of quinine and iron, soluble lamellæ. Benzoic acid, crystals. Caffeine, crystals. Hydrochlorate of morphia, crystals. Collodion, liquid plaster. Nitrate of silver, crystals. Fluid extract of dandelion, prepared by spontaneous inspissation of the pure juice. Solution of bimeconate of morphia entirely free from narcotine. Preparations of cotyledon umbilicus.

Cod-liver Oil.—Thinking it owing to its non-absorption, that the oil sometimes appeared to lose its efficacy, M. Loze, a naval surgeon, combined it with a mucilage containing pancreatic juice, which thus forms an artificial chyle. He states it to be thus completely and readily absorbed, and in phthisis its effect more directly obtained.

HOUSE OF COMMONS—Thursday, July 24.

MEDICAL CHARITIES (IRELAND) BILL.

The house went into committee on this bill—Mr. Bernal in the chair. On the 6th clause being moved,

Mr. Reynolds moved the following proviso:—"Provided always, that to every dispensary district and other charity, where only one medical officer shall be appointed, every such officer shall be required to possess the qualification of either physician and surgeon, or of apothecary and surgeon."

Sir W. Somerville opposed the proviso.

Mr. Whiteside supported it.

A desultory discussion ensued, in which Colonel Jones, Mr. Scully, Colonel Dunne, Mr. Hamilton, Mr. Sharman Crawford, Sir Lucius O'Brien, Lord Naas, Dr. Power, Mr. Napier, Mr. Hatchell, Mr. Roche, Mr. Clements, Sir D. Norreys, and Mr. Vesey took part.

Mr. Wakley thought that nothing more was required than a proper qualification. He granted that the medical men in Dublin, physicians and surgeons, were very eminent, their examinations were most searching, but they knew nothing of pharmacy, and in every case where a medical officer might be appointed to one of those charities, he should at least be a surgeon. When he (Mr. Wakley) was in Ireland, he observed that the poor people there wanted food, and not physic; and in all his experience he must say, that a people more industriously disposed, or more forbearing, he had never known. Should the bill pass in its present shape, it would exclude from those charities a most valuable class of medical officers.

Mr. Reynolds said that a great distinction was to be made between the apothecaries in Ireland and the apothecaries in England. An apothecary in Ireland, for instance, had a knowledge of surgery, but in England, an apothecary was quite hedged in, and thoroughly innocent of the art of surgery, and with respect to your mere surgeons, he would as soon hand the poor over to any "scientific butcher" as to one of them, who was unacquainted with the art of compounding medicine. If the bill should pass in its present state, it would have the effect of ignoring 2,000 educated apothecaries in Ireland from filling medical situations.

The committee, after a few words from Dr. Power, Mr. Roche, and other honourable members, divided, when there appeared—

For the proviso	6
Against it	66
Majority	—59

Mr. Hamilton moved the following amendment:—"At the end of clause six to add. Provided always, and be it enacted, that in making any order or any rules and regulations touching the qualifications of persons eligible to fill the offices of medical attendants to any dispensary, hospital, or infirmary under this act, it shall be lawful for the said commissioners, and they are hereby required, to call in the president of the King and Queen's College of Physicians, and the president of the Royal College of Surgeons, Ireland, for the time being, and in all matters touching such order or rules and regulations respecting the qualifications of such medical attendants, but on no other, the said presidents respectively shall have a vote, and shall have equal authority with each of the said commissioners as aforesaid."

The amendment was negatived without a division.

Colonel Dunne was opposed to the retention of clause 6 altogether. One of the great objections to the bill on the part of the Irish members was, that it would give a great deal too much power to the poor-law commissioners—a body in which he had no confidence. He had at all times an objection to centralization, and of all centralization he thought that centralization in the hands of the poor-law commissioners was the most objectionable. He should, under all considerations, move for the expulsion of the clause. The bill gave the power of taxation to the poor-law commissioners, who had in various instances abused that power, to the great injury of the taxpayers of the country.

Mr. Roche was of opinion that a centralizing authority was necessary, and that the government was the party who should have that centralizing power. A change in the system of the medical charities in Ireland was necessary, and he was apprehensive if his honourable and gallant friend's amendment should be carried, that it would endanger the bill altogether. He must therefore object to the amendment of the honourable and gallant member.

A discussion ensued, in which Lord Naas, Mr. Hamilton, and other honourable members took part, and which terminated in Col. Dunne consenting to withdraw his amendment.

The clause 6, as amended, was then ordered to stand part of the bill. In clause 7

Mr. Vesey moved an amendment to the effect, that an annual subscription of £1, or a donation of £10, to any of the medical charities to be established under the bill, should entitle the donor or subscriber to serve on the committee of management.

Sir W. Somerville opposed the amendment, on the ground that it would destroy altogether the superintendence of the board of guardians over committees.

A discussion ensued, in which Lord Naas, Mr. Hamilton, Mr. Scully, Mr. Hatchell, and other members took part.

Colonel Dunne said that taxation in Ireland for the support of the dispensaries amounted to nearly £200,000 a year. He thought that the bill ought to contain a provision for a committee of management to be chosen from the ratepayers, the operation of which would have the best effect.

Mr. Cornwall Lewis opposed, and Mr. Sidney Herbert supported the amendment.

Mr. Sharman Crawford was of opinion that the working of the voluntary system in Ireland had led to great jobbing, and ought to be abolished. If gentlemen in Ireland were anxious for a continuance of the voluntary system, they were at liberty to establish that system on their own account; but it appeared to him desirable that it should be abolished.

The committee then divided, when there appeared—

For the amendment	27
Against it	38
Majority	—11

Colonel Dunne, in clause 7, moved an amendment proposing to give to the ratepayers the power of electing the committee of management.

Sir W. Somerville, after a few words from Sir Denham Norreys, opposed the amendment, as one which in its operation would draw into action the whole machinery of poor-law officers—a course which would be attended with great expense. He must oppose the amendment as unnecessary.

Mr. Roche also opposed the amendment.

The amendment, after a discussion, in which Mr. McCullagh, Mr. Hamilton, and other honourable members took part, was withdrawn, and clause 7, as amended, was ordered to stand part of the bill.

Clause 8, as amended, was agreed to.

Lord Naas considered it improbable that the bill would be passed into a law this session; and therefore thought that the most desirable course was to postpone the further consideration of it until next session, when they would have the whole subject of the hospitals of Ireland before them.

The Chairman was asked to report progress, and to ask leave to sit again. He did so.

The house then resumed, and at three o'clock adjourned.

The following letter from Sir W. Somerville to a member of the House of Commons, was read at a meeting of the medical men of Cork on Saturday the 19th instant:—

London, July 15, 1851.

My dear Sir,—It is impossible to foretell the fate of the Medical Charities' Bill; but as regards the support of existing institutions, the safe course will be for parties interested in their preservation to subscribe as usual, and as if there were no medical charities' bill in contemplation. Dr. Corbett is quite in error when he says that I declared an intention of reducing the number of dispensaries by one-third. I was asked if I had formed any estimate of the probable expense under the new bill? What I said was, that if the country were to be equally divided, and average salaries apportioned, my calculation might approach to correctness; but we know that this is impossible. There must be great inequalities, both in the size of the districts and in the amount of salary to be paid to the different medical attendants, and it is impossible to say to what extent these inequalities might reach. If Dr. Corbett means that the existing number of dispensaries should be arbitrarily maintained, or that the medical attendant of any discontinued establishment should be compensated (I suppose he means pensioned), I feel satisfied that the House of Commons would listen to no such proposal; and it should be remembered that, at the present moment, the dispensary physician is only maintained by subscriptions, which are fast failing in many localities, and which, in too many instances, I fear, are only kept up by a resort to contrivances, from which the medical profession, for which I have the highest respect, will be totally relieved by the provisions of my bill.—I remain, my dear sir. faithfully yours,

W. H. Somerville.

MEDICAL CHARITIES' BILL.

The bill has at last passed through committee, but to apply to dispensaries only, and was to have been "reported," by special leave of the house, on Monday evening. The precise changes cannot be with certainty stated, but they are to this effect:—In clause 8 the appointment of surgeons is given to the committees of management, and not to the guardians. Clause 9, providing power to grant medical relief, was passed. Clauses 10 to 19, providing for the establishment of district hospitals, were struck out. In clause 20, the provision securing the salaries of infirmary surgeons to present incumbents, passed, but takes it from their successors. Clauses 21 to 34 passed. An effort was made to secure the establishment of district fever hospitals, but it was found impracticable.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, JULY 30, 1851.

We have been from time to time taunted with the charge of remaining silent spectators of the conflict between the Government and the advocates of Irish interests touching the parliamentary grants to the Dublin Hospitals; and sundry letters, without name of writer, have appeared in the papers, inquiring, with somewhat of a sneer, why the College of Surgeons "made no sign" on the occasion; at the same time insinuating that all this has arisen from certain leanings to a policy, having the care of one's self for its object. In this there may have been some truth. We have fallen upon peculiar times, and find that we have cattle to deal with who have unconsciously displayed a signal which warns us not to run right on their horns. A little caution, too, has become an essential ingredient in the tactics of those engaged in operations against an enemy while doubtful allies are hanging on their flank. The result has fully justified our reserve, and proves to us that if we had allowed ourselves to be cajoled into a premature advocacy of these parliamentary grants, we should have fallen into a trap, and become involuntary accomplices in an undertaking we could not defend. The "murder," in fact, is out. The Government, while it takes credit to itself for not withdrawing the whole of the grants, confines its bounty to one hospital, throwing over all the rest: this hospital being one of the streams of patronage by which the soil of Ireland is irrigated. The Chancellor of the Exchequer, with matchless command over his facial muscles, tells his English adherents in the House of Commons that the grant is restricted to this hospital because it is "the main school of medicine in Dublin:" a statement utterly untrue, as every one of our readers well knows. In fact, it is not a school of medicine or surgery at all: it is a general hospital, where students "walk" the wards as part of their educational exercises. We do not mean to say that Sir Charles Wood has intentionally stated what he knew to be untrue, however the person who instructed him has done so; but we mean to say that he must well know that this hospital is thus selected because the appointments of its officers are made in Dublin Castle. But this is not all. It is now as notorious as the sun at noon day that the scheme contemplated is the rendering this hospital a crutch to prop up the crazy political fabric called the Queen's University. It is, in fact, the foundation of Queen's University Hospital in Dublin. And why not? will say the fortunate objects of Viceregal favour. No reason in the world except this, that a proceeding so manifestly affecting important interests, both public and private, should not be carried on secretly, craftily, and by side-wind; but openly, honestly, and by direct means. If the Government takes into its hands the education and licensing of medical practitioners, so be it; but let not the British parliament be told that money granted for the purpose is a charitable offering to Ireland. We utterly abhor the mixing up o our profession and its institutions with political manœuvres, and above all things abhor any entanglement in the present politico-religious warfare; but if the State is to dabble in our affairs at all, let it take the whole responsibility, care, and expense which such a course must entail. In Dublin, surgical education is conducted strictly on the voluntary principle; neither the College of Surgeons nor the private schools recognized by it receive one shilling of public money, and yet with this fact before its eyes does the Government erect rival institutions. With such a competitor there is no contending, and therefore do we say that if it must be so, the Government should take the whole department into its hands, providing for vested interests and granting compensation for losses. Persons who do not choose to be informed on this subject will say, what has all this to do with the grants to the hospitals? but those who are familiar with the working of Irish political machinery will understand us. These grants, at their present amount, and in their present shape, it is obvious must sooner or later be reduced, and more fairly and judiciously distributed; that to the old poorhouse, or House of Industry, especially, cannot be defended; but as the principle of devoting them for the maintenance of educational hospitals has been conceded and acted upon by the Government, the question arises as to the fairest and most useful distribution. As long as the fortunate participators in these grants were able to hold them, we refrained from urging the justice of an equitable division of the sum voted by parliament amongst all the educational hospitals; but now that a monopoly is threatened it is high time to interfere. Let every recognized hospital have a share, proportioned to its present means of accommodation, and we will answer for the result: all that is required is so much sacrifice as will secure unanimity. We care little for the grumbling of John Bull, as expressed in the following fashion. If he does not like our terms, let him send the Queen to Dublin and take a Lord Lieutenant in London in her place:—

A discussion took place in the House of Commons on Tuesday, the 15th inst., in reference to the propriety of making annual grants of money for the support of certain hospitals in Dublin. The discontinuance of these grants had been recommended by a parliamentary committee, and the feeling of members was so far in favour of this view, that the proposition to continue them was rejected by a majority of 63,—the numbers for and against being respectively 43 and 106.

The Chancellor of the Exchequer stated that "it was not true that the whole of them had been stopped, and in the grants to the Richmond and Hardwicke Hospitals, which were the main schools of medicine in Dublin, there had been no diminution. He should be sorry that, for the sake of a small grant, the schools of medicine in Dublin should be allowed to fall into decay; and this perhaps formed a ground why the case of some other of the hospitals should be considered. The house must remember, however, that there were no similar grants to the hospitals of this country; and as far

as the majority of them was concerned, he saw no reason for differing from the opinion of the committee."

When the case of the other Dublin hospitals is considered, we trust that some of the English and Scotch schools of medicine and hospitals will come in for a share of the public money. All that is wanted is "justice to England and Scotland." Either support equally in the three kingdoms, hospitals and schools which really require grants, or abandon the principle of supporting such institutions in any one country.

Mr. Grogan, an Irish member, observed—"If those grants were withdrawn, one of two alternatives must occur, either the hospitals must be closed, and the medical schools be destroyed, or the citizens of Dublin must themselves maintain them; and when it was considered that not 50 per cent. of the patients were in any way connected with Dublin, that was a hardship which they ought not to be called upon to bear."

We would just ask Mr. Grogan to consider how the London, the Middlesex, Charing Cross, and the new St. Mary's Hospitals are supported. The citizens of London maintain them, and why should our government take away from the citizens of Dublin, by annual grants of the public money, the opportunity of following the noble example which is thus set to them by the inhabitants of London, not merely to support their own sick, but the sick from all parts of England? This is certainly a new and singular method of carrying out the system of 'protection.' The English citizen, who pays one-tenth of the whole revenue of the united kingdom in the form of income-tax, is expected by Mr. Grogan not only to support his own charitable institutions, but to pay for the support of other charitable institutions in a country where the income-tax is unknown! In many of our schools of medicine the professors do not receive sufficient to pay their expenses, and in very few instances can it be said that they receive a fair remuneration for their labours; we trust, therefore, we shall hear no more of these one-sided propositions to support institutions which ought to find the means of supporting themselves.—*Med. Gaz.*

We pardon our contemporary for these remonstrances, because he is entirely ignorant of the true state of the case. No school of medicine or surgery receives one shilling of public money; and of the six recognized surgical hospitals, three only receive a portion of this grant. The largest item of the sum is for the old poorhouse of Dublin, some ten thousand pounds, out of which is carved the grant for the hospitals under government patronage: one a surgical hospital, another a fever hospital, and a third called a "chronic" hospital; originally, we believe, a kind of incurable hospital. This is the concern Sir Charles Wood told the house constituted "the main schools of medicine in Dublin," a concern which can scarcely be said to be in Dublin at all, being some two miles or so from the College of Surgeons and the University, and located in a remote, deserted, and dilapidated quarter of the city. We may presently have some talk with our learned brother of Cockneyland on the comparative claims of England, Ireland, and Scotland on public support for institutions of this description; and he in the meantime will, perhaps, inquire how much of the public money is given to Scotch colleges, and how much of crown lands and church lands constitute the principal resources of the great London hospitals. As to setting down these new conciliation colleges and their university to the credit of the medical profession in Ireland, we utterly protest against it. As we have already said, the whole affair is, from beginning to end, a rank Irish political job, and that, we believe, is saying enough for it.

OBITUARY.

July 17th, at Cookstown, Samuel L. Potter, Esq, M.D.

July 21st, Patrick Clinton, Esq., M.D., Fellow of the King and Queen's College of Physicians in Ireland.

A FIVE-SHILLING DOCTOR.

THE LAW OF QUACKERY.

On Tuesday, the 15th inst., a fellow named Edward Maher was arraigned before Judge Moore, who presided in our county court, for practising as a quack doctor, inasmuch as that he, on the 2nd of December last, defrauded Mary Neale of Davidstown in the sum of five shillings under the pretence that he would cure her in lieu thereof, of spitting of blood, with which she was affected.

His Lordship inquired if there was a precedent for a prosecution of this kind?

Mr. Sausse, Q.C., replied in the negative.

Judge Moore—Could a doctor who undertakes to cure certain diseases which he is not competent to do be indicted for his inefficiency?

Mr. Sausse—Maher alleges that he can cure all kinds of diseases.

Judge Moore—The best and worst doctors in the land allege the same.

Mr. Scott, Q.C.—The prisoner has been going about through the country, raising money from the credulity of the poor deluded people, who trusted to his skill in the healing art.

Judge Moore—But I apprehend that the case is unstable and wants a fact. The prisoner having falsely pretended does not furnish sufficient grounds to warrant a conviction, and unless you can show that the prosecution will be successful, I think it is better for the sake of the public morals—from the nature of the evidence that should be elicited—that the case be dropped.

Counsel for the crown having acceded to the recommendation of the court,

His Lordship, addressing the modern Esculapius, said—You have been placed in that dock for having obtained money under the false pretence of curing innocent, confiding people of certain diseases. I have thought it right for special reasons to order your acquittal in the present instance; but if you continue to follow your wicked course, you will most assuredly have to pay the penalty sooner or later. Had the poor woman, Mary Neale, lost her life through your vile instrumentality, the consequences to you would have been of a very serious character indeed.

AN UNUSUAL FORM OF TUMOUR.

Dr. Bennett exhibited to the Edinburgh Physiological Society, the half of a fibrous tumour, which, when entire, was somewhat larger than a billiard-ball. It was found loose in the cavity of the peritoneum by the late Dr. John Reid, who has described it in a paper inserted in the *Edinburgh Medical and Surgical Journal*. He observes, "With the exception of a few depressions, it was perfectly round and smooth. On making a section of the tumour, it was found to consist of a number of concentric laminæ, with a calcareous deposit in the centre. It was very elastic; and the fresh section was exactly similar to the fibro-cartilage placed between the bodies of the vertebræ,—with this difference, that the centre of the intervertebral substance is soft and pulpy, while the centre of the tumour was occupied by the calcareous deposit."

On making a thin section of the so-called calcareous deposit, it was ascertained by Dr. Bennett to present a remarkable organic structure. This was exhibited to the society under the microscope, and presented a cellular structure, closely analogous to what was observable in the pith of phanerogamous plants. The cells varied in size, from the one-thousandth to the one-five-hundredth of an inch in diameter, round in the centre, more compressed at the edges, and presenting a broad rim which was loaded with mineral matter. Here and there, dense partitions, resembling in structure compressed woody fibre, passed through the mass of cells. It was clear, from this description, that the hard nucleus of the tumour was not composed of a plum or apricot stone, to which at first it bore a considerable resemblance. Could it be the branch of a tree, which had been swallowed, ulcerated through the intestines, and formed the nucleus of the tumour, which at first united, had afterwards become detached from the peritoneum? Mr. Quekett, to whom Mr. Bennett had shown the preparation, considered the texture to be cartilaginous; but he was by no means satisfied of the correctness of this opinion.—*Edinburgh Monthly Jour.*

BIRTHS AND DEATHS IN LONDON,

DURING THE WEEK ENDING SATURDAY, JULY 19.

Births.		Deaths.	
Males	719	Males	425
Females	688	Females	448
	1407		873

CAUSES OF DEATH.

1. *Zymotic* (epidemic, endemic, &c.) *Diseases*, ...	209
2. Dropsy, cancer, &c., of uncertain seat, ...	44
3. Brain, spinal marrow, nerves, and senses, ..	85
4. Heart and bloodvessels, ...	42
5. Lungs, and other organs of respiration, ...	112
6. Stomach, liver, and other organs of digestion ...	51
7. Diseases of the kidneys, &c., ...	14
8. Childbirth, diseases of the uterus, &c., ...	15
9. Rheumatism, diseases of the bones, joints, ...	11
10. Skin, cellular tissue, &c., ...	5
11. Premature birth, ...	25
12. Old age, ...	35
13. Violence, privation, cold, and intemperance, ...	26

The following is a selection of the number of deaths from the most important special causes:—

Small-pox,	21	Paralysis,	15
Measles,	21	Convulsions,	22
Scarlatina,	6	Bronchitis,	39
Hooping-cough,	34	Pneumonia,	55
Diarrhœa,	64	Phthisis,	110
Cholera,	8	Diseases of lungs, &c.,	11
Typhus,	32	Teething,	7
Dropsy,	13	Diseases of stomach, &c	8
Sudden deaths,	4	Diseases of liver, &c.	7
Hydrocephalus,	24	Childbirth,	7
Apoplexy,	14	Uterus,	5

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1851.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	July 20th,	67	47	29.650	
Monday,	21st,	67	44	30.022	
Tuesday,	22nd,	78.5	52	30.050	
Wednesday,	23rd,	75	52	29.700	.125
Thursday,	24th,	74	53	29.400	.015
Friday,	25th,	69	51	29.650	
Saturday,	26th,	74	50	29.800	

PORTARLINGTON, QUEEN'S COUNTY.

1851.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
July 20th,	56	50	29.357	56	52.1	48.6	.088	S
21st,	63	44.5	29.669	58.5	53.4	49		WNW
22nd,	66	52	29.723	61.1	64.9	48.8		NW
23rd,	65	53	29.645	59.4	55.3	52.1		NW
24th,	68	54	29.408	58.7	57.6	56.8	.088	W
25th,	68	53	29.363	58.7	53.9	49.8	.046	WSW
26th,	65	48	29.500	59.2	54.3	50.2	.042	W

M. W. HANLON, M.B.

ROYAL OBSERVATORY, GREENWICH.

Mean height of Barometer..... 29.64
" " Thermometer*..... 58.
Self-registering do.† ..... max. 82. min. ..... 37.

Rain, in inches, .59: sum of the daily observations taken at nine o'clock.

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ORIGINAL COMMUNICATIONS.

ON CATARACT OR OPACITIES OF THE CRYSTALLINE LENS.

By Arthur Jacob, M.D., F.R.C.S.,
Professor of Anatomy and Physiology in the Royal College of Surgeons in Ireland, and Surgeon to the City of Dublin Hospital.

(Continued from p. 53.)

THE SO-CALLED SYNCHISIS ETINCELANT.

In a former communication I alluded to a very remarkable and peculiar alteration of the lens which, from its rarity, as well as from its value as an example of extreme degeneration of organized animal structure, is well worthy of consideration; and especially so, because its nature has been mistaken by persons on the continent who have undertaken to describe it in ignorance of the accounts published in this country respecting its true character. This peculiar alteration or degeneration I described at a meeting of the Surgical Society on the 14th of January, 1843, in the following terms:—

"Dr. Jacob called the attention of the society to an appearance which presented itself in the eye of a person upon whom he lately operated for cataract in the City of Dublin Hospital. The man, aged 33, was, he said, what is called amaurotic, or in other words, his vision was very defective even in the other eye which was free from cataract, and therefore he was unwilling to operate from a conviction that he had an unsound retina to deal with; but at the earnest solicitation of the patient, he consented to let him have the chance which the experiment afforded. The cataract was lenticular, and although more of an amber tint than is usual at this time of life, was otherwise not uncommon. The lens was freely broken up with the needle through the cornea, and was easily separated into pulp and fragments, some of which fell into the anterior chamber, and no inflammation requiring attention followed. In a month the greater part was absorbed, and in six weeks the whole, leaving a shred of opaque capsule attached to the margin of the pupil, but not large enough to interrupt the passage of light. As the cataract, however, disappeared, the iris became studded with delicate brilliant scales of metallic lustre, so numerous and large as to be easily visible with the naked eye, and still more conspicuous with the assistance of a lens. They were irregular in form, but with surfaces so plane and polished that they reflected the light freely, resembling, in a remarkable manner, the particles of mica in granite. The appearance continued until the man was discharged, having been visible for about a month, and may probably continue so for some time. Sight, as had been predicted, was not restored, the retina being unsound. Dr. Jacob reminded the society that earthy, and perhaps crystalline deposits in the lens and its capsule were not very uncommon, and that they had been met of so dense a nature as to lead to the application of the term ossification to them, although not to be considered at all of the nature of real bone. They are probably phosphate of lime, or perhaps ammonio-phosphate of magnesia with phosphate of lime, but that he left to the chemists to determine. He said that on another occasion, in breaking up a cataract of somewhat the same appearance, he was surprised to see a quantity of what appeared to be delicate needle-shaped crystals diffused among the fragments, but these disappeared with the cataract as it was dissolved. He also exhibited a drawing of a capsular cataract, the consequence of injury, which he had removed successfully, and which had presented on the surface an appearance of such metallic lustre that he was obliged to make the artist represent it with silver leaf, and added that these brilliant cataracts, in a less marked form, were not very uncommon, but in all of them the disease was of long standing. Earthy deposits, he observed, were frequently found in the body of the lens in horses blind from cataract consequent on inflammation. The shell of bone sometimes found within the choroid of disorganized eyes, and generally called ossified retina, he observed, was probably of the same nature as these lenticular deposits."

I again called the attention of the society to the same subject on the 23rd of November, 1844, as follows:—

"Dr. Jacob said he had some observations to make on a peculiar appearance occurring in a cataract under his care at the City of Dublin Hospital. It occurred in a boy on whom he had operated about five weeks since. He had received a blow on the eye some years before which had cut the cornea and injured the iris, the black membrane of the aqueous humour on the back of the iris being torn from it and dragged in front. This led to cataract, with irregular pupil; it was evidently an unsound eye, and was one of those cases to which he gave the chance of an operation without any sanguine hopes as to the result.

He had broken up the lens, which was soft and pulpy, and thrown the fragments into the anterior chamber in the usual manner. In about a week a large portion of the pulpy matter had been dissolved, but mixed up with the remainder were a number of small brilliant scales, resembling particles of gold leaf, perhaps not of so metallic a lustre, but having more the appearance of mica. He called the attention of the students to them at the time, and though they had since then partially disappeared, they were now, in the fifth week since the operation, distinctly visible, moving about in the anterior chamber. They are now fast dissolving, and in a week or ten days will probably have altogether disappeared. He would not offer any conjecture as to the nature of these scales, if he had not recollected a case which had formerly come under his notice. It was an instance of cataract, produced, as well as he recollected, by injury also. On breaking up the lens, he was surprised to perceive it fall into a pulp in the anterior chamber, having the appearance of oil altered by cold. Some days afterwards on examining it with a lens of 2½ inch focus, a number of needle-shaped crystals or spiculæ appeared moving about in the anterior chamber, each about a line in length. Knowing that the crystalline lens was composed of delicate fibres, he at first imagined that these might be some fragments of it, but all doubts on that point were removed when he discovered that after some days they were not dissolved, but remained even more distinctly visible as needle-form crystals than before, and he was led to consider whether they might not have been crystals of some of the phosphates of lime of the same nature as the metallic scales he had been just describing. He thought it very probable that these were crystals of some phosphate of lime, as chemists, in speaking of that substance, described both crystalline needles and crystalline laminæ. Some persons might allege that these were merely fibres of the crystalline lens, but his objection to that was, that being so, they would have dissolved in a few days, while both the scales and needles to which he had alluded continued undissolved in the chamber for many weeks. It might also be objected, that in natural or healthy animal structure no crystalline deposits took place, unless the enamel of the teeth and porcelanous shells might be adduced as instances of such; but whatever objections might be urged against such an occurrence in health, he would say that they were applicable to diseased conditions of the body. [Dr. Jacob here exhibited a drawing of another cataract upon which he had operated in 1839, the surface of which presented a brilliant metallic lustre, and the texture of which, it being capsular and free from injury, was remarkably tough and firm.] This he considered somewhat of the same character, but not so crystalline or calcareous. He was not aware that these appearances had been described already, but he should not be surprised if it was so; for his engagements did not permit him to search for such a fact in the immense mass of medical matter delivered by the press to the profession in the last few years; it would be like seeking for a needle in a bundle of straw. Other parts of the eye were subject to calcareous deposits, even the cornea had been found with gritty particles in it, and those osseous cups, generally described as ossifications of the retina, were not uncommon. Calcareous deposits in the body of the lens had been described by Mr. Wardrop and others, and such were frequently found in the eyes of horses blind from cataract for many years. Conversion of the capsule of the lens into a material resembling egg-shell was not very rare; all showing that there was no difficulty in admitting that phosphate of lime, or some similar deposit, was often made in the structures of the eye."

Notwithstanding these circumstantial descriptions of this very curious form of disorganization, recorded in the 212th number of the Dublin Medical Press for January 25, 1843, and again in the 310th number for December 11, 1844, I find that it has been described and commented on in the continental journals without the slightest reference to my notices. In the *Annales d'Oculistique*, an ophthalmological journal, published in Brussels by Dr. Cunier of that city, a communication appeared in the number for November, 1845 (nearly two years after my first notice), from Dr. Desmarres of Paris, describing an example of the same disease. It occurred in a woman, aged 58, whose sight began to fail from cataracts about eighteen years before, and who had the operation of depression performed on her left eye seven years, and on the right three years, before Dr. Desmarres saw her; she then (September 22, 1845,) had dense capsular cataracts, dilated pupils, and tremulous iris, with little sight. These capsular cataracts were removed with a pair of nippers through an opening made in the sclerotic, and good vision followed, but in about a fortnight or three weeks after the following appearances were observed in the left eye: "Looking through the pupil, which was widely dilated, to the bottom of the eye, which was perfectly black, I saw (says Dr. Desmarres) scales attached, brilliant as diamonds, moveable, and of a size to be compared only to grains of sand. They occupied different planes in the posterior chamber, appearing generally twenty or thirty at a time; becoming displaced from below upward with the motions of the eye, and being replaced by others equally brilliant and numerous. All these little luminous moveable points reflecting the light with a vivid brilliancy, appeared to descend by degrees to the lower part of the eye, when it remained immoveable, and showing themselves in greater number as the motions of the eye were more extensive and sudden. There was no unusual appearance in the anterior chamber, and vision was as good as could be desired after an operation for cataract; the patient complaining of some *muscæ volitantes* only.

In the same *Annales d'Oculistique* for April, 1846, Dr. Sichel of Paris called attention to this subject, and relates a case of the same kind which had occurred to him in 1841. The patient, a boy, aged 13, suffered from hydrophthalmia of both eyes, the left being much larger than the right, but still so free from disease as to enable the boy to read. In the right, which was soft to the touch, and scarcely sensible to light, was a yellow capsular cataract adhering to the pupil. On tearing this capsule with the needle, a flow of turbid, yellowish liquid took place, mingled with a quantity of scales of a golden-yellow lustre, which fell into the anterior chamber and filled it up completely. When this subsided a second flow of semitransparent yellowish material followed, resembling boiling water in its motion. These appearances continued for several weeks, and some of the brilliant scales were visible even in 1844, three years after. Dr. Sichel adds significantly: "It is astonishing that Dr. Desmarres, who, in 1841 and 1842, being my clinical clerk, had seen with me this patient, should have lost all recollection of a fact so difficult to forget, and which gave peculiar interest to that which he himself published." But it appears that neither I, Dr. Sichel, nor Dr. Desmarres first noticed this curious disease, for it appears that M. Parfait-Landrau, an oculist at Perigueux, described it in a communication published in the *Revue Médicale*, t. iv., p. 203, in 1828. The patient was a gentleman, aged 70, who, for several years, had defective vision with *muscæ volitantes*. He says: "On looking into the depth of the posterior chamber, I could perceive little bodies oscillating in the bottom, shining with phosphorescent brilliancy. Notwithstanding the attention I had paid in this examination, seeing the novelty of the phenomenon before me, which ap-

peared of high interest to science, I distrusted my own judgment, and fearing that what I saw was the reflection of some external object, I dilated the pupil with belladonna, when M. Galy, of the hospital of Perigueux, also saw distinctly little bodies like fine powder of liquorice, and amongst the number, which was very considerable, were seen some having the brilliancy of filings of gold. These little bodies oscillated throughout the entire extent of the posterior chamber, and when the eye was at rest fell to the bottom, but on the slightest motion rose and again fell. All this took place at such a distance that no doubt exists that they moved about in the vitreous humour. They were so numerous that they were well seen with the naked eye, nevertheless we examined them with a lens. Four days after this, the eye was submitted to a second examination, in presence of Dr. Vidal, a member of the medical jury of the department, and first physician to the hospital, M. Galy, surgeon of the same institution, and M. Renaud, another surgeon: these gentlemen recognized the phenomena above described, and consider it a duty they owe to the interests of science to testify as to the correctness of the statements." M. Parfait-Landrau goes on to argue that these appearances serve to account for the *muscæ volitantes* and luminous spectra which so often disturb vision, but on this it is not here necessary to dwell. After all this, it seems strange that Dr. Desmarres should, in a work of considerable size on Diseases of the Eye, published in 1847, say: "There is not in science, to my knowledge, any observation similar to this (made by him), not even that of M. Parfait-Landrau."*

The reader will perceive that while I described this curious form of disease as occurring in the lens, subsequent writers on the subject referred it to the vitreous humour, and have actually named it accordingly. When the vitreous humour is disorganized by inflammation, and the hyaloid membrane loses its cohesion, the eyeball becomes soft to the touch and the iris generally tremulous; this has been named *synchisis*, and this supposed variety of it has been dignified with the title of *synchisis étincelant*, or *synchisis scintillans*. That the lens is the seat of the disease I entertain no doubt whatever. In one case I saw the peculiar material burst out of the capsule as I opened it with the needle through the cornea, and in the others the scales and needle-shaped crystals were so thoroughly embedded in the substance of the broken up lens, and were so obviously let loose in the aqueous humour as these fragments dissolved, that I could not be deceived. The description of M. Parfait-Landrau, I admit, supports the other view, for he saw these oscillating bodies in an eye which, although defective, was not considered to suffer from cataract; but as there are forms of cataract in which the capsule of the lens is distended with fluid, this may have been one of them, and in that fluid it probably was that these bodies moved. In Dr. Desmarres' case, the particles appeared upon extracting opaque capsules, and had probably been discharged from the lens in the previous operation of depression. Moreover, it does not appear that Dr. Desmarres' patient had any *synchisis* at all, for he says, after describing the disorganized state of the iris and its adhesions to the capsule, "*toutes les autres membranes sont saines.*" And again, "*les yeux avaient leur consistance normale.*" In Dr. Sichel's case there was a capsular cataract, but there is no reason for assuming that there was not a disorganized lens within it when it was opened. In M. Parfait-Landrau's case there was no softening of the eye, and therefore no *synchisis:* in fact, there is no evidence that the disease was in the vitreous humour. As to the possibility of anything floating about in a sound vitreous humour, it cannot be admitted for a moment; this structure, although a soft and delicate one, is a solid, and in a solid such particles could not move. As to the complete fluidity of this humour, even in softened eyes, much remains to be ascertained by careful dissection. It is much more probable that decomposition of the crystalline lens would afford products such as these described, than that a structure of such tenuity as the vitreous humour could generate them. The lens of all the structures in the body contains the elements of animal organization in a state of the highest concentration, and liable as it is to become detached from its capsule, although still retained within it, presents a condition of parts in no other place to be observed. It is, indeed, when so detached, a lifeless material enclosed within living structure, where, although it does not act as a foreign body, it undergoes changes as peculiar as the extraordinary state in which it exists.

* Without wishing to detract from the merits of French surgeons, it is only justice to those of other countries to remind the reader that while an acquaintance with the French language is so general elsewhere, that of German and English is very limited in France. Hence the facility with which even trivial communications made by Frenchmen obtain currency in England and Ireland, while valuable information afforded by us remains inaccessible to them; or what is worse, the information is used without acknowledgment, so as to appear original. This, however, is not perhaps so great an evil as the wilful and obstinate ignorance, or something worse, ostentatiously displayed in other places, and from which some London writers are not entirely free.

OF THE CURE OF CATARACT.

I BELIEVE it may with safety be asserted, that opacity of the crystalline lens has never been removed; or in other words, that cataract when once formed has never been cured. Defects of vision attributed to opacity of the lens have, it is true, been improved by medical treatment, or have disappeared in time, but credible evidence of these effects having been caused by opacity or cataract is not forthcoming. It is also true that dishonest men have persuaded ignorant and credulous people that cataracts existed in their eyes, and that they had removed them by external applications, but this of course only explains the origin of the erroneous notion that cataract has sometimes been cured by medicinal agency. So little reliance is placed on internal or external remedies for the cure of cataract, that they are seldom resorted to, and it may therefore be said that a fair trial has not been made of them; but incipient cataract so often exists with incipient amaurosis, for which the most powerful remedies, such as bleeding, blistering, mercury, and iodine, are used, that ample opportunity of testing their influence has been afforded. Inflammation and amaurosis of one eye is also often actively treated while cataract exists in the other, yet the opacity is not removed, or any alteration made in it. I have myself repeatedly tried mercury, iodine, and blistering in incipient cataract caused by slow insidious inflammation of the eye, without success, and I have seen many cases in which they have been tried by others with the same result. I am, therefore, convinced that true cataract has never been cured by medical treatment. Spontaneous disappearance of cataract is spoken of, and every man has some case to record in which persons previously blind from cataracts have suddenly recovered sight, but I never yet have been able to ascertain to my satisfaction the real state of the eye previous to the alleged

change. An opaque lens sometimes, but I believe very rarely, is detached from its connexions enclosed in its capsule, and falls down below the place of the pupil in consequence of disorganization of the hyaloid membrane; but this cannot be correctly considered a spontaneous disappearance of opacity. It remains, therefore, only to come to the conclusion that sight lost by cataract can be restored by removal of the opaque lens from the axis of vision by operation only. There is, however, one form of blindness from opacity of the lens which is cured without artificial means, and that is cataract from wound or rupture of the capsule. As I have already said, it is fully established by daily experience that penetrating wounds of the eye by sharp-pointed substances, such as fragments of glass or earthenware, thorns or nails, or by awls, forks, or other instruments of that description, are immediately followed by cataract and blindness; and on closely examining such cases, it is found that the capsule is torn open and the lens exposed to the contact of the aqueous humour. It is also now fully established that in such cases the lens imbibes the aqueous humour, swells, softens, dissolves, and is absorbed, leaving the eye free from opacity, and as perfect for the purposes of vision as after the most successful operations. This may be called a spontaneous cure of cataract, but it is not a cure or removal of opacity of the lens; it is a total removal of the lens itself.

Three different methods are employed for the cure of cataract by operation. It is either removed altogether from the eye through an incision made in the cornea; forced down below the pupil into the vitreous humour; or broken into fragments, and left to be dissolved and absorbed. The first is, as every one knows, the operation of extraction; the second, that of depression, or couching; and the third, that of breaking up, or division. These three methods might, however, be reduced to two; for in result I am convinced that depression and division are the same, the lens in both cases being ultimately absorbed; but as the operations are different they must be separately described.

THE PATHOLOGY OF INFLAMMATION AND FEVER.

By H. Freke, A.B., M.B., M.R.I.A., Dublin.

In a series of papers which I am about to furnish for insertion in the Medical Press, my object shall be to inquire into the pathology of inflammation and fever, *strictly avoiding the introduction of anything having the character of mere hypothesis or theory.* I shall attempt to establish the two following propositions upon principles that admit of the *clearest demonstration*—namely:

1st. That during acute inflammatory action, there is not (as is I believe generally supposed) any augmentation whatever of the normal amount of fibrine contained within the *system generally;* that, on the contrary, the actual amount of fibrine contained within the general system is not necessarily affected in any way by the occurrence of inflammation; but that the *local* accumulation of fibrine—that is, the augmentation (on the occurrence of acute inflammation) of the amount of fibrine normally contained *within the vascular parietes* is the result of the normal extravasation of fibrine from the vascular system into the extravascular interstices having for the time been suspended. That is, the fibrine which normally would have been extravasated from the vascular system into the extravascular interstices (to be there appropriated to the purposes of nutrition) is, during the inflammatory process, retained *within* the vascular system, thereby causing an accumulation within the vascular parietes of that fibrine which, under normal circumstances, would have existed *extravascularly.*

2ndly. That the essential element in fever (whatever be its type) is a demand on the ganglionic centres of the nerves of the circulating system for a greater amount of nervous influence than those ganglia are adapted for generating in a given period of time. In other words, an inadaptation on the part of those ganglionic centres to generate in a given period of time an amount of nervous influence proportional to the amount of stimulus communicated to the peripheral extremities of the ganglionic nerves. That the direct effect of this is *(for the most part*)* a suspension generally throughout the system of the normal extravasation of liquor sanguinis from the vascular system into the extravascular interstices, and consequently (as a remote effect) a corresponding suspension generally throughout the system of the normal process of assimilation or nutrition.

In order to render my observations upon these two propositions as simple as possible, and to disembarrass my readers of the difficulty of bearing a number of deductions in the mind without being able to recognize their immediate application, I shall briefly lay down in anticipation the line of inquiry I intend to pursue. I shall divide my inquiries into two parts. The first shall be devoted to the consideration of the formation and appropriation of fibrine in relation to the ordinary process of nutrition. In reference to this subject, I shall attempt to show that fibrine is generated and deposited *within* the vascular parietes, and that its appropriation to the purposes of nutrition takes place *extravascularly.* In the second division of my subject, I shall inquire into the nature of the mechanism of the *human* circulatory apparatus—that is, into the nature of the provision which has been made by nature for propagating the blood in strict accordance with the requirements of the human organism. In relation to this inquiry, I shall attempt to establish the following propositions—namely: 1st. That in the human organism, there are two distinct divisions (if I may so term it) of the sanguineous circulatory apparatus which have been so constructed as to enable them to contract (according as may be required) *with various degrees of activity or energy.* The one may be termed the cardiac division, including the arterial system; the other, the capillary division, comprising the capillary system generally throughout the organism. That the parietes of these two divisions of the circulatory apparatus require the operation of a *stimulus* to cause them to contract; and that the stimulus provided by nature for that purpose is the nervous influence generated in the ganglionic centres of the nerves of the circulatory apparatus. That this nervous influence itself must be subject to control, and must operate with various degrees of activity or energy at different times, and consequently must have been provided by nature with a stimulus which can regulate the degree and time of its action. That the stimulus which calls into operation the nervous influence generated in the ganglionic centres of the nerves of the circulatory apparatus is consequently the *primary or remote* cause of the contractions of the parietes of the sanguineous circulatory apparatus; the nervous influence thereby called into action being the *immediate or proximate* cause of those contractions. 2ndly. That the seat (that is the locus of the application) of the stimulus which is the *primary or remote* cause of the contractions of the parietes of the *two divisions* of the circulatory apparatus is the latter or *capillary division;* and that the stimulus communicated, in the capillaries, to the peripheral extremities of the ganglionic nerves of the circulatory apparatus, causes a corresponding or proportional amount of the nervous influence which is generated in the ganglionic centres of those nerves to be propagated in a *divided direction*—namely, one portion thereof to be transmitted in the direction of the appli-

* My motive for the introduction of the words "for the most part" into the above definition of fever will become apparent when we engage in the consideration of the subject of fever in detail.

cation of that stimulus that is towards the capillaries, and the other in the direction of the centre of the arterial system or towards the heart. That consequently the seat (or locus of the application) of the *primary or remote cause* of the cardiac contractions is *the general capillary system.* And 3rdly. That the nervous influence (as already observed) which (on the application of the *primary or remote cause* of the parietal contractions) is propagated in the divided direction referred to; that this nervous influence is the *immediate or proximate* cause of the contractions of the heart and of the capillaries. In the development of these two divisions of my subject, I trust I may be able to demonstrate to the satisfaction of my readers the two foregoing propositions on inflammation and fever.

(To be continued.)

Paris, July 28, 1851.

CASE SIMULATING HIP-DISEASE.

By Edmund Sharkey, M.B., T.C.D.

I have found the following case among my notes; and as it caused much anxiety to the friends and some embarrassment to the medical attendants at the time, and though not of common, is yet of occasional occurrence, it has appeared to me to possess a practical interest:—

Jersey, December 11, 1845.—A young gentleman, aged 13, while walking in the street, five weeks ago, was suddenly attacked by pain of his spine, so severe as to cause him to stagger. By his family it was considered as rheumatism. Sudorifics were administered, by which the pain was removed from his spine, but fixed in his hip, where it has since continued with very little variation, though treated by anodyne frictions, blistering, warm baths, Dover's powder, quinine, turpentine in small doses, and carbonate of iron; of which the turpentine alone seemed for a time to be beneficial.

Present state.—In attempting to walk, his knee is flexed, and he steps on his toes, and limps very much. On measuring, there is no difference of length between the two thighs, nor is any fulness to be detected on the affected side. On pressing, however, the head of the femur against the acetabulum, or flexing the thigh on the pelvis, considerable pain is complained of, and chiefly referred to the upper rim of acetabulum, at a point tender to the touch. No pain is felt in any other part of the limb; the general health is unaffected. I ordered warm baths, frictions with tartar emetic ointment, and the following powder three times a day:—

℞ Hyd. c. creta, gr. iij.
Quinæ sulph., gr. ¼.

29th. A small amount of relief has been experienced; evening exacerbations, which were before complained of, having ceased. But little irritation has been produced by the unguent. ant. tart. Ordered, quinæ sulph. in solution, and shower baths.

January 13, 1846. On examination to-day, there appeared to be a slight fulness over the crista ilii, which is painful, and very tender on pressure. A good many pustules, with surrounding inflammation, have appeared, having been produced by fomentations with warm vinegar and onion juice. He has been for some days taking calomel, gr. i., opii, gr. ½, twice a day. Leeches also were applied.

30th. In consequence of increase of tenderness, leeches were repeated, also warm baths, and he was ordered ten drops of Lugol's solution of iodine in decoct. sarzæ, three times a day. He has also had some hot air baths, which produced considerable perspiration, and were followed by general tranquillity; but did not remove the tenderness nor apparent fulness of the part, in which the superficial veins are much developed.

February 5th. His mouth being slightly touched by the mercury, the pills were omitted. To continue the iodine with decoct. sarzæ; to apply cataplasms.

9th. In consultation with Dr. Leigh, the spine was examined by percussion, but no tenderness detected. This, however, is very great on pressing crest of ilium and under os ischii; also on percussing the trochanter. Measurement detects no difference in length. The probability, therefore, is against hip-disease or lumbar abscess, and in favour of its being a muscular affection, perhaps caused by a fall three months ago. We resolved on applying a mercurial plaster over the painful part; and with a view of overcoming the muscles and drawing the head of the bone out of the joint and fixing it, weights with pulleys were applied, which kept up a constant traction. To take—

Hydr. c. creta, gr. iij.
Pulv. Dov., gr. iiss.
Quinæ sulph., gr. ½, ter in die.

18th. Has been since free from pain while at rest; he thinks that pain even on motion is less. Spirits and appetite continue unimpaired.

27th. Since last report has been using the following liniment:—

℞ Ung. hydrarg. fort., ʒi.
Iodinii, gr. x.
Tr. opii, ʒi.

Also warm bath, with douche on affected part.

He was permitted to leave his bed and take off the weight during the day. The pain has returned to the part, and has extended to some distance round crista ilii.

March 5th. Acupuncturation was now tried, three needles having been introduced about half an inch behind crest of the ilium, and left in for six hours. To take—

Tinct. fer. mur.
Tr. iodinii c. āā. gtt. xv., in decoct. sarzæ.

7th. Three needles again introduced, nearer to crest of ilium than the last; left in six hours.

11th. Is rather worse.

14th. Cupped and scarified (to about eight ounces) behind seat of pain. Dressed with ung. ant. tart.

16th. Has suffered much more since operation.

23rd. Anthelmintic medicines were now given, with a vague hope that it might be connected with the existence of worms: none, however, appeared.

April 6th. About a week ago he was removed to the seaside, and enjoyed an immunity from pain till yesterday, when it returned. General health improved; he has not the pain without intermission; it sometimes suddenly leaves him, sometimes remaining until he falls asleep, and then ceasing. He continued to improve slowly till—

June 14th, when I have the following note:—"Has lately taken some *very hot* baths, having found great relief from one accidentally given of a higher temperature than usual. The result is, that he has become *perfectly well;* he describes 'something as having *given way,*' in the situation of the pain, while immersed in one of them." I should have mentioned that he is said to have had a similar attack some years ago, which, after having resisted treatment, disappeared of its own accord quite suddenly—a circumstance which suggests the notion, that in the last attack perhaps a similar result might have followed; and, moreover, perhaps that it may have been retarded by the "nimia deligentia medici." He went subsequently into the navy, and was, I understand, similarly attacked while in the Mediterranean, and invalided in consequence. This last attack yielded to the hot air bath administered by means of the bed-lamp. He has rejoined his ship, and has become a hale young man.

There can be little doubt, I think, that the affection is to be placed among the neuralgiæ, and that it had, from first to last, nothing inflammatory in it. The fulness at one time observed about the hip-joint was probably analogous to the infiltration of the cellular tissue sometimes seen in cases of hysterical neuralgia; and, like it, quite independent of vascular action in the commonly received acceptation of the word, though probably approximating closely to the pathological condition lately described under the name of "Angioleucitis."

Ballinasloe, July 31, 1851.

CASES OF POPLITEAL ANEURISM TREATED BY COMPRESSION.

(Under the care of Mr. WARD in the London Hospital.)

A HEALTHY-LOOKING and temperate Irishman, aged 45, a lighterman by occupation, came under Mr. Ward's care, on the 6th of May, 1851, with the right popliteal space occupied by a well-defined, strongly-pulsating tumour. The latter was about the size of a small orange, and rendered the posterior boundary of the space convex and prominent, and it likewise caused the integument to protrude internally and externally. In the latter direction, it formed a convexity in front of the tendon of the biceps muscle, which was more marked than in the former. The extent of the tumour was easily defined by the fingers, its surface was smooth, and the sac gave to the touch no evidence of being otherwise than of uniform density. It expanded with each impulse of the femoral artery, and a loud *bruit de scie* was heard with each dilatation.

During the state of distension of the tumour, the right limb measured round the knee, immediately above the upper part of the circumference of the patella, fourteen inches and five-eighths; during its contraction, when the current of blood had been stopped by pressure made on the femoral artery in the groin, the measurement was fourteen inches and a half. The surface of the limb was warmer to the touch than the left, particularly in the neighbourhood of the knee-joint, a little below it. The right leg was somewhat swollen, and measured round the calf fourteen inches and a half; the left gave twelve inches and a half. The posterior tibial artery of the affected limb pulsated less strongly than that of the left. The anterior tibial arteries could not be felt beating over the ankle-joint, from their being in all probability more than usually overlapped by the extensor proprius pollicis. The anterior malleolar branch of the fibular artery, in both limbs, was more than usually developed, and pulsated very distinctly; the right more than the left. Several small superficial veins were observed in a state of distension around the inner part of the knee-joint, and the upper and inner part of the leg. Similar vessels were not remarked in the other limb. The pulse was 60, and regular; the heart's sounds and action normal.

The patient stated that about three weeks prior to admission, "he knelt down for about a quarter of an hour to clean about deck, and found that he could not get up without difficulty, and had a job in straightening his knee." On getting up he detected a small swelling in the ham, which was free from pain for about a week; pulsation in it did not attract his attention. He continued at work on board a lighter for three weeks after the above-mentioned circumstance, continuing to move heavy weights; and for two or three days before Mr. Ward saw him, the patient had been more than usually occupied. His leg had now commenced swelling, and appeared red, and it was on this account that he consulted Mr. John Hewitt, the tumour itself not appearing to have given the patient much anxiety. Mr. Hewitt detecting the nature of the case, at once sent the man to Mr. Ward.

The patient was placed on the middle diet of the hospital, which consists of four ounces of meat with potatoes, five days in the week; on the other two days, of vegetables and soup. The patient was requested to take as little fluid as possible, and the beer usually allowed was omitted. He was kept perfectly quiet in bed for nine days, during which time an occasional aperient was given.

A femoral truss was then applied to the artery on the groin, the pad of the truss being connected to the extremity of the bow by a screw, which could increase or diminish the pressure exerted on the vessel. It acted, however, but imperfectly, and it was laid aside for another, which fulfilled the indications no better. The result, however, of the slight pressure which had been exerted by the two instruments during a fortnight, was an evident diminution in the size, impulse, and throbbing sensation of the aneurism.

Dr. Carte's new instrument (a full description of which will be found in Mr. Tufnell's recent work on the treatment of Aneurism by Compression) was now had recourse to. The night prior to its application, the groin was carefully shaved, and dusted over with French chalk, and the apparatus was applied on June 3rd, according to the directions given by Mr. Tufnell.

The patient was ordered a scruple of acetate of potash three times a day, and half a drachm of compound jalap powder every other morning. The mattress on which he was placed was firmly fixed to the bed frame, the sheets and pillows being also attached by means of bandages. Prior to the pad of the instrument being applied to the groin, the leg was slightly flexed on the thigh, and the latter on the pelvis; the entire limb was then somewhat everted, and made to rest on the outer part of the knee-joint, upon a square well-stuffed pad, which was fixed so as not to slip. At the bottom of the bed a large pillow was secured by bandages, and served as a "*point d'appui*" for the feet, so that by this means the man was unable to glide; and a large cradle was placed over the body, in order to prevent the bedclothes interfering with the proper action of the instrument.

For twelve consecutive days—viz., from the 3rd to the 15th of June—Dr. Carte's instrument was made use of, and the femoral artery compressed on the pubis; the pressure, however, being never so great at any time as to stop the impulse in the tumour, and being entirely remitted when pain was complained of.

Mr. Ward expressed the belief that with the aid of a circular thigh-compressor, Dr. Carte's instrument would have brought about a cure; but from the circumstance that the pelvic apparatus slipped somewhat, and that the perpendicular side-rod of the instrument was rather too long, and not firmly grasped at certain parts by the pinching screw, the pad could be adjusted but for a short time, and was ever slipping. The apparatus was consequently laid aside for the requisite alterations. During its application, however, evident progress had been made; for on the sixth day after it had been used, the patient felt a burning sensation all down the thigh, leg, and knee. The impulse of the tumour had sensibly lessened, and it felt harder and denser to the touch. These satisfactory symptoms continued till the day on which the instrument was laid aside, on the night preceding which, the man had moreover experienced a peculiar sensation along the lower and anterior part of the thigh, as if something hot had been thrown over him, and likewise a crampy feeling in the tumour.

In the afternoon of June 15, being twelve days after the first application of the instrument, a pressure of a six-pound weight (an ordinary meat weight with a ring at the top) was applied to the femoral artery over the pubis. The skin over the vessel, which had become very red and tender to the touch, was carefully dusted over with French chalk, and covered with a piece of lint, and a box-wood pad. The patient bore this weight without much inconvenience, and, with a gentle application of the hand, the weight was quite sufficient to check the sensible impulse in the aneurism. It was kept on the groin for an hour and a half, at the end of which time a circular thigh-compressor, furnished by Bigg and Co. of St. Thomas's-street, Borough, was applied to the upper third of the thigh.

The use of the weight at the groin, and the instrument, were now alternately had recourse to, a four-pound weight, however, now and then, being substituted for the use of the six, and applied at the same time as the aneurism compressor, which latter was then so arranged as to exert but a moderate amount of pressure compared with that employed when acting by itself.

The patient, having been induced to take a personal interest in the principle and practice of the treatment, regulated the pressure himself without any difficulty. The circular compression was employed more than the weight, but neither the one instrument nor the other was kept applied more than an hour and a quarter, at the most.

At night time, when the patient felt inclined for sleep,

the compressor was in the first instance had recourse to, and when the application of the pad of this instrument caused uneasiness, and he happened to be dozing, he woke up and adjusted the weight to the groin, and then relaxed the compressor.

This line of treatment was kept up without intermission for five days; the aneurism became consolidated on the third day after its application, pulsation stopped, and the bruit was no longer audible. During this interval the following symptoms were observed:—

June 16th (first day).—The tumour is less in size, and much more solid, but very tender on pressure: a small artery can be felt pulsating over the inner condyle of the femur. Temperature at the right knee, 87 deg.; at the left, 86 deg.

17th (second day).—At twelve o'clock last night, a cutting pain in the shin-bone, lasting about two minutes; at two in the morning, a sudden burning heat along the anterior and outer part of the thigh.

18th (third day).—Slept but little last night; pain in the shin came on, and lasted about an hour; at five in the morning felt a cramp about the knee, and six hours afterwards the patient says that all pulsation ceased. None can be detected in the tumour or in the posterior tibial artery. Two superficial vessels are detected pulsating at the inner side of the knee: the one two inches, and the other two inches and a half, from the side of the patella.

On the first day after the tumour had ceased to pulsate, another small vessel could be felt pulsating on the outer side of the knee-joint, one inch in front of the biceps tendon.

On the second day, a small artery could be felt feebly beating over the centre of the tumour, with about half the force of those by the side of the knee; and on the seventh day the patient had the sensation of a needle darting through the back of the thigh one or two inches above the tumour; this occurred three or four times.

Nine days after the pulsation in the tumour had ceased, the patient was permitted to get up from bed for a few hours, and on the day following he kept up for five hours. During this time he walked at intervals on crutches, the leg bent at an obtuse angle with the thigh and the limb supported by a bandage passed round the neck and sole of the foot.

From this time the man made rapid progress, the bandage was laid aside in a few days, and he walked without difficulty, but slowly, in about a fortnight. The foot and leg became a little swollen towards night, though the œdema regularly subsided in the morning.

The patient left the hospital on July 19th, about one month after the application of the weights and Bigg's compressor; the tumour in the ham being not larger than a lime, and so firm, that a gentleman, who was unacquainted with the history and progress of the case, said that it gave him the idea of being a fibro-cartilaginous exostosis from the back of the femur.

The pulsation in the posterior tibial artery had returned, but was very feeble; the femoral could be traced beating as far as Hunter's canal. The patient was directed to remain quiet for a week, and then to resume his duties with caution.—*Lancet.*

New Method of treating Tubercular Ulceration of the Testicle.—An essay was lately read at the Academy of Medicine, Paris, by M. Malgaigne, in which he described the forms of fungus of the testicle which constitute the variety of disease to which he referred, and related the various modes of treatment adopted by surgeons, concluding by proposing to raise both the integuments and the morbid structures at the same time, penetrating even to the tissue of the testicle, and then attempting to produce union by the first intention. This plan, the author urged, had the advantage over castration that it afforded an opportunity for a portion of the organ to resume its functions at some future time, if any healthy structure at all remained; and if no healthy gland exist, he added, the patient is no worse off, and has not the melancholy knowledge that he has been castrated.

A CASE OF SPASM OF THE ŒSOPHAGUS AND AIR-PASSAGES FROM DORSO-INTERCOSTAL NEURALGIA—THE SPASM OF THE FORMER SIMULATING ORGANIC STRICTURE.

By D. J. Cain, M.D.,
Physician to the Marine Hospital, Charleston.

About the middle of October, 1849, Tissey, the property of Mr. W. B—— of this city, aged 32, of a highly hysterical constitution, and subject to dysmenorrhœa and asthma, both spasmodic and catarrhal, began to experience some difficulty of deglutition when either solids or fluids were taken. Supposing that the dysphagia was caused by soreness from cold, she paid very little attention to it; but as it continued to increase, her fears were, at the end of two weeks, greatly excited as to her situation, and I was called to see her. She referred the obstruction to a point about four or five inches below the glottis, say behind the top of the sternum. It was at this spot that solid or fluid aliment, when attempted to be swallowed, would be momentarily arrested in its passage downward, and would cause considerable soreness, and sometimes acute pain. She complained of no uneasiness elsewhere; her digestive organs were in a healthy state; there was no fever; in short, no malaise.

As this case, in its inception and progress thus far, bore a strong resemblance to cases of organic stricture generally, and particularly to one observed by me in 1848, and recorded in the March issue of this journal for that year, which terminated fatally, I concluded that it was of that nature, and was apprehensive that it would be equally unfortunate in its result.

Without delay, I introduced the probang, with the sponge attached, into the œsophagus, in order to ascertain, if possible, the degree of the constriction. When it reached the spot mentioned above, it excited so much irritation that there was a strong contraction of the canal; but by firm pressure continued for a few seconds, the spasmodic contraction was overcome, and the sponge passed beyond. She was directed to frequently take a piece of alum in her mouth, and to swallow it when dissolved; also, to use a strong rubefacient liniment upon the throat and upper part of the chest; the diet to consist of semi-fluid substances, such as arrow-root and milk, rice or hominy, gruel, &c.

At the expiration of a week, there was a decided improvement in her condition. She swallowed with much greater ease, and there was much less soreness. She went into the country with her owner on the first of December, 1850, and continued to improve until the morning of the 17th day of the month, when, after protracted exposure the preceding day to bleak, cold weather, getting the feet wet, &c., she had a sudden return of the difficulty of swallowing, but this time it was accompanied by a considerable degree of dyspnœa. On the approach of night, all the symptoms were aggravated; high febrile excitement supervened; the dyspnœa increased, until it amounted to orthopnœa; a sense of constriction and spasm of the chest in the region above spoken of was superadded to the other symptoms, and suffocation appeared to be imminent. At about eight p.m., her situation having become in the highest degree alarming, her owner despatched a messenger for Dr. Moultrie, who resides a few miles distant.

To inquiries addressed to him, in reference to the symptoms and treatment, as well as his opinion of the cause of the attack, Dr. Moultrie kindly made me the following reply:—

"On the 13th of December, I visited the case for the first time, about midnight, immediately after a severe paroxysm of spasmodic constriction, several of which I was informed had occurred before my arrival, at intervals varying from half an hour to an hour. They seemed to recur independently of any casual exciting cause, or act of deglutition, and were distinctly paroxysmal, although if any material was attempted to be swallowed, some time after a paroxysm, it appeared to occupy to the succeeding one the relation of an exciting cause. The suffering was intense, and upon the first

blush of the case, presented immediate and pressing claim for relief, while time could be allowed to inquire into the nature and pathology of the case. From representations made to me by Mr. and Mrs. B——, my mind had been preoccupied with the idea of organic disease, still the manifestation of disturbance in the functions of the nerves distributed to these organs, constituted the most prominent source of the morbid phenomena at the time. I did not so distinctly, as you have done, locate the irritation in the dorso-intercostal nerves, but was induced from the history, non-medical at the time, to regard the case as having commenced with catarrh, sore throat, and probably some degree of œsophagitis; the latter condition being most persistent, and by its continued existence occasioning eccentric nervous irritation, which was reflected and manifested by spasm of the œsophagus, and the other morbid signs. I find I am indulging farther in speculation than you may desire, and will now confine myself to the treatment of the case.

There being present some slight febrile irritation, and nothing contra-indicating it, a few ounces of blood were abstracted, and a moderate dose of oil administered immediately after a paroxysm, which was swallowed without any difficulty; a mustard pediluvium was ordered, and fomentations over the chest and epigastrium. Relief soon appeared to follow these measures. The succeeding paroxysms began to moderate, and anodynes, to which I had looked as the chief resource to arrest the recurrence of the attacks, were administered. Morphine was given *pro re nata*. Instructions were given to repeat the doses, as occasion called for them. Begging your indulgence for the brevity of this report, I am, dear sir, respectfully yours, W. L. Moultrie."

The night after this attack, being on a visit to the family, I saw her in the situation described by Dr. Moultrie, scarcely any amelioration in the symptoms having taken place. The spasms of the larynx, trachea, and œsophagus were terribly severe, frequently causing her to scream out. They were intermittent, recurring about every fifteen or twenty minutes, and lasting from three to five. I thought several times, while I was seated at her bedside, that she would die from suffocation, as it appeared to me that the constriction of the air-passages was so great, the air penetrated with great difficulty and in small quantity. She still had high fever, and complained of chilliness of the whole body, but more particularly of the feet and spine. I watched with great interest her attempts at swallowing drink (for solids were out of the question); she could not take more than a dessertspoonful at a time, and it was invariably arrested for the space of from half a minute to a minute at the constricted part, then, with a gurgling noise, it passed down.

As I had, on several occasions previously treated her for dorso-intercostal neuralgia (spinal irritation), I suspected that an irritated state of the motor nerves of those organs, proceeding from the spinal marrow, might have some agency in the causation of the spasm, if indeed it was not the sole cause. On passing my finger down the spinous processes of the vertebræ, with the view of assuring myself on this point, I detected a very tender spot, extending from the sixth cervical to the fourth dorsal vertebræ, and the true nature of the disease was at once revealed. Sinapisms were applied to that part, hot bricks to the feet, and Dr. Moultrie's prescription given *pro re nata*.

The next morning she was somewhat relieved, and being compelled to return to the city, I did not see her again until the 4th of January, when she came back to the city with the family; but learned that Dr. Moultrie had continued his attendance until she was sufficiently relieved to dispense with it; that her improvement had been progressive, though slow, and that she was invariably affected by a damp change in the weather. She still complained of more or less soreness in swallowing, but there was no spasm. Convinced that the dorso-intercostal neuralgia was the sole cause of the morbid phenomena, I determined to use active counter-irritation to the tender part of the spinal column. A flying vesicatory was applied, and as it did not entirely relieve the tenderness, it was repeated twice, at intervals of ten days. After the last application it disappeared, and the soreness of the œsophagus, trachea, &c., with it. From this time until November, 1850 (a year from the date of the commencement of the disease), she enjoyed her usual share of health. About the 20th of that month she again begun to experience some dysphagia, &c. Having again detected the tenderness of the spine, I applied a blister, and the difficulty of deglutition was immediately relieved.

Remarks.—The progress and termination of the case prove that my original diagnosis was incorrect; that, instead of inflammation followed by permanent stricture of the walls of the œsophagus, one of the most formidable diseases that falls to the lot of the physician to treat, there existed an irritation and spasmodic contraction of that canal, from irritation of the intervertebral nerves, which soon extended to and involved the mucous and muscular (?) tissues lining the air-passages. Therapeutics sometimes materially aid the physician in making a correct diagnosis; in this instance, they were positively confirmatory of my last diagnosis.

Having elsewhere considered, at some length, the application of the views of Marshall Hall, on the physiology of the nervous system, to the explanation of various important morbid phenomena, I deem it unnecessary to go over the ground again in reference to the present subject. I have there shown, that according to this distinguished physiologist, there are two sources of irritation or other morbid action that may excite the same, or similar phenomena, in organs or parts removed from that which is the original seat of disease. These are *excentric* and *centric*. The irritation and subsequent inflammation of the stomach, caused by the state of gestation, is a familiar illustration of the mode of operation of the former of these sources. The gravid being, in a measure, a pathological state of the uterus, gives rise, through the medium of the spinal marrow, to irritation of the stomach, which, if continued, may eventuate in inflammation. Spiculæ of bone, &c., irritating the membranes of the brain or spinal cord, or those organs themselves, thereby causing spasm of some part, or of the whole muscular system, is an example of the *centric* source.

A French physician (M. Beau, I think) has conclusively established that dorso-intercostal neuralgia, from what cause soever, frequently excites excruciating pain in two points—viz., about the middle of the distance between the spinal column and the mesial line, and at the mesial line itself; for it is at those two points that the nerve gives off a filamentous expansion. These pains are so severe, of such a stabbing, lancinating character, as to cause them to be sometimes mistaken, by those who are not acquainted with the nature of the diseased action, for pleuritic, if the origin of the nerve distributed to the intercostal muscle is affected. When the nerve which supplies the stomach is affected, the pain resembles cramp, &c.

Now, although these pains occur in a great many different parts of the body, simulating various diseases, such as peritonitis, angina pectoris, spasm of the intestines from inflammation or obstruction, &c., besides in those already mentioned, yet I have seen the account of but one case at all resembling that which fell under my observation, and in this the larynx alone was affected, the other parts of the respiratory apparatus and the œsophagus not being involved. This case, which is reported by Dr. Vigla of Paris, in one of the French medical periodicals, was not considered by him as caused by the irritation of the dorso-intercostal nerves. It was somewhat akin to hydrophobia. The patient died on the fifth day from the commencement of the attack, asphyxiated by the spasmodic closure of the glottis. In my case, the disease would, in all probability, have terminated in the same way, and from the same cause, had she not experienced relief from the treatment instituted by Dr. Moultrie.

In respect to the treatment of the case, it is evident that the alum, as recommended by me in the early stage of the disease, could have been productive of no good effect, and that the improvement which took place, up to the time of the attack in the country, must have been due

to some other cause, such as a dry state of the weather, spontaneous subsidence of the irritation of the intervertebral nerves, &c. The plan of treatment pursued by Dr. Moultrie for the relief of the attack, was unquestionably admirably adapted to that end, but it was at best only palliative, in view of the recurrence of the disease, for neither he nor myself suspected, at that time, its true cause.

The counter-irritation employed by me, on discovering the nature of the cause, was followed by complete relief. Even this was, however, but temporary, as she had a recurrence of the disease after the lapse of about ten months.

The sagacious physician will readily perceive that the real source of the disease remains unreached. In order to effect a permanent cure, it will be necessary to go back and remove the first links in the chain of morbid action, consisting in the rheumatic and hysterical states of the system, on which the dorso-intercostal neuralgia depends. —*Charleston Med. Jour.*

ON PROGRESSIVE MUSCULAR ATROPHY.

By M. Aran.

Symptoms.—Several circumstances confer on this form of atrophy a special character. A debility is first observed in a single limb, or rather part of a limb, so as to confine it to the execution of certain movements, gradually, however, involving a larger portion of it, and generally extending to the opposite one after a time. Cold and fatigue augment it, while cramps and subsultus often accompany it. Emaciation of an irregular character follows this, affecting certain muscles only instead of the mass of the limb, and therefore giving rise to various deformities, and finishing with the destruction of the muscular structure and complete annihilation of function.

In nine out of the eleven cases it commenced in the *upper* extremity, the right side suffering first in seven, the left in two, and in two both being simultaneously affected. Sometimes the affection first appeared in the muscles of the shoulders or those of the upper part of the trunk, at others in the fleshy masses of the arm or forearm, but most commonly in those of the hand, or the little muscles of the thenar and hypothenar eminences, and the interosseous spaces. Side by side with the atrophied muscles others are found unaffected, even their congeners, which to some degree supply their places. Moreover, in the case of some of the larger muscles, easily separable into bundles of fibres, some of these may remain unaffected. The muscles of the upper extremity, which the author has hitherto always found exempted, are the triceps in the upper arm, and some of those of the anterior part of the forearm, and especially the pronator teres and flexor carpi radialis. Intelligent patients have observed the wasting almost simultaneously with the weakness of the part; and if we find a slight wasting of the thenar or hypothenar eminences, or a too-marked depression between the interosseous spaces, combined with weakness of the hand, and unexplained by any other cause, we may suspect the existence of this disease, our convictions gaining in certainty as more muscles become after a time involved. Normally, the muscles offer a certain amount of *resistance* and *elasticity* on pressure, and in all *other* atrophies, from whatever cause, these qualities, though *diminished*, are not *lost*. Here they are absent, for not only is the muscle reduced in volume, but its tissue is probably replaced by cellular-adipose tissue, giving to the touch a sense of extreme softness (varying, however, with the degree of the disease, and the propinquity to osseous tissue), while the will cannot impress the slightest tension upon it.

Fatty Transformation in all the cases is at present only highly probable, for its reality has as yet been shown in but one case, the only one in which an autopsy has taken place.

In an early stage of the disease obstinate cramps, and in a later one subsultus and *fibrillary contractions*, may be present. These last may consist of the isolated and involuntary contraction of certain of the muscular fibres, being sometimes so numerous and continuous that the muscle seems in motion, while at others they are so rare as to require close observation for their detection. Voluntary contraction does not suspend them; and they may also appear in other parts not suffering from the disease, as the tongue.

The general economy remains unaffected amidst this slow and progressive muscular destruction; no general symptoms being present, however far the disease may be advanced, and every function being, to all appearance, perfectly performed, except that of voluntary motion.

Duration and Progress.—Although a very long interval may elapse between the first symptoms of weakness and the production of complete muscular degeneration, it is always an invading disease; and once having taken possession of the economy, it never retrogrades; the utmost that can be done being to arrest its course, and that by no means with any certainty. The duration is indefinite, and most of the author's cases came under his notice months or years after their commencement.

Prognosis.—Even in its simplest forms, attacking, as it does, persons of laborious occupations in the prime and vigour of life, it is a terrible disease; and where it involves muscles necessary for important functions, as respiration, it may cause death. Even as an infirmity, in its partial form, there is none more beyond our control.

Diagnosis.—This affection must be distinguished from the paralyses with which it has been confounded. In *paralysis*, if complete, motion is abolished: if incomplete, it is imperfect. In *atrophy*, so long as sufficient fibre remains to raise the levers, motion is performed, though feebly; abolition or incompleteness being thus the character of the one case, weakness of the other. Moreover there is no symptom of disease of the brain or spinal marrow present, and atrophy resulting from paralysis involves the entire limb. The investigations of M. Duchenne show that atrophy from paralysis very rarely gives rise to complete destruction of muscular power. Hysterical paralysis does not lead to atrophy, and the loss of motion is complete. Rheumatic paralysis is not always complete, but it affects the entire muscles of the region. Paralysis from lesion of a nerve is the form which most rapidly gives rise to atrophy; but this is exclusively confined to the muscles supplied by such nerve. M. Duchenne has shown that electrical irritability is intact in hysterical and rheumatic paralysis, even when atrophy is present. In saturnine paralysis, and paralysis from lesion of a nerve, it is entirely lost; while in progressive muscular atrophy, though enfeebled, it exists until the muscular fibre has entirely disappeared. The disease which offers most analogy to it is *progressive paralysis independent of insanity*, in which electricity developes only very feeble contractions, even when the muscles retain their normal size and elasticity. The history of the two affections serves to distinguish them.

Nature and Causes.—It is primarily and exclusively *a disease of the muscular system;* but its etiology is completely obscure. Of the eleven cases, nine were men and two women—the mean age being 36. The occupations were various (as country labourers, stone-cutters, shoemakers), some requiring great muscular exertion, and most of the patients complaining of excess of work; so that the author is disposed to consider the too-continuous and excessive employment of the affected limb as a chief occasional cause; although when we consider the rarity of the disease amongst the hundreds of thousands so situated, this is very problematical.

Treatment, both general and local, has been most assiduously employed, never with the effect of causing the disease to retrograde, and seldom even of arresting it. Galvanism, localised in its action upon the muscles, seems to be the best palliative.—*Archives Générales*, and *Brit. and For. Med. Chir. Rev.*

DISEASE OF THE PANCREAS.

By Dr. Fearnside.

The earliest phenomena noticed were gradual failure of the general health, and faulty digestion; but these symptoms being present in a variety of diseases are of little diagnostic value. *Deep-seated pain in the epigastrium* occurred in both patients, and in both is said to have become aggravated a few hours after taking food. But the importance of this remark is diminished by the signs found after death in one of the cases, of the previous existence of inflammation of the mucous membrane of the duodenum. *Gastrorrhœa* was present in both cases. Some have supposed that the fluid ejected in this affection is a vitiated secretion of the pancreas; but its existence concurrently with such extensive disease of that organ as was found after death, and must have been going on long before that event, when little or no secretion could be eliminated, is adverse to that opinion, and would rather lead us to conclude that it is simply a flux, the result of hyperæmia of the mucous membrane of the stomach, and analogous to the catarrhs of other mucous membranes.

Ptyalism was made the subject of spontaneous complaint by one of the patients. This is a symptom which has been repeatedly observed in cases of diseases of the pancreas, and to which considerable importance has been attached, from some conjectured antagonism or "balancement" between the pancreas and the salivary glands. In the same case in which the last symptom presented itself, the *tongue* was invariably *pale and clean*, and the freedom of this organ from morbid coating in cases similar to those under review, has been made the subject of former remark. *The appetite* was variable; in the case longest under observation, the quantity of food consumed was generally not below the average of health.

The last case also presented a sign upon which some stress has been laid by Professor Siebert of Jena, as evidence of pancreatic disease, when coexisting with other indications,—viz., *abdominal pulsation*. In one of the cases the *action of the bowels* was insufficient, as is stated to be the general rule in these diseases; in the other it was irregular; but in neither case, so far as my observation extended, or I could learn from others, was fatty matter ever present in the evacuations, as noticed by Dr. Bright in certain cases of diseased pancreas. In the case last narrated, the *urine* was repeatedly examined, both chemically and microscopically, but except in being generally scanty, and abounding in lithate of ammonia, it did not deviate from the natural state. *Emaciation* and *anæmia*, present in both patients—in one strikingly—are generally seen in protracted pancreatic disease: in these respects, as in some others, the last detailed history shows a resemblance, almost amounting to identity, in symptoms, with a case related by Dr. Abercrombie. In both, the blood-making functions were greatly impaired, as a consequence of which, and loss of tone in the bloodvessels, there occurred throbbing in the arteries of the head and neck, humming in the ears, and abdominal palpitation. In but one of the cases could any tumour, or fulness of the epigastrium, be recognized during life.

It may be remarked incidentally, that the thoracic symptoms present in the last case were such as have been frequently observed in fatty degeneration of the heart. The dyspnœa, oppression about the chest, tendency to syncope, feeble impulse of the heart, and small irregular pulse, all give evidence of a weakened condition of the central organ of the circulation. The altered character of the sounds of the heart during life was ascribed to the existing anæmia.

From a review of the symptoms met with in these cases, it may be concluded that although none can be stated to be absolutely pathognomonic of disease of the pancreas, yet the union of several affords a very high probability of the existence of a departure from the healthy condition of that organ. In attempting to arrive at a more minute diagnosis, the *general* symptoms and history, with any information derived from a physical examination of the patient, will prove our chief guides. In the case first related the individual had long suffered in a mode which might have led to the opinion that disease of the pancreas existed; then a considerable tumour was found in the situation of that gland: this might have been occasioned by tubercle, cancer, or simple inflammation; the age of the patient, and especially the freedom from pulmonary symptoms, discountenanced the first supposition. More difficulty, however, existed in deciding between the last two, and the absence of any cancerous hue of complexion merely warranted the expression of a probable diagnosis. The sudden accession of acute pain, syncope, and vomiting, followed by jaundice, indicated the occurrence of some change, producing pressure upon the gall-ducts, and from the constitutional sympathy, of a probably disruptive character, but the rarity of pancreatic hæmorrhage prevented the idea of its presence being entertained. In the second case, the group of symptoms, leading us to infer the presence of disease of the pancreas, was more complete than in the first patient. Respecting the nature of the affection it might have been allowable to hazard an opinion from the probable existence of fatty degeneration of the heart.

In the case first related, the pancreas exhibited, on post-mortem examination, a very striking deviation from the natural condition of the organ. The increase in the volume and density of the body and left extremity, was due to a new deposit of matter within its tissue; not in masses, as when this consists of tubercle or cancer, but uniformly diffused throughout its structure. Presenting also none of the other characters of those adventitious growths, it could be referred only to the effusion of exudation matter, the results of inflammation, to the existence of which the state of the peritoneum, and the adhesions to the adjoining parts, abundantly testified. The appearance of the central portion of the gland closely resembled that seen in a case recorded by Mr. Lawrence as one of inflammation. In both the pancreas was of a deep dull red colour, very firm, and crisp on incision. In the left extremity the disease seemed to have been of more ancient date, and afforded many of the recognized characters of old standing inflammation. "When the pancreas has been the seat of chronic inflammation, it is said to acquire a great increase in the density of its tissue, which swells, becomes more dry than natural, and of a reddish and whitish-yellow colour." The head of the pancreas was completely disorganized, and occupied by a mass of grumous blood. Viewed in connexion with the state of the other parts of the gland, there can be no hesitation in regarding the hæmorrhage as the result of softening and ulceration produced by inflammation.

In the second case, the whole substance of the gland was infiltrated with fat, a condition which must be distinguished from mere accumulation of fat between the lobules of the organ. The results of the same vitiated nutrition were also apparent in the fibres of the heart, which presented both the naked eye and microscopical characters of fatty degeneration in a marked degree.

Respecting the etiology of these forms of disease, nothing very definite or satisfactory can be stated. Both patients were predisposed to their occurrence by former intemperance in the use of alcoholic liquors, and from the nature of their occupations—one was much exposed to the weather, the other to sudden and frequent changes of temperature. In the subject of the last case, nutrition had suffered from the employment for some time of an impoverished diet, and the existence of considerable anxiety of mind. But when we attempt to trace further the operation of these causes, granting them sufficient, our light fails us, from our imperfect acquaintance with the nutritive process.

It has been supposed that the obscure disease, diabetes, has an intimate connexion with imperfect primary, especially duodenal, digestion; and Bouchardat has endeavoured to associate it with disease of the pancreas, and consequent depravation or insufficiency of pancreatic secretion. The cases related above, however, afford no countenance to that opinion. Although, for some time before

death, the gland must have been functionally inactive, yet in the case longest under observation, the urine showed no change from its natural condition, except in occasionally being scanty, concentrated, and depositing urate of ammonia.—*Med. Gaz.*

ON BELLADONNA AS A REMEDY IN SCARLET FEVER.

By Dr. John Gardner.

Belladonna has been chiefly used as a *prophylactic* where the poison of scarlet fever was likely to be effective. But it has not often been used when the attack has commenced. Some authors have pronounced it decidedly prophylactic, and others, among whom is Dr. Pereira, have doubted this power. It is very justly argued, that twenty cases of failure are more conclusive than hundreds of non-occurrence of the disease after its exhibition. Dr. Gardner supposes that as belladonna was recommended by Dioscordes as a remedy in erysipelas, the analogy of the two diseases must have led many men to employ it in scarlet fever. He says:—

The analogy of scarlet fever in its malignant form with erysipelas, together with our knowledge of the powerful and peculiar influence of belladonna on the nervous system, render it worthy of a full and fair trial. Accordingly, I proceeded to try it, giving it in efficient doses, and taking care that the preparation I administered was in a proper state. The latter precaution is at all times necessary, because, while the extract, if properly prepared and preserved, is highly efficient, it is often found in the shops, either from being badly prepared originally, or from long keeping, wholly inert, so that half an ounce has been given for a dose without any effect. Happily, we have a very excellent and easily applied test for the activity of the extract of belladonna: a grain or two rubbed on the eyelids should, in a minute or two, produce full dilatation of the pupil.

In all my cases up to the present time, I have used extract of belladonna which was prepared at Apothecaries' Hall, some four or five years old, but it acts immediately on the pupil, whether applied externally or taken into the stomach.

Without reckoning slight cases of scarlet fever and sore throat, I have treated upwards of thirty cases, with symptoms more or less grave, by means of the belladonna. In very many of these cases I should formerly have entertained no hope of seeing the patient pass through the attack, the approach of the disease being marked by a malignant aspect. I need not enumerate the peculiar symptoms which characterize fatal scarlet fever—these are well known to every practitioner. In the absence of the belladonna, I have watched with great anxiety these fatal tokens: they allow little room for our anticipations being negatived. But with the belladonna I have not yet met with a fatal case.

Moreover, it is well known, that in no inconsiderable proportion of cases, whether severe or slight, very inconvenient sequelæ occur on the subsidence of the fever, arthritic pains, œdema of the extremities, anasarca, and even hydrocephalus. In no case treated with belladonna have I met with such sequelæ.

I administer the belladonna according to the ability of the patient to bear it, in doses of half a grain to a whole grain every three, four, or six hours, dissolved in water; the dilatation of the pupil and the amount of stupor produced, being the basis of discrimination. I do not allow low delirium even from the first, nor indeed any other symptom, to deter me from giving belladonna, but I give no other medicine whatever, except an occasional dose of castor oil to secure a daily action of the bowels.

There is, of course, no objection to the concurrent use of other items of treatment: removal of the hair, cold affusion over the head, and sponging the limbs and body if it can be borne, gargles of the chlorides or mineral acids, &c.; but I depend little on any of these.

The diet I have usually recommended has been bread and milk, never depending upon mere farinaceous foods, so as to withdraw all, or most, of the nitrogenous principles from the food—a practice I believe to be fraught with danger.

Making every allowance for the many sources of fallacy necessarily incident to the uses of a remedy under the circumstances of this example, I know nothing in the whole compass of medicine in which I have more confidence. I have recommended this plan of treating scarlet fever to several friends, and their reports of its effects have been uniformly favourable.

It would be out of place here to enter upon speculations as to the *modus operandi* of the belladonna, or any other collateral topic relative to the disease, my present object being simply to state the results of my own experience of the power of belladonna, and to request, on the one hand, any of my readers who may have fallen on the same plan to publish the results they have observed; or on the other, to recommend the trial to those who have not hitherto employed it, without regarding the folly of the homœopathists.

In conclusion, I would suggest, that to obviate the uncertainty necessarily attendant upon the use of the extract of belladonna, the alkaloid atropine, or some of its salts, should be tried. The sulphate of atropine is, perhaps, the best. It is soluble in water, stable, and in every way manageable. I have not, however, at present prescribed this salt.

Mr. T. J. Green of Peckham, corroborates the above communication of Dr. Gardner, as to the value of belladonna in scarlet fever. He says:—

"The preparation I have used for ten years is the Apothecaries' Hall powder; the colour, aroma, and virtues of this, will, in a dark-green bottle, keep for years. The dose I have always given to persons above puberty is one-sixth of a grain in mint water, every four hours. For children, I rub one grain with five grains of powder of liquorice-root, and of this, give one-sixth or one-twelfth of grain in water, every four hours. For infants it should be used in extremely minute doses, as it sometimes, in my opinion, brings on spasm of the larynx, and kills the child. A gargle of the sulphate of copper, one grain to one ounce of warm water, or camphor mixture, used every hour, is very good."—*The Institute.*

USE OF TOBACCO AND INDIAN HEMP IN EGYPT.

I cannot deny myself the pleasure of adverting to Dr. Mussey's widely-promulgated anathemas against the use of tobacco, the habitual use of which is as much objected to by myself as by that staunch apostle of temperance in eating, drinking, and smoking. But with all his zeal, his philanthropy, his bold arguments and cogent reasoning on this subject, in Egypt he would find stumbling-blocks in the way of his conclusions that would be worse to manage than a hogshead of the best Kentucky in the market. Men, from childhood, smoke incessantly in Egypt. They smoke everywhere and under all circumstances. There is no cessation—not an hour when a cloud of curling smoke is not ascending. It is the first and prominent civility to hand a pipe, and smoke you must, or suffer under the imputation of being no gentleman; and were that good man of Cincinnati sitting where this sentence is written, he would find himself smoke, like every one else here. People live long enough, in all conscience, notwithstanding this everlasting smoking; for they outlive their usefulness—outlive everything but animal wants—live, some of them, till everybody wishes they were dead! I have not been an inattentive observer of the smoking mania in Germany and other parts of continental Europe; on the contrary, a strict inquiry into the moral and constitutional effects of the habit, very judiciously called a vice, was instituted as I travelled from kingdom to kingdom where it prevailed; and I have arrived at the gratifying conclusion, that if persons wish to smoke they may, and I shall not waste my breath in warring against the habit. Another kind of

smoking is practised in Egypt, and probably in Syria, unknown to us in America—viz., that of Indian hemp. Cigars are charged with it, and there are apartments where individuals may go, and draw in, through a long pipe-stem, a kind of smoke that exalts a dirty bare-footed rascal into an imaginary prince. In a few minutes he sees the gates of a Mohammedan paradise, gazes wildly towards the sky, and laughs till all consciousness passes away, and he falls into a lethargy of considerable duration. I suspect it is hemp, and not opium, as generally supposed, with which cigars are drugged, and made the instruments, in the hands of designing men, in London and other great cities on the Continent, for the perpetration of many dreadful crimes.—*Letter from Dr. J. V. C. Smith, in Boston Medical and Surgical Journal.*

FRACTURE OF THE ANTERIOR PORTION OF THE OS CALCIS.

By W. S. W. Ruschenberger, M.D., Surgeon, U.S.N.

On November 24, 1850, Lieutenant W——, aged 32, athletic, weighing 190 pounds, while in a paroxysm of mental aberration, attempted to escape from the United States Naval Hospital, New York, where he had been confined as a patient for several days. Between seven and eight p.m. he leaped from the top of a wall, which encloses the grounds, at a point where it is fifteen feet high, and alighted upon his soles on the hard gravel-paved side walk of the street. At the time he was in a dressing-gown and slippers.

He was unable to rise upon his feet. Some passers-by conveyed him into a neighbouring grog-shop, where I examined him about ten minutes after the fall. It was stated he was insensible when picked up, and that he had swooned after he was placed in a chair. When first seen by me, he was very pallid and faint; he expressed his opinion, formed from a sense of pain alone, that "all the bones of his feet were crushed." Both ankles and feet were contused. Distinct crepitus was heard on moving the left foot. Below the malleolus externus and a little anterior to the axis of the fibula, was a tumour or projection, caused by a fragment of bone, estimated to be about a cubic inch in size, which was seized between the thumb and fingers, and moved easily but not extensively beneath the skin. Moving this fragment caused distinct crepitus and severe pain. The toes and metatarsus could be turned inwards, on a plane with the sole, almost to a right angle, owing to a relaxation or partial separation of the metatarsal from the tarsal bones. There was nothing abnormal observed in the motions of the astragalus upon the tibia. There was no displacement of the posterior extremity of the os calcis; but the patient stated subsequently that when his consciousness returned, he found the heel bone drawn up out of place. There was no fracture of the fibula or tibia. Pressure posteriorly to the cuboid showed an unusual yielding space in that region. The patient was conveyed to his bed in the hospital, complaining considerably of pain. Cold water dressings were applied to the feet and ankles; and a fourth of a grain of meconate of morphia in solution was administered. The bowels had been moved twice during the day.

25th. Ankles and feet considerably swollen, ecchymosed, and very painful. Cold water dressings and meconate of morphia at night. 27th. Has less pain; passed a better night; seemed quite rational. Continue treatment. 28th. Appears to be perfectly sane; better; persist. 29th. Swelling and pain of ankles less. Continue treatment. 30th (sixth day after accident). Left ankle and foot carefully examined this morning; the anterior and external portion of the os calcis, which articulates with the os cuboides, was fractured and separated; the fragment lying below and projecting externally beyond the malleolar process of the fibula; firm steady pressure by the thumbs, directed forward and inward, reduced it, the fragment suddenly slipping into place. A roller was turned firmly around the foot and over a compress placed upon the fractured portion. The entire leg and foot were then encased in felt, previously softened, and the whole dressing retained in place by a roller.

December 2nd. From the instant the fracture was reduced, he has had no pain in the foot; he seems to be of sound mind. Although unable to bear either foot in a pendant or vertical position without discomfort or pain, Lieutenant W., at his own earnest request, was conveyed to his home. The patient, who is restless and restive in disposition, very soon moved about, and has recently visited Washington City; I have been told he is not lame.

Remarks.—The history of the above case of rare fracture is derived chiefly from notes by Assistant-Surgeon Gould of the United States Navy, who was associated with me on duty when it occurred. The accident was probably caused by the sole of the foot coming in violent contact with some inequality, such as a small pebble, opposite to the anterior extremity of the os calcis. About a week after this fracture, a boy, aged 17, weighing probably less than one hundred pounds, attempted to desert, and leaped the wall at the same point. In his case there was severe contusion and sprains of both ankles, but no fracture. He was able to limp away nearly a half mile. The influence of the meconate of morphia, as far as it could be determined by administration in the above and one or two other cases, does not differ remarkably from that of the other salts of morphia.—*Phil. Med. Ex.*

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, AUGUST 6, 1851.

COMPRESSION *versus* THE LIGATURE.

We have so frequently had occasion to report the failures of compression in the hands of London Surgeons, that it gives us much pleasure to be able *at length* to quote a case of popliteal aneurism brought to a successful termination by this method of treatment in a metropolitan hospital.

Every one who has paid attention to the subject, must have been struck with the difference in the treatment of aneurism in the two countries; thus in the Dublin Hospitals, compression, as a general rule, is employed in every case of femoral, popliteal, or brachial aneurism to which it is adapted: in the London Hospitals, on the other hand, the employment of compression forms the exception to the general rule. Again, while almost every trial of compression in the Dublin Hospitals has been attended with success, almost every case in which compression has been attempted in the London Hospitals has proved a failure.

What are the causes of this difference? Surely there is none in the disease, which is equally amenable to compression in the one country as the other; and is equally liable to be followed by disastrous results, whether treated in a London or a Dublin hospital, by the ligature. If the two modes of treatment were equally free from risk, we should not quarrel with the surgeons of one locality for preferring one method of treatment, or with those of another for preferring another mode; but when experience teaches, and statistical results prove, that one of these methods of treatment is attended with considerable risk to life, while the other is unattended by any risk, we must ask—is it humane, is it just to the poor patients whose necessities compel them to seek admission into a public hospital, to continue to employ a mode of treatment which has been proved to be the cause of death in very nearly one of every six patients submitted to it; and to refuse to employ a mode of treatment in the same disease which experience and statistics both prove to be unattended by any risk whatsoever?

The question is now no longer one merely as to which is the most convenient method, which causes least pain, or in which the duration of the treatment is the longest; but it is—and it is necessary that it should be stated plainly—a question where the life of a human being is concerned, who puts himself under the care of a surgeon with the conviction that he will use not only the most effectual but the safest means for his cure; and that he is likewise competent to do so.

It has been over and over again proved, that compression, even with imperfect instruments, will succeed in curing aneurism; that when judiciously employed, and carefully carried out, it must, from the manner in which it acts, effect a cure in every case to which it is adapted; and moreover, that its use is not attended with the slightest risk to the patient. It will therefore no longer answer for the surgeon to endeavour to shelter himself behind the plea that he has no experience of this method; it is his duty to acquire the necessary experience. If it is obligatory upon him to study the anatomy of the femoral artery in order to enable him to place a ligature upon this vessel, when such a proceeding is called for, it is no less his duty to make himself familiar with every point connected with compression of the same artery, in order that he may be able to apply pressure correctly and efficiently, and thus to bring about the cure of a popliteal or femoral aneurism: which, if he is incapable of doing, he is not fit to occupy the post of surgeon to a public institution, where such cases are liable at any moment to present themselves.

We shall probably again recur to this subject. In the meantime, we place on record in our pages a successful case of popliteal aneurism treated by compression in a London hospital, and we venture to express the hope that it may be the prelude to many others of a similar nature from the same quarter.

AN ACT TO REGULATE THE SALE OF ARSENIC.

We copy this important act, although it has not been called for in consequence of delinquencies in this country, because it will be the duty of surgeons to see that it is carried into effect notwithstanding. It is a very remarkable illustration of the operation of that legal maxim, *de minimis non curat lex*. As long as a reasonable number only of people were poisoned, no notice was taken, but when the crime became a common one, and the consequences frightful, an act was passed without difficulty. Had this been done even five years ago, how many might have been saved from a sudden and painful death, and how many from the gallows? Year after year the medical journals called for legislative interference in vain, until the evil began to alarm people for their own safety. Had there been "a post," a commissionership, or something of that kind to be created, how different would have been the result:—

Whereas the unrestricted sale of arsenic facilitates the commission of crime: be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present parliament assembled, and by the authority of the same, as follows:—

1. Every person who shall sell any arsenic shall forthwith, and before the delivery of such arsenic to the purchaser, enter or cause to be entered in a fair and regular manner, in a book or books to be kept by such person for that purpose, in the form set forth in the schedule to this act, or to the like effect, a statement of such sale, with the quantity of arsenic so sold, and the purpose for which such arsenic is required or stated to be required, and the day of the month and year of the sale, and the name, place of abode, and condition or occupation of the purchaser, into all which circumstances the person selling such arsenic is hereby required and authorized to inquire of the purchaser before the delivery to such purchaser of the arsenic sold, and such entries shall in every case be signed by the person making the same, and shall also be signed by the purchaser, unless such purchaser profess to be unable to write (in which case the person making the entries hereby required, shall add to the particulars to be entered in relation to such sale, the words "cannot write"), and, where a witness is hereby required to the sale, shall also be signed by such witness, together with his place of abode.

2. No person shall sell arsenic to any person who is unknown to the person selling such arsenic, unless the sale be made in the presence of a witness who is known to the person selling the arsenic, and to whom the purchaser is known, and who signs his name, together with his place of abode, to such entries, before the delivery of the arsenic to the purchaser, and no person shall sell arsenic to any person other than a person of full age.

3. No person shall sell any arsenic unless the same be before the sale thereof mixed with soot or indigo, in the proportion of one ounce of soot or half an ounce of indigo, at the least, to one pound of the arsenic, and so in proportion for any greater or less quantity: Provided always, that where such arsenic is stated by the purchaser to be required, not for use in agriculture, but for some other purpose for which such admixture would, according to the representation of the purchaser, render it unfit, such arsenic may be sold without such admixture, in a quantity of not less than ten pounds at any one time.

4. If any person shall sell any arsenic, save as authorized by this act, or on any sale of arsenic shall deliver the same without having made and signed the entries hereby required on such sale, or without having obtained such signature or signatures to such entries as required by this act, or if any person purchasing any arsenic shall give false information to the person selling the same in relation to the particulars which such last-mentioned person is hereby authorized to inquire into of such purchaser, or if any person shall sign his name as aforesaid as a witness to a sale of arsenic to a person unknown to the person so signing as witness, every person so offending shall for every such offence, upon a summary conviction for the same, before two justices of the peace in *England* or *Ireland*, or before two justices of the peace or the sheriff in *Scotland*, be liable to a penalty not exceeding twenty pounds.

5. Provided: That this act shall not extend to the sale of arsenic when the same forms part of the ingredients of any medicine required to be made up or compounded according to the prescription of a legally qualified medical practitioner, or a member of the medical profession, or to the sale of arsenic by wholesale to retail dealers, upon orders in writing in the ordinary course of wholesale dealing.

6. In the construction of this act, the word "arsenic" shall include arsenious acid and the arsenites, arsenic acid and the arseniates, and all other colourless poisonous preparations of arsenic.

MEDICAL CHARITIES' BILL.

We can, we believe, with safety say that the bill may be considered as passed; having reference, as we have already said, to Dispensaries only. We, however, refrain from comments on it until we can lay the act in full before our readers. The less that is said about any causes, whatever they may have been, which led to the enactment in its present form, the better. It is clearly the interest of every practitioner in Ireland to promote the quiet and effectual operation of the measure; for as surely as the members of our profession, in consequence of any jealousies or conflicting interests, obstruct its operation, so surely will the natural enemies of the medical institutions avail themselves of the opportunity.

PARLIAMENTARY GRANTS TO COLLEGES OF SURGEONS.

HOUSE OF COMMONS.—JULY 18.

On the vote for £15,000, for 1851, towards the erection of an additional museum, and for enlarging the theatre of the Royal College of Surgeons, for the delivery of the Hunterian lectures,

The Chancellor of the Exchequer said, many years ago Mr. John Hunter, the most celebrated surgeon, perhaps, which this country ever produced, accumulated a collection of anatomical specimens of great value, which eventually became so extensive and valuable, that they were bought by the country, and ultimately committed to the care of the College of Surgeons. Since that museum had been committed to their care, the College of Surgeons had most faithfully discharged the trust reposed in them. They had themselves greatly added to the museum at a cost of no less than £189,000, and thrown it open to the public. Having

spent that very large sum of money, which they were not bound to do, they found themselves without adequate funds to enlarge the museum and theatre as was their wish. Under these circumstances, they had applied to the government for assistance, and the government proposed to grant them £15,000 with that view, to which he trusted the committee would give its assent.

Colonel Dunne and Sir R. Inglis each supported the vote, which was agreed to without a division.

This is as it should be, but let us have no grumbling about similar grants, if any there should be, to such institutions in Ireland. It is quite clear that this department of the public service cannot be properly conducted on the voluntary principle, and this, with other recent arrangements for medical education at the public expense, proves it. It remains, however, to be decided in what proportions the funds allocated by the state for this purpose are to be distributed amongst the educational institutions. The restriction of them to any particular colleges or hospitals will not be tolerated.

THE "VITAL STATISTICS" OF THE CENSUS.

We copy the following from a London contemporary, to whom it has evidently been "communicated" by a party concerned. The "touch of the pathetic" with which it concludes, tells the source from which it emanates. There are evidently symptoms of misgivings as to the results. It seems that there are "sources of fallacy" which may render the "vital statistics" of doubtful value:—

It is true, as already mentioned, that the commissioners, Messrs. Donnelly and Wild, have asked in their returns for the number of deaths which occurred in each family since the last census; but how many are the families who have been altogether carried off, and for whom there can be none to answer? This source of fallacy must not be forgotten in any attempt at an estimate of the number of deaths in Ireland since the last census. The facts, we repeat, are simple; not so the explanation of the desolation of one of the most fertile countries in the world, and one occupied by a people from whom, whatever may be the habits and characters of the majority, have sprung some of the brightest ornaments of every phase of public and professional life. Let us hope that it may never again fall to our lot to dwell on a catastrophe so deplorable.

THE LAW OF LUNACY.

On Thursday, the 17th ult., a meeting of the "Association of Medical Officers of Hospitals for the Insane" was held by appointment, at twelve o'clock, at Freemasons' Tavern. Dr. Conolly, being the senior member of the association, was voted in the chair. The following members, with others, were present:—Dr. Bucknel of the Devon Asylum; Dr. Huxley, Kent Asylum; Dr. Stewart, Belfast Asylum; Dr. Mirtle, Asylum, Oxford; Dr. Kirkman, Suffolk Asylum; Mr. Diamond, Surrey Asylum; Dr. Boyd, Somerset Asylum; Mr. Prosser, Asylum, Leicester; Dr. Fox of Northwoods; Dr. Munro of Bethlem; Dr. Lloyd Williams, Dr. Winslow, Mr. Mallam, and Dr. Nesbitt of the Northampton Asylum.

The association has been in operation some years. Its meetings have hitherto been held in the provinces, at or in the neighbourhood of the various county asylums. It was, however, determined this year to summon a meeting of the association in London, in order to afford the members living in the metropolis an opportunity of discussing with their provincial friends some important matters of business. As a preliminary matter, the question arose as to the organization of the society. The association has always met annually in the provinces, and has been confined to medical gentlemen officially connected with county or public lunatic asylums. It was proposed and carried, that medical proprietors of private asylums should be eligible as members; and a number of gentlemen were immediately elected. It was also resolved, that, for the future, the annual meetings should take place in London, in the second week of July, and that the members of the association resident in and near London, should hold quarterly meetings in the metropolis for the despatch of business. The condition of the criminal lunatics was then brought under the notice of the society by Dr. Conolly, and after a long discussion, in which Drs. Boyd, Nesbitt, and Winslow took a part, it was agreed to present a petition to government for the establishment of an institution apart from Bethlem, exclusively for the reception of persons acquitted of crime on the plea of insanity. The unfortunate, desolate, and unhappy condition of the criminal lunatics was feelingly dwelt on by all the speakers, and it appeared to be the unanimous opinion of the association that sufficient attention has not been paid to their state. It was thought that great good would result from the separation of the criminal from the other lunatics confined in Bethlem and other public asylums. The state of the laws relating to the insane was then fully discussed. It appeared to be the opinion of the association that the lunacy acts were greatly defective, and that the whole of them required careful revision. Nearly all the speakers pointed out most glaring errors in the construction of the acts of parliament bearing upon the management of asylums and the care of the insane. It was proposed that a committee of five members of the association be formed to consider the subject. The following gentlemen were nominated:—Dr. Corsellis, Dr. Conolly, Dr. Forbes Winslow, Dr. Boyd, and Dr. Nesbitt. It was also proposed and carried, that Dr. Winslow should be appointed secretary to the committee; that he should communicate with the various members of the association, and obtain from them their suggestions as to the amendment of the law, and embody them, with his own views, in an official shape, for the consideration of the government and the commissioners in lunacy. The inquiry which Dr. Winslow was authorized by the association to make was to extend to all the lunacy acts, embracing also the enactment relating to the administration of the property of lunatics, which was considered unjust and defective in its operaton. After the despatch of other business, the association agreed in a body to visit Colney Hatch and the Surrey County Asylum, with the view of inspecting their arrangements. The first quarterly meeting of the association is to be held in London early in September, when important matters of business are to be considered.

RESULTS OF HOMŒOPATHY.

The unfortunate subject of the Norwich consultation has died, after protracted sufferings. The following is a brief notice of the termination of her case, written by Dr. Copeman, with Mr. Donald Dalrymple's account of the subsequent autopsy:—

"Since I last addressed you, the patient who was the subject of my former communication had an attack of phlegmasia dolens, which terminated fatally. A post-mortem examination was made in the presence of Mr. Firth, Mr. Cooper, and myself, by a gentleman entirely unconnected with the treatment of the case, and who had not witnessed its progress. I now forward you his statement of appearances after death, reserving further observations for a future occasion, when, probably, for the benefit of medical science, and without any view to personal crimination, I shall lay before the profession the whole history and treatment of the case, with such remarks as may appear necessary to elucidate the true pathology of it, in contradistinction to that which has been propounded by Dr. Murphy, and used, to the prejudice of another practitioner, by the party who summoned Dr. Murphy in consultation.—I remain, &c.,

E. Copeman, M.D.

Account of the post-mortem examination of Mrs. Gladstone, performed by Mr. Dalrymple on the 1st of July, 1851, nine hours after death.

The general appearance of the body did not exhibit material emaciation; there was considerable œdema of the left thigh, leg, and labium.

Thorax.—A small quantity of serum in both pleural cavities; lungs perfectly healthy; heart covered with fat, and flabby; blood very thin and serous; the coagula very soft, and deficient in fibrin.

Abdomen.—The liver large and soft; the inferior surface of the left lobe spotted with several patches of ecchymosis, as if slightly bruised; intestines pale, and distended with air; spleen healthy; stomach large, and filled with viscous fluid; the mucous membrane very soft, pale, and the coats of the stomach extremely attenuated in the situation of the large end beyond the cardiac opening.

Pelvis.—The bladder partially distended with urine; the transverse diameter of the uterus, as seen *in situ*, an inch

longer than natural; surface very pale; both ovaries mottled and firm. The rectum was somewhat distended, and dark on the right side, behind the posteror surface of the uterus. The left spermatic vein contained a coagulum several inches long, and near the ovary, of sufficient size and firmness to completely plug up the vein, the clot itself being tubular, and containing purulent matter. The left common iliac vein was filled with a large quantity of bloody pus, of a sour putrid smell. The kidneys large and healthy, but exhibiting the same signs of complete anæmia as the rest of the body. The vagina was entire as to its mucous membrane; the posterior wall of a deep pink hue. The posterior lip of the os uteri exhibited a line of slough, about half an inch long, by two or three lines in breadth; the rest of the circumference of the os uteri was inflamed, but not sloughy. The cavity of the uterus was filled with pus, proceeding from an abscess of considerable size in one of the sinuses of the uterus, near the entrance of the left Fallopian tube, the edges of the abscess projecting somewhat into the uterine cavity. The lining of the uterus was sloughy, but between the line of slough of the os uteri and that of the cavity of the uterus, there was a surface of membrane three-quarters of an inch long, free from slough, indicating that the sloughy state of the two portions had separate origins. The condition, indeed, of the os uteri was that of an organ that had been extensively injured, and which had been considerably repaired by nature. The mucous membrane around the entrance of the right Fallopian tube was also slightly projecting and sloughy. The left uterine and hypogastric veins were plugged by tubular clots."

Our readers will form their own opinion of the connexion between the long-continued and forcible dilatation of the os uteri by the homœopaths originally in attendance upon the case, and the sloughing of the os and cavity of the uterus, and the phlebitis and purulent deposits in the neighbouring veins. In this contribution to obstetric pathology, we have a clinical exposition of homœopathic practice in threatened abortion accompanied by profuse hæmorrhage. We learn that the homœopathic trick is, to administer globules, or, in other words, to do nothing whatever in the way of medical treatment for the arrest of hæmorrhage, or to excite the expulsive action of the uterus. But to make up for this inertia, the most martial mechanical appliances are resorted to. We trust it may be long before we have to record a similar case; but when we do, let us hope that the whole honour or odium may rest with the homœopaths themselves, and that no professional authority may be found to justify or excuse proceedings which admit neither of justification nor excuse.—*Lancet.*

BIRTHS AND DEATHS IN LONDON,

DURING THE WEEK ENDING SATURDAY, JULY 26.

Births.		Deaths.	
Males.....	709	Males.....	473
Females.....	674	Females	483
	1383		956

CAUSES OF DEATH.

1. *Zymotic* (epidemic, endemic, &c.) *Diseases*, ...	282
2. Dropsy, cancer, &c., of uncertain seat, ...	31
3. Brain, spinal marrow, nerves, and senses, ..	121
4. Heart and bloodvessels, ...	26
5. Lungs, and other organs of respiration, ...	85
6. Stomach, liver, and other organs of digestion ...	54
7. Diseases of the kidneys, &c., ...	16
8. Childbirth, diseases of the uterus, &c., ...	10
9. Rheumatism, diseases of the bones, joints, ...	6
10. Skin, cellular tissue, &c., ...	2
12. Old age, ...	46
13. Violence, privation, cold, and intemperance, ...	28

The following is a selection of the number of deaths from the most important special causes:—

Small-pox, . .	17	Paralysis, . .	19
Measles, . . .	26	Convulsions, . .	42
Scarlatina, . .	18	Bronchitis, . .	40
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Apoplexy, . .	26	Uterus, ...	7

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

1851.		Max. T.	Min. T.	Barom.	Rain.
Sunday,	July 27th,	67	54	29.850	
Monday,	28th,	66	45	29.850	.007
Tuesday,	29th,	79	55	29.700	.150
Wednesday,	30th,	74	53	30.100	.450
Thursday,	31st,	70	52	29.868	.030
Friday,	Aug. 1st,	73	55	29.900	
Saturday,	2nd,	70	46	30.000	

PORTARLINGTON, QUEEN'S COUNTY.

1851.		Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
July	27th,	65	44	29.393	60.8	57.9	55.8	.004	Calm
	28th,	66	55	29.346	63	58.7	55.6	.389	WSW
	29th,	70	53	29.446	66.1	60.5	56.7	.718	SW
	30th,	67	55	29.789	59.8	54.7	50.5	.003	Calm
	31st,	66.5	54.5	29.568	65.1	62.9	61.6	.096	SW
Aug.	1st,	69	55	29.588	63.4	62	61.1	.024	SW
	2nd,	65	44	29.659	60.8	58.7	57.2	.001	WSW

THE MEDICAL CHARITIES' BILL.

At a Meeting of the Acting Committee of the Physicians and Surgeons of the Irish Fever Hospitals and Dispensaries, held in pursuance of public notice at the Hibernian Hotel, Dublin, on the 31st of July, 1851,

Dr. Kingsley in the chair,

After hearing the report of their Secretary, Dr. Knox, the following resolutions were passed unanimously:—

I.—That the report just read, be approved of and adopted, and that the best thanks of the committee are justly due and hereby given to Dr. Knox, for his prompt and unremitting exertions, both as our honorary secretary and accredited agent in London, to advance the interests entrusted to his care.

II.—That our best thanks be also given to the Right Honourable Sir William Somerville for the uniform courtesy we have experienced from him, and for the readiness with which he has at all times taken into consideration such suggestions as were made to him through our Secretary, for the introduction of several decided improvements in the Medical Charities' Bill, as well as for his firm and successful resistance of certain proposed alterations of a very objectionable tendency; and although we feel deeply disappointed that the pertinacious opposition he has met with has, for the present, prevented his carrying in its integrity a bill of such great social importance, we have the fullest confidence in the assurance he has given that he will endeavour to render the law uniform and complete by bringing forward an Hospital Amendment Bill in the ensuing session of parliament—a measure so urgently required, both in policy and justice, as to leave no doubt of its ultimate success.

III.—That our Secretary having reported to us the active and valuable assistance he has at all times received from Dr. Maunsell, especially whilst coöperating with him in London, we request his acceptance of our best thanks; and we beg leave to acknowledge at the same time the promptitude with which the Council of the Dublin College of Surgeons have on several occasions acceded to our request by sending their Secretary to London to look after our interests.

IV.—That our Secretary be empowered to convey the acknowledgments of the committee to those members of parliament who sincerely and zealously supported Sir William Somerville in his persevering attempts to carry the bill in a perfect form.

V.—That the report of the proceedings of the committee up to the close of the present session of parliament, be printed with as little delay as possible, and circulated amongst the subscribers to the Medical Charities' Bill Fund, with an abstract of the treasurer's account, which, together with the vouchers, has now been produced, audited, and found correct.

VI.—That our resolutions be published in the ensuing number of the Medical Press.

Signed,

William Kingsley, M.D., Chairman.

John Waters, M.D., Secretary, *pro tem.*

The committee subsequently formed themselves into a meeting, according to public notice, open to all subscribers, to give any detailed information of their proceedings that might be required.

Alexander Knox, M.D.,

Honorary Secretary to the Acting Committee.

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ORIGINAL COMMUNICATIONS.

HISTORICAL SKETCH OF THE CONNEXION OF ASTROLOGY WITH MEDICINE.*

By M. Donovan, Esq., M.R.I.A.

In the following sketch it is not my intention to give an account of the doctrines of astrology, but merely to notice the dangerous extent to which they had pervaded the healing art during the early and middle ages; and to show, by the universality of the delusion, that the medical profession, unless in some especial cases, was no more censurable for its adoption than mankind in general. The population of the world had been born and educated in the belief of the reality of these ridiculous doctrines; the delusion of the medical faculty was shared with the most learned and exalted—with kings, nobles, statesmen, and philosophers, nay, even with the clergy, who should have sooner perceived that astrology sapped the foundation of religion.

Astrology was, in the early periods of its history, identified with the most sublime of all the physical sciences: he that studied astronomy studied astrology; and to be able to separate the real from the imaginary was the good fortune of after ages only. In process of time, the objects of the science of the heavens were perverted, and an art arose which professed to foretel events by the aspect of the stars. When it was believed that "the heavens are one great book wherein God has written the history of the world, and in which every man may read his own fortune and the transactions of his time," such a study was no doubt a subject of curious interest to any one who believed himself an object of such consideration in creation that even the very stars were occupied in disclosing his fortunes and directing his fate. It would, then, be prudent that physicians should pursue the study of judicial astrology, as the new science was called; for he who, beside treating the sick, could predict the result of the disease, and determine, by an infallible guide, the proper moment for each step of the cure, must have irresistible claims to preference. Accordingly, from the time of Hippocrates down to a comparatively late period, physicians have been more or less tinctured with astrological notions. At one period, astrology was a branch of medical education, of such importance, as was supposed, that none were considered competent physicians who were not also eminent astrologers.

The art of predicting future events from the aspect of the heavens, as might be expected, has been attributed to various persons, countries, and ages: the astrologers, availing themselves of a statement of Josephus, refer the origin of their art to the most remote antiquity. According to the Jewish historian, the sons of Seth, who were the inventors of the wisdom of the stars, having learned from the prediction of Adam that the world would be destroyed twice, by water or fire, the fear that their discoveries might be lost before they were sufficiently known, induced them to build two pillars, one of brick and the other of stone, on which they inscribed the knowledge they possessed, to the end that if the pillar of brick should be destroyed by the flood, the pillar of stone might remain and exhibit their discoveries. The pillar of brick still existed in the time of Josephus. This mode of preserving knowledge was afterwards extensively employed in the ancient world. (Antiquities of the Jews.)

According to Plutarch, astrology owes its origin to Zoroaster,—the best supported opinion is that the Chaldean Zoroaster, the founder of the Magi, was the person. The Athenians attributed the invention to Berosus the Chaldean, priest of Belus, who wrote a history of the deluge, and collected the works of astronomy and philosophy known amongst the Greeks. He was the first that calculated nativities. The Athenians erected a statue to

* The proprietor of the Dublin Medical Press has suggested that the interest of this sketch would be increased by insertion of the authorities from which the facts have been derived. In my former communication, relative to the iatrochemists and alchemists, I, for the most part, omitted the authorities, in order to save space; I have now subjoined them whenever I found them appended to the notes which I have taken occasionally during several years from works in the public libraries of England and Ireland, and from others obtained through private sources.

his memory—an honour granted only to the most eminent public benefactors. Ptolemy declares the invention is due to the Egyptians and Babylonians; but Lucian gives it to the Ethiopians; others, again, to the Assyrians—from all of which it may be safely inferred that nothing is really known on the subject.

There is evidence of a belief in this fallacious science amongst the Egyptians at a period of remote antiquity: four of the forty-two books of Hermes were devoted to it. The magnificent sepulchre of Osymandyas, a king of Egypt, who reigned about thirteen centuries before the Christian era, contained a circle of gold 365 cubits in circumference, and one in thickness, on which were engraved the rising and setting of the stars and their portents. In the sepulchre were deposited 20,000 volumes; and a colossal statue seventy-five feet in height and twenty-three feet across the shoulders, the whole hewn out of one block of granite, declared the greatness of the monarch in the following inscription:—"I am Osymandyas, King of Kings. If any one desires to know what a prince I am, let him exceed my exploits." This beautifully sculptured tomb is now a ruin: the statue is broken into fragments. (St. John's Travels.)

Amongst the Egyptians none could be priests unless persons well versed in astrology; their kings must also have been astrologers as they were elected from the college of priests.

The poem of Manetho, the historian of Egypt in the middle of the third century, is said to have been chiefly occupied with astrology. Ptolemy, the astronomer, wrote on the same subject a century previously. The Emperor Severus, a man of learning and superior understanding, did his utmost, while in Egypt, to suppress both astrology and magic, but failed.

All measures of state policy amongst the Babylonians and Lacedemonians were counselled by the astrologers. It was the advice of Aristotle to Alexander that he should not undertake even the ordinary occupations of life without consulting persons skilled in the art; yet this occasionally sagacious monarch, when at Babylon, acted in direct opposition to them.

Amongst the ancient Chinese, many centuries before our era, the state astronomers, who were also astrologers, were responsible with their lives for failure in foretelling eclipses. Their notion of an eclipse of the sun was that a monster was then devouring it. Astrology was of high importance, being connected with the politics of the nation. Confucius wrote a treatise on the subject. When the Emperor Tsin-chi-hoang, about two centuries before CHRIST, burnt all other books, he spared those on astrology, medicine, and agriculture.

With the ancient Mexicans astrology was in high estimation. "In no country, not even in ancient Egypt, were the dreams of the astrologer more implicitly deferred to. On the birth of a child he was instantly summoned. The time of the event was accurately ascertained; and the family hung in trembling suspense as the minister of heaven cast the horoscope of the infant, and unrolled the dark volume of destiny. The influence of the priest was confessed by the Mexican in the very first breath which he inhaled." (Prescott, Conquest of Mexico.)

Tiraboschi (Storia della Letter. Ital.) says that he finds no mention of astrologers in Rome until the year 614, U.C.,* in which year the prætor commanded that within ten days the Chaldeans should quit the city—men who, with deceptive observation of the stars, "concealed their falsehoods in profitable mystery." Twice during the reign of Augustus they were ordered to quit Rome; but edicts are insufficient to extirpate superstition, and there were always in that city impostors of this kind and their dupes. The emperors themselves made use of both, nay, practised astrology, or, as it was then called, "mathematics." Domitian dabbled in it; Alexander Severus commanded the establishment of a public school of astrology, notwithstanding his efforts to suppress the art in Egypt; Adrian foretold his death and all the events of his life by astrology; Tiberius, himself an adept in astrology, banished the whole tribe of astrologers, yet for his own service he retained Thrasyllus, a Rhodian, well versed in the art and in the sciences, and received his predictions every day: Thrasyllus had predicted the period of the death of Tiberius. The emperor having endured a long illness, would not consult any physician because he hoped to live to the time prescribed, and in consequence died. (Dio Cassius.) Julian the Apostate was an adept both in astrology and magic; Maximinus and Maxentius were diviners and patrons of the art; in short, in the time of the emperors, notwithstanding frequent banishments, nothing of consequence was done without the aid of these impostors. To such a pitch had the rage for astrology risen at Rome in the days of Juvenal, that he represents his friend Umbritius, assigning as his reason for leaving the city that he was ignorant of that art, and could not gratify any heir with the prospect of his father's death:—

> "Astrorum ignoro; funus promittere patris
> Nec volo, nec possum." *Sat.* 3.

When Tarruntius, the Roman astrologer, fancied that he had discovered the day and hour when Romulus was born, as also the day on which he laid the foundation of Rome, Cicero, who ridiculed astrology, exclaimed:—"O vim maximam erroris, etiam ne urbis natalis dies, ad vim stellarum et lunæ pertinebat." The nativity of the foundation of Venice was calculated by an astrologer, who predicted therefrom its future greatness.

That astrology was cultivated in Ireland at a very early period, there can be no doubt. The druids, who were the disclosers of futurity to the monarch, were conversant with this art, and used it whenever the service of the state required it, as will be presently shown. That druidism existed in Ireland has been denied, and we are told that, "respecting druidism in Ireland, the ancient authors are wholly silent." (Edinb. Encyclop.) We shall now see whether this statement is well founded. Mr. Eugene Curry has presented me with the following translation, made by him from an Irish manuscript now in possession of the Royal Irish Academy; he declares it is one out of many which give the same information:—

"Dathi, the son of Fiacha, monarch of Erinn, who died A.D. 428, consulted his druids on the good or evil fortune of the ensuing year. His chief druid, Doghra, then retired to the Cairn on Mount Arogall, in Connaght, and when he had made his observations, he reported a favourable result to the king. The monarch called together his chiefs and leaders, and communicated the druid's prediction in a poem of ten quatrains in which the following verses occur:—

> "My druid in gifts of knowledge rich
> Delightful to me in all times
> The wonderful facts he would relate to me
> He said to me, he of the unblemished colour,
> *I shall observe the stars of heaven to-night:*
> I shall disclose unto thee royal knowledge
> Until next November all that shall happen."

We have also the authority of Pomponius Mela to the same effect.

Mr. Curry has given me another translation which shows that the renowned Cuchullan, the most distinguished of the *Heroes of the Red Branch* at Emania, the ancient royal residence of the kings of Ulster, assumed the profession of arms in consequence of the prediction of a druid.

The astrologers, in order to prove the reality and lawfulness of their art, have had recourse to scripture, which they have twisted to their purpose with some ingenuity, endeavouring to compensate the weakness of their cause by the greatness of the authority. Thus the heavens are their scroll,* on which there are signs† that declare the

* Tiraboschi has evidently overlooked what Pliny says of the physician Crinus.

* Isaiah, ch. 34, v. 4. † Genesis, ch. 1, v. 14.

glory of God, and show his handywork. That the stars have an influence and take an interest in the affairs of men, they affirm is shown by the declaration that they fought in human warfare.* That astrologers are pious men and in the favour of heaven they say is proved by their having travelled from a distant land, and were led by a star to where the infant Jesus was, and were warned in a dream not to return to Herod.† (Mag-astro-mancer of Gaule, 1652.) But determined to see only what answers their purpose, they take no notice of Deut. ch. 18, v. 10, "there shall not be found among you any one that —— useth divination, or an *observer of times*, or an enchanter, &c., for all these things are an abomination unto the Lord."

At what time astrology was introduced into medicine it is now impossible to determine. According to Pliny, it was first employed in practice at Rome by Crinus (A.D. 57), who, by his despicable stratagems, was enabled to accumulate nearly 20,000,000 sesterces. Hippocrates believed that the stars exert an influence in the production of diseases: he says that the physician should observe the rising and setting of the heavenly bodies, particularly the Pleiades, Arcturus, and the dog-star, because these periods are critical to the sick; and death, recovery, or some considerable change will happen on them. He conceived that without astrology no one can be a good physician. Galen attributes more to the moon than Hippocrates does: he believes that the critical days correspond with the different phases of that satellite. According to Sir Christopher Heydon, a man of great learning and an astrologer (1603), the scope of astrology is extensive, and its utility great: he defines it to be "that arte which teacheth, by the motions, configurations, and influence of the signes, starres, and celestiall planets, to prognosticate of the naturall effects, and mutations to come." It is divided (he says) into speculative or theoretic, and judicial or practical: the latter again into general and particular: the first considers the state of the world by eclipses, comets, and revolutions: it teaches to judge of health, plagues, death, mutations of the air, plenty, dearth, war, peace, &c.: the second treats of private fortune, and state of every singular man. Astrology prescribes rules when to purge, vomit, or bleed, and in what quantity. The astrologer shall often control the physician, as by foretelling when a phlegmatic man shall fall into a sharp and choleric sickness. The moon is the cause of critical diseases in sickness; yet by her configuration with other stars, other critical mutations may happen, which a physician, if unskilled in astrology, will not attend to, and will administer medicines at these improper periods. "Chronical diseases follow the course of the sun; but sharper diseases follow the course of the moon." The stars are "God's highest instruments in the administration of nature." (Defence of Judiciall Astrologie, 1603).

With such pretensions, it is no wonder that this art became identified in the public mind with the treatment of disease. Such was the confidence reposed in a knowledge of the influence of conjunctions and opposition of planets that the astrologer, who was merely such, and not of the medical profession, constantly attended at the bedside of the sick, along with the regular physician, and even practised minor physic and surgery on his own account independently of that functionary. Many of the iatro-astrologers acquired considerable fortunes, thereby proving the great utility of their art——to themselves. Many acquired high character as well as wealth; Girolamo Manfredi, a celebrated astrologer and physician, is said by Garzoni to have recovered several that were despaired of and dying. He also predicted to many the vicissitudes of their whole lives. Antonio Torquato Ferrarese, another of this class, beside performing great cures by his art, wrote a prophecy concerning the ruin of Europe, in which he predicted the events of the succeeding sixty years (1480 to 1540). Nicolo di Paganica, a dominican, astrologer, and physician, was so unerringly instructed by the stars that in his time neither murderer, thief, nor malefactor could escape from his judgments: he discovered and unveiled many poisoners in France, and made a new calculation of the fixed stars. (Simon di Phares.)

To such an extraordinary degree of public favour did this delusive art attain, and so wide was the spread of its contagion, that it was cultivated by persons celebrated for learning and accomplishments, and professorships began to be founded in the universities of Europe. Tommaso da Pizzano took his degree in medicine in the University of Bologna about the middle of the twelfth century, and afterwards became professor of astrology in the same university. He was astrologer to Charles the Wise, having declined the overtures of the King of Hungary; his pension was equal to 700 livres, with many other advantages, and the title of councillor. He was a man of learning and science, yet died in poverty a few years after his royal master. (Tiraboschi.)

Cecco d'Ascoli was physician to Pope John XXII. Such was his reputation as a philosopher, physician, and astrologer, that he was invited by the authorities of several cities to settle amongst them. He held the chair of astrology and philosophy for three years in the University of Bologna, and afterwards was appointed astrologer and physician to the court of Charles Duke of Calabria. Being importuned by the mother of the duke to erect the horoscope of herself and daughter, he at last consented, and predicted that both would abandon themselves to dissoluteness. This gave opportunity to his enemies to ruin him; some of his astrological opinions were pronounced heretical, and he was burnt at the stake in 1327, aged 70. (Tiraboschi.) He was a poet; his Acerba passed through nineteen editions.

The influence of astrologers on public opinion continually increased during three centuries from this time: their predictions occasionally produced remarkable effects and no small commotion. John Stoflerus, a famous astrologer, and as Mangetus says, a man of great learning, born in Suabia, 1452, foretold that there would be a great deluge in the year 1524, and thus diffused an universal terror throughout Europe. Princes, men of learning, and the common people were alike struck with dread of the calamity, especially as some of the most eminent astronomers agreed in the prediction. Those who lived near the sea or adjoining certain rivers left their habitations and sold their properties at great loss. The terror of all ranks of society, when the destiny of mankind was supposed to be near the period of its fulfilment, is incredible; the contrivances by which men endeavoured to escape a supposed dispensation of Providence were numerous; a second Noah built himself an ark; boats were at any price; and those who could contrive nothing gave themselves up to despair. There was so great a terror in France (says Bayle) that many people were like to go distracted. The great conjunction of Saturn, Mars, and Jupiter happened in the sign Pisces in the dreaded year when all the astrologers of Europe foretold this universal deluge; yet (says Bodin) God has promised that there shall be no deluge for the time to come. Gassendus adds that numbers of persons betook themselves to mountains, or ships at sea; yet that very February, when the conjunction took place and the world was to be destroyed, happened to be a remarkably dry month.

This was the second grand alarm which mankind had experienced since the deluge, relative to the destruction of the world. About the close of the tenth century and beginning of the eleventh, an opinion spread with rapidity over Europe, that the thousand years mentioned by St. John (Revelations xx. 2, 5) were accomplished, and that the end of the world was at hand. A general consternation seized mankind: many relinquished their possessions, and abandoning their friends and families hurried with precipitation to the Holy Land, where they imagined that Christ would quickly appear to judge the world. This belief was so universal, and so strong, that it mingled itself with civil transactions. Many charters in the latter part of the tenth century begin in this manner, "appropin quante mundi termino, &c.," "as the end of the world is

* Judges, ch. 5, v. 20. † St. Matthew, ch. 2, v. 2, 12.

now at hand, and by various judgments the signs of its approach are now manifest, &c." (Robertson.) An army marching under the Emperor Otho I., was so terrified by an eclipse of the sun, which it conceived to announce this consummation, that it dispersed hastily on all sides. (Hallam.)

Torquato, a celebrated astrologer, of the fifteenth century, predicted to Mathias, King of Hungary, the total ruin of the Ottoman empire after a certain time, which caused the Hungarians to engage in a war that ruined them. In times long after, Buckingham's conspiracy against Charles II. was caused by the prediction of an astrologer, that the duke should be king.

In the sixteenth century, astrology was almost universally studied, more or less, by persons of the highest rank, and even by the clergy, which was the more surprising as its tendency was to destroy the principle of free agency, to render human beings the creatures of necessity, and to place them under the dominion of the stars rather than of the Creator of these bodies. About this time, Michael Stifelius, a Lutheran clergyman, "persuaded his hearers that the end of the world would happen October 3rd, at ten in the morning. A great number of country people were so infatuated with this notion, that they neglected their work, and spent their substance. The day being come, Stifelius got into the pulpit and exhorted his hearers to be ready, for that the moment was at hand in which they were to ascend into Heaven, with the same clothes they had on." The hour passed, but nothing appeared of what they expected; when, suddenly, a storm arose, which, however, lasted only for a short time, and the sky cleared. Upon this the congregation dragged their minister out of the pulpit, bound him, accused him of being an impostor, and insisted on some reparation being made them. (Bayle.)

Philip Nicolai, Bayle informs us, said that the end of the world would be in 1670. Osiander assigned the year 1689; another named 1700. The golden age was announced to begin in the year 1624: I believe few will doubt that it has not yet arrived.

Although not as a votary of astrology, but in the character of its most devoted antagonist, the eccentric Sylvius, one of the most celebrated physicians of the sixteenth century, deserves a passing notice. He gave lectures at Paris, and had many pupils. The terms of his lectures were five pence a month, the payment of which he enforced with rigour. He was avaricious, and so extremely penurious that he allowed nothing to his servants but bread, and dispensed with fire during the winter, keeping himself warm by carrying a log of wood up and down stairs from the kitchen to the attic. A ludicrous epitaph was written for him.

"Sylvius hic situs est, gratis qui nil dedit unquam
Mortuus et gratis quod legis ista, dolet."

Here lieth Sylvius in his grave
Who when alive nought gratis gave;
And even grumbles when he's dead,
That you these verses gratis read.

Bayle informs us that at this time it was the custom to publish prophetic almanacks. Sylvius frequently altered the predictions to their opposites, and claimed, at the end of the year, to have been a more truth-telling astrologer than the compiler.

Astrological almanacks were common in these days, and physicians made use of them in their practice. In the middle of the sixteenth century, an astrological almanack was published by one Leonard Digges, in which the days proper for bleeding and taking physic were laid down; and the same course was observed by several of his successors. In the old German almanacks, the figure of a man was given with marks representing lancet punctures indicating the days and parts of the body when and where venesection might be performed. A physician named Servetus, or Villanovanus, a Spaniard, born in 1601, a lecturer on astrology to crowded audiences, projected an almanack which was to outdo all others in importance to mankind; it was to show how all manner of diseases, bodily and spiritual, might be healed by the influence of the stars. But as he announced one day to his audience that there would be an occultation of Mars by the moon, and that this phenomenon presaged a general conflagration, the death of potentates, the ruin of the church, and plague, pestilence, and famine throughout Christendom, the Faculty of Medicine cited him before the University of Paris; the result was, that he was forbidden to utter any more predictions, and his projected almanack was absolutely prohibited. This man having attacked Calvin's doctrine of predestination, Calvin became his bitter enemy, and denounced him to the Inquisition. Servetus was condemned to the stake, where having arrived in due course, he fell on the ground uttering the most agonizing yells. Being chained to the stake, a heap of straw, containing a large quantity of sulphur, was placed on his head, and over this his book was suspended. The pile was lighted, the flames rose, one piercing scream of mortal agony was heard, and all was over. (Taylor, Romantic Biography.)

The celebrated Nostradamus was astrologer to Henry II. of France, to his widow Catherine de Medici, and to her son Charles IX., whose physician he also was. He published an astrological almanack which was much relied on amongst the medical tribe; in one of these he predicted the murder of the Duke of Guise, which accordingly took place in the same year (1588). He was equally lucky in some other predictions which added much to his reputation. He had a predilection for writing in verse; his subjects were chiefly prophecies; but his poems, although frequently reprinted, are pronounced by some to have had very slender pretensions to excellence. He studied medicine and botany with great effect, and is said to have invented a medicine which did wonders in the plague.

One great cause of the unbounded influence which astrologers possessed over the minds of men was the occasional fulfilment of their predictions: many remarkable instances of this kind are recorded in the page of history. It was in vain that their prognostications so generally turned out to be fallacious; there was nothing surprising in that; their falsity was forgotten or not noticed: the artist not the art was to blame. One case of fulfilment conferred more character on their pretensions than was lost by a thousand failures. I have occasionally amused myself with noting some of the most remarkable of these successful predictions, and shall remind the reader of a few of them.

Nigidius Figulus was a philosopher and astrologer of ancient Rome, the friend of Cicero, and one of the most learned men of his day "in omnium bonarum artium disciplinis egregius." (Gellius.) Nigidius meeting Octavius, a senator, asked why he came so late to the senate? Octavius replied that his wife had been delivered of a son. Nigidius immediately prophesied the empire to the newly born infant. (Dio Lib. 56.) That infant was afterwards the Emperor Augustus. Pyrrhus, King of Epirus, was told by an astrologer that the sight of a wolf fighting with a bull would be fatal to him. On entering Argos as a conqueror, he unfortunately saw the representation of a brazen wolf and bull in combat, and at the same instant was killed by the fall of a tile on his head from the top of a house. (Plutarch.) Hippocrates by astrology foretold the plague of Illyria. (Pliny.) The Emperor Adrian, Spartianus affirms, was so skilled in astrology that at the beginning of each year he foretold all the events that were to happen to him, and even the period of his own death, and died according to promise. Ficinus declared of Leo X., when a child, that his nativity promised the highest authority in the church. Pope Paul III. (1534), well versed in the science of the stars, forewarned his son of the very day on which he should be killed. The day of the death of Don John of Austria was foretold by an astrologer. Henry II. of France was warned by the astrologer Gauricus to beware of tilting in his 41st year. In that year the king was killed by a lance. The Bishop of Vienna assured Don Frederick, on the authority of the stars, at a time when nothing was so improbable, that he should be King of Naples; he was so in twenty years

after. The same bishop truly foretold the defeat of Charles Duke of Burgundy. Picus Mirandola, the most strenuous opponent of astrology, was sentenced by the astrologers his enemies to die at the age of 33: he died at the time appointed.

Dio Cassius says that Vitellius, by an edict, ordered the astrologers to quit Italy against a certain day; they in return named a day for his death, and accordingly before the arrival of that day he died. The same happened to Domitian, who, having banished the astrologers, they retaliated by prognosticating his untimely death, which he received from the hand of an assassin. The Duke of Biron, Marshal of Henry IV. of France, laid his own horoscope before the astrologer La Brasse, as that of another person, in order to deprive him of all clue founded on probability. The astrologer predicted that the person to whom it belonged would lose his head on the scaffold, and that proved to be the fate of the unfortunate marshal. Nostradamus predicted the murder of the Duke of Guise, which happened in the same year.

Marco da Genova foretold the victory of Charles VI. over the Flemings, in 1382, and the death of Edward III. of England, in 1377. (Simon di Phares.) An astrologer having foretold that the Duke of Beaufort would escape out of prison on the next Whitsunday, the duke was secured with tenfold precautions: but he escaped on the day named. Bruce, the astrologer, foretold the death of Prince Henry, son of James I., and that the Earl of Salisbury would not live to witness it: both predictions proved true. (Jesse.) Lady Eleanor Davies foretold that William, the third Earl of Pembroke, would not see his fiftieth anniversary: he died the day before. (Countess of Blessington.) John Baptist Morin, a physician and astrologer, being consulted by Cardinal Richelieu as to the probable period of the death of Gustavus Adolphus, calculated his nativity, and ascertained it within a few days of the time when it really took place. He foretold Richelieu's own death within ten hours of the true time; he foretold that Louis XIII. would be seized with a dangerous disease at Lyons, but that he would ultimately recover: this accordingly happened. Other astrologers who had pronounced the disease mortal were sent to the galleys. He calculated the events of the year 1617, and foresaw that the bishop of Boulogne was threatened with imprisonment: the bishop ridiculed the prediction, but soon after found himself incarcerated. Muley Aben Hassan, Moorish King of Granada, had a son named Mahomet Abdalla, at whose birth it was foretold by the astrologers that he should reign, but that during his life the downfal of the Moorish kingdom of Granada should take place: and so it did (1492). Erasmus, who ridiculed astrology, jesting with a friend, predicted that the friend should be married to a rich but ill-tempered wife, and that they should be separated, both of which occurrences took place.

An astrologer had foretold to Pope Alexander VI., who died in 1503, that so long as he carried about him the consecrated host, he would be proof against assassination by poison or dagger, and no longer. It was therefore the custom of the pope to wear a gold chain round his neck, from which hung a medallion, in which the host was contained. On a particular occasion, when he was on his way to his villa, where he had invited some friends to supper, three of whom he intended that night to poison, he discovered that he had forgotten his medallion. He immediately sent for it to the vatican, but being thirsty he sent forward to his villa for some wine. By mistake, singularly brought about, the poisoned wine was brought him, and the prediction of the astrologer was fulfilled. That pope who never before did justice to man, received retributive justice from his own hand: in a few days he died.

The Chinese emperor, Iin-Tsong, A.D. 1384, was an astrologer. "Having spent a whole night observing the stars, and perceiving some change in the heavens, he sent for two of his Ko-laus, to whom he said, 'my life is at an end.' From that time he languished, and soon died." (Du Halde, Descrip. of China.)

It is of little use to proceed with further instances: the cases of Ascletarion eaten by dogs; of Caracalla assassinated at the suggestion of Macrinus; of Henry IV. of France; of Henry IV. of England; of Lady Eleanor Davies, who truly predicted the birth and death in one day of a son of Charles I.; of Dryden and his son Charles; and many such will, no doubt, occur to the readers of history.

Thus did chance befriend the astrologers: but frequently the event was brought about by the prophecy. Even when the prediction was falsified by the event, accident sometimes saved the reputation of the astrologer. Thus a Silesian nobleman, having consulted the astrologers as to the manner of his death, was told by one that he should die of fever; by another, that he should be killed by a fall; and by a third, that water would be fatal to him. They all proved right. The nobleman caught fever; in his delirium he threw himself out of a window, and fell into the stream beneath, where he was drowned.

An astrologer foretold to Monsieur, afterwards Louis XVIII., that the son of Louis XVI. would die after the termination of his father's reign, yet that his immediate successor would not be Monsieur, but another. (Memoirs by Louis XVIII.) This was, perhaps, no more than the foresight of a sagacious politician; and no doubt many predictions of astrologers were of the same kind.

Astrological predictions were sometimes so cautiously dated that their failure would not be discovered until death had removed the prophet beyond the reach of disgrace. Of these there are many instances. Torella, who lived about the period of the first appearance of the venereal disease, attributed that calamity to a malignant conjunction of certain planets; but Petrus Maynardus, a Veronese astrologer-physician, calculated, on astrological principles, that this disease would disappear from the world in 1584—a flattering tale which unfortunately has not been realized.

In the middle and later ages, crowned heads attached professed astrologers to their respective courts; the persons so selected were generally physicians, but when they were not such, and even frequently when they were, there was a court physician or perhaps two.

When the caliphs ventured to emerge from the ignorance in which, after the example of the holy prophet, it was deemed a virtue to remain, they began to cultivate arts and sciences. Abou-Giaffar-Almansor promoted the study of poetry, mathematics, and philosophy; and, notwithstanding the denunciations of Mahomet against astrology, he took into his court a state astrologer and two state physicians.

William de Perepond was not only astrologer to Henry III. of England, but his chief adviser. Sir Michael Scott, a Scotch gentleman, possessed of extensive learning, was astrologer to Frederick II., emperor of Germany. He was believed to be so profoundly versed in magic, that it was deemed dangerous to open one of his books lest some foul fiend should forthwith intrude his unwelcome company. On his death, it was deemed the most prudent course to get a quiet riddance of his body and books together, and accordingly both were deposited in the same grave. Boccacio calls him the great master of necromancy. He was also a chiromancer and an alchemist. Dante, with his characteristic charity, has placed him in hell along with Bonatti, another astrologer, and certain popes, cardinals, and legates:—

> "Quell' altro, che ne' fianchi è così poco,
> Michele Scotto fu, che veramente
> Delle magiche frode seppe il gioco.
> Vede Guido Bonatti. (*Inferno.*)

He represents the two astrologers with their faces twisted behind their backs—a position which Rosetti explains by their having during life seen too much *before* them. Bonatti, previously to his death, as a pious reparation of past errors, had joined a religious fraternity called l'Ordine de'Minori, who were the greatest enemies to astrology. He was for a time astrologer to Frederick II. of Germany, and died about the end of the thirteenth century. By a conjunction of planets, as he says, he discovered a con-

spiracy against his royal master, which really existed, and boasts of several fulfilled predictions: in others he was unfortunate. Amongst many ridiculous stories, he is represented to have made a brazen statue which returned prophetic answers. He left behind him a complete treatise on astrology, in which he is supposed to have been at first a sincere believer.

Henry Cornelius Agrippa, born at Cologne in 1486, possessed talents of a high order, which, along with uncommon acquirements in languages and science, qualified him to act in almost any capacity. His course of studies, preparative to his obtaining the degree of Doctor of Medicine, directed his attention to alchemy, in which vain art he soon acquired a reputation that has never been surpassed. So great an object was it considered to secure the services of one who could so compendiously accumulate wealth that many of the crowned heads of Europe made him splendid offers of settlement at their courts. Beside alchemy, he professed astrology, geomancy, and the calculation of nativities; it was pretty generally affirmed that he also practised magic, using as his familiar a demon in the form of a black dog, by which he was always attended. At length, in 1526, he engaged as physician in the service of Louisa of Savoy, at the court of Lyons, but was in a short time dismissed for indignantly refusing to gratify her with a prediction on the result of a war in which her son Francis I. had engaged. Talents like his secured him patronage, and he was soon besieged with proposals, amongst the rest those of Henry VIII., to become Astrologer Royal; but he gave the preference to the friendship of Margaret of Austria, which at length he lost by publishing some indiscreet satires on the times. In these he did not spare the clergy; and their retaliation caused him to suffer extreme vicissitudes of fortune during the remainder of a life which terminated in the greatest poverty at the age of 49. At different periods of his career he fulfilled public duties, varying much in their nature. At one time he served in the wars of Italy, as an officer, under Maximilian I., and for his courage and conduct was rewarded with the honour of knighthood; he afterwards became a lecturer on theology; was secretary to Maximilian, and afterwards historiographer to the Emperor Charles V.; beside being doctor of laws and of medicine, he filled many honourable situations. That a mind elevated by diversified learning and high rank should, for private advantage, descend to the lowest fraud and imposture, practised on the ignorant and unwary, to the disgrace of science and the delusion of mankind, is an occurrence rare in the history of letters. His imprudence often caused him great misery; a capricious temper repulsed his friends; a restless disposition obstructed the steady fulfilment of his duties; and lamentable to say, his redeeming quality, a manly love of truth which appeared in his writings, although not in his actions, made enemies of those who should most have valued such a quality. His life was a succession of vicissitudes: at one time he was exalted to the pinnacle of fortune, at another abased by poverty and disgrace; this year pampered in a palace, the next languishing in a prison. Such has often been the fate of genius when unrestrained by prudence and moderation. His reliance on his proper province, that of a physician, seems to have been weak enough. In his book on the "Vanity of the Sciences," written in after life, he declares that the physician's prescription is more dangerous than the disease. In the same work, he pronounces geomancy, divination, and astrology, all of which he had practised, to be superstitious, false, and lying; he also includes magic, which he is said to have been skilled in. The Emperor Charles V. of Germany imprisoned him for suggesting to him a process for finding treasure by means of magic. A vulgar notion prevailed that he paid his debts in magical money, which, appearing good, soon turned into dross. (Gaule.) It was also reported amongst other absurd stories that he exhibited to the Earl of Surrey a magic mirror in which the noble poet's lady love, the fair Geraldine, was rendered visible, at that moment reading one of the earl's sonnets.

(To be continued.)

CASE OF TRAUMATIC TETANUS.

By Edmund Sharkey, A.B., M.B., T.C.D.,
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The following case, which has occurred within the last few days, seems to form an appropriate appendage to that detailed by Mr. Butcher in the Medical Press of July 30. It is strongly distinguished from it by its less degree of intensity, and the comparatively painless passage of the little sufferer to the grave:—

July 26, 1851. Thomas Burke, a child of six years old, was this day brought into town to me, having sustained a compound fracture of the humerus by a fall from a donkey. On examination, I found the lower end of the humerus broken off, just at its junction with the condyles, with its fractured extremity protruded two inches through a ragged wound. There was no wound of the artery. It was necessary, in order to its reduction, to incise the integuments to some extent. A bandage and splints were loosely applied, and he was sent home, a distance of about a mile from town. Cold water was directed to be applied.

31st. No untoward symptom appeared up to this time. The little patient slept well; his bowels acted regularly; there was no evidence of fever. To-day, however, my attention was attracted by the almost gangrenous fœtor of the ichorous discharge from the wound, which does not present any appearance of granulation; also by spasms of the arm, so little remarkable, however, as scarcely to be distinguishable from the voluntary contractions which might have occurred in so young a patient wincing during the operation of dressing. They were, however, more frequent, and more perseveringly performed notwithstanding my remonstrances, than was to be expected from a little patient who had hitherto been most enduring and tractable.

August 1st. On receiving an account this morning "that he could not open his mouth, and was very low," I visited him, and found him affected with trismus and the same spasms of the arm, but very little else to cause the disease of tetanus to be recognized—no extraordinary rigidity of abdominal muscles; no opisthotonos; the bowels not constipated; no distress apparent in countenance; his abdomen slightly tympanitic. I ordered calomel and warm baths.

2nd. On going to visit him to-day, I was informed that he had died without suffering: his bowels had been previously moved.

This case presents a remarkable contrast to Mr. Butcher's, in which, from a wound, leaving scarcely a visible trace, there resulted such an amount of agonizing convulsions; while, in this, after a wound of such a formidable nature, a much milder form of disease proceeded nevertheless to a fatal termination. I had thought of using chloroform, but did not think it called for by the amount of nervous derangement present.

Ballinasloe, August 4, 1851.

Poisoning with Muriate of Baryta.—A student of medicine, who supposed that he swallowed three teaspoonfuls of sulphate of magnesia, was seized with tormina and vomiting; the pulse was weak and irregular; the tongue natural. Dr. C. Wolf, who attended the case, at first supposed it to be one of summer cholera, excited by the purgative; but as in half an hour more he found his patient with ice-cold extremities; pulse 65, irregular and feeble; hands and feet powerless; paralysis of the left eyelid; the voice weak, and incessant griping. He analyzed what remained of the so-called sulphate of magnesia, and found it to be muriate of baryta. The patient took only some sulphuric acid and castor oil, by which the griping was soon removed, but there came on retention of urine requiring the catheter. The muscular powerlessness soon disappeared, and in three days the patient was quite well. He had taken altogether three drachms of the salt. Dr. Wolf detected the chloride of barium in the evacuations by incinerating them.

CASES OF AMPUTATION:

1st. Below the Knee, subsequently to the Removal of the Foot at the Tibio-Tarsal Articulation; and 2nd, at the Shoulder, during Spreading Gangrene, consequent on Disease of the Elbow-joint.

THE APPLICATION OF A NEW SAW IN BOTH. WITH OBSERVATIONS.

By RICHARD G. H. BUTCHER, F.R.C.S.I.,
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Surgeon to Mercer's Hospital,
&c. &c. &c.

WILLIAM FLYNN, aged 25, a labourer, was admitted into Mercer's Hospital, May 15, 1851. In November, 1849, he had suffered from a severe injury of the foot, which occurred in the following manner:—

Having been employed to mind a kiln in which limestone was being burned, he fell asleep at the edge of the crater, when his left leg slipped over the margin on the heated stones; he was quickly awakened to a consciousness of what had occurred, by a sense of severe pain, and, on examination, he found that his foot was very deeply burned, the four inner toes being almost charred, while the little one, together with the tarsus, escaped uninjured. The integuments were also destroyed to the extent of three inches vertically, and two inches transversely on the anterior aspect of the lower part of the middle third of the leg; the thigh suffered slightly on the outer side in its inferior third. As the result of the injury sustained, acute inflammation rapidly followed, particularly in the leg and foot, but of a milder character in the thigh which soon healed, while the leg continued sore for two months before cicatrization was complete, and at the end of three months the toes were cast off from their connexion with the metatarsal bones by ulceration. The wound resulting from this ulcerative process entailed long confinement, and the cicatrix consequent upon its healing was hard, unyielding, and sensitive to the touch in the outer half, while that on the inner half, corresponding to where the great toe and the toe next it were attached, continued painful, inflamed, and discharging a thin sanious fluid. In this condition he continued to move about with the aid of crutches, resting his weight partly upon the heel of the affected limb. In October, 1850, he was admitted into St. Vincent's Hospital, under the care of Dr. Bellingham, who, early in December, performed amputation at the ankle-joint, in the manner recommended by Mr. Syme. Two months after having been dismissed cured from St. Vincent's Hospital, he presented himself for admission at Mercer's Hospital.

He then stated that, from the time of his dismissal he was never able to lean the weight of his body on the stump, though assisted with crutches; that he frequently endeavoured to habituate the part to gentle pressure, but whenever he attempted to do so, inflammation and increased tenderness of the cicatrix were instantly aroused, which forced him to desist. Not only did the cicatrix become painful, but it ulcerated externally for about an inch. At the same time the cicatrix resulting from the burn in the lower third of the leg again broke out, and assumed the characters of a very irritable form of ulcer, accompanied by excessive pain. From the patient's constantly hopping about on crutches, with the ulcerated leg dependent, it became swollen and œdematous, measuring in circumference above the ankle nearly twice the size of the sound limb. Together with the increase of bulk, the colour was of a dark red hue from extreme engorgement of the minutest vessels. Coexisting with this laboured circulation, there was a deep heavy pain, particularly elicited on the least pressure over the stump, and if the pressure was made over the inner side of the cushion, pain of a very acute character instantly darted up the limb, which as instantly subsided on removing the hand, but could at once be reproduced by the same manœuvre. This test evidently proved that the nerve was involved and productive of it.

The patient came into hospital, and placed himself under my care, with the determination of having his leg removed below the knee, and urged as his reasons the pain he had endured and was suffering, the total uselessness of the limb for progression when he was dismissed from St. Vincent's Hospital with the stump healed, and it being an impediment to his following any mode of business for his support.

In consultation with my colleagues, Mr. Tagert, Dr. Jameson, and Dr. Bevan, they at once acquiesced in my proposal of amputating immediately below the knee. A few days were allowed to elapse before the operation, in order to facilitate the emptying of the overloaded vessels and the infiltrated tissues of the limb, a result which was readily brought about by position, judicious bandaging, &c.

May 20th. The removal of the limb having been decided on this morning, I preferred the method by the double flap operation, and proceeded to execute it in the following manner, preserving about four inches of the leg. The sound leg being secured to the table, standing on the right side of the patient I applied the anterior part of the blade of a long catlin half an inch behind the external edge of the fibula, carrying the instrument downwards, parallel with the bone, for three quarters of an inch, and then sweeping it rapidly in a curve (the convexity downwards) across the front of the leg, until it reached the inner edge of the tibia, when it was directed upwards along its inner margin to the point opposite to where the knife was first laid on, and then, without lifting the blade, the calf was transfixed and the instrument carried quickly downwards, so as to form the posterior flap. The anterior flap, consisting merely of the integuments, was then dissected back a short way, retracted together with the posterior one and retained so by Dr. Bevan, while the amputating knife was swept round and between the bones, as in the circular operation, a little higher than the line of transfixion, thus dividing, posteriorly and in front, the muscular fibres attached to them. A linen retractor was then passed between the bones, and drawn upwards, so as carefully to protect the posterior flap, while the anterior one was dissected up a little way, in order to admit beneath it, to the very line of its osseous connexion, the blade of a fine bow saw, which was placed almost flatly at first on the tibia, and then directed somewhat backwards, so as to cut the bone in a curve (the convexity downwards) to half its depth, the remaining portion, together with the fibula, being severed by working the saw directly backwards. By this manœuvre it will at once appear that the sharp spine of the tibia was removed in the same section as the rest of the bone. Of the many advantages resulting from the application of this saw I shall speak more fully presently. The anterior tibial, the posterior tibial and peroneal arteries, were then secured; the anterior tibial vessel did not retract, as noticed by some writers, neither was there any difficulty experienced in tying it. The posterior tibial was found and secured more than two-thirds down the flap, and the peroneal ligatured in the usual place, close to the inner edge of the fibula. There not being any other vessels disposed to bleed, the patient was removed to bed, the limb supported on pillows, and the stump exposed to the air to glaze. The operation was performed while the patient was under the influence of chloroform, and its admirable effect in this case cannot be overpraised. In a minute and a half he was placed perfectly under its influence, retained so for a few seconds, and as rapidly roused from insensibility by the fumes of ammonia. The patient awoke to perfect consciousness, entirely ignorant of what had taken place, not having the slightest perception of the least degree of pain during the amputation of the limb.

In four hours after the operation I proceeded to dress the stump; reaction was fully established, and no hæmorrhage, venous or arterial, had occurred; the entire surface of the posterior flap was glazed over. The limb could not be touched or the flaps raised, without exciting the greatest torture and violent spasms of the muscles of the thigh. So violent were the patient's struggles, that had we per-

sisted, it is more than probable he would have been seized with convulsions. In this dilemma I at once decided on again putting him under the influence of chloroform. Its anæsthetic effects were as readily induced as in the morning, and then all was calm, perfect immunity from pain having been produced. I quickly proceeded to bring up the posterior flap in apposition with the anterior one, retaining it so by five points of the interrupted suture, and in the intervals applied straps of adhesive plaster; a few folds of fine linen, wet with cold water, were then laid over the face of the stump, which completed the dressings. The limb was steadied on a pillow, and motion prevented by a broad piece of linen, extending from the knee to the middle of the thigh, and secured by pins to the mattress on either side.

Ten p.m. There was slight tendency to starting and spasm in the muscles of the thigh, but he was quite free from pain. He was ordered an anodyne draught.

21st. Slept at intervals during the night, tendency to spasm having ceased almost immediately after the opiate; pulse 88; temperature of the stump a few degrees higher than natural, being moderated by the application of cold. The draught was ordered to be repeated at night.

22nd. Slept well; no pain; no startings; no secretion of pus as yet, nor oozing of fluid from the stump; cold to be still continued at intervals, the object being to permit an increase of heat beyond a few degrees; the draught to be repeated at night.

23rd. Slept all night, and quite free from pain; the only indication of not being well is the total absence of appetite; pulse quiet, 84.

24th. All tendency to startings in the limb has ceased; there is slight purulent discharge from the inner angle of the wound; I removed one strap of adhesive plaster over this point, and quickly replaced it by another; the sutures are all in position, and there is no trace of irritation about them. Having expressed a wish for food, he was allowed some light farinaceous diet.

25th. Slept the entire night without an opiate; appetite quite restored; pulse quiet; skin cool; the stump presents a most favourable appearance; the outer part of the wound being nearly healed by first intention, I removed two of the stitches corresponding to it; there was not the least blush of inflammation about either, their presence being marked only by a drop of pus following the thread as it was withdrawn; straps of adhesive plaster were applied to support the flaps in lieu of them; the dressings over the remaining portion of the wound in its two inner thirds did not require to be disturbed, there being scarcely any discharge, merely a trace of it along the course of the ligatures. The stump lies still on a pillow, supported as before, merely with its adhesive straps, and remaining sutures: these, together with a few folds of fine linen damped in cold water, were all the dressings employed.

26th. Slept all night without an opiate, not having experienced pain or uneasiness in the part; all the straps of adhesive plaster, together with the three remaining points of suture, were removed to-day; not that the latter were producing any irritation, but that they ceased to further the healing process any more; altogether the stump presents a most favourable aspect; more than the outer third is united by the first intention, and the remaining portion shows a healthy, granulating surface, not wider than three-quarters of an inch in any part between the flaps.

27th. Readjusted the adhesive straps, and placed over them along the track of the wound a strip of lint smeared with zinc ointment.

June 1st. The outer half of the wound is perfectly cicatrized, and along the remaining portion the healthy granulating line between the flaps is not more than half an inch in breadth; new skin creeping in rapidly from both sides. Could commit so great a mistake, I conceive, edges on this surface; the ligatures lie still undisturbed. just as readily consummate the blunder by trans-

6th. Progressing most favourably. I gently pulled the ligatures to-day, but each remains undetached.

12th. Wound all healed, though ligatures not [illegible]

14th. Ligatures readily came away on traction; stump quite healed.

15th. The stump is now healed throughout, is perfect in every respect, and bears any amount of pressure. When it is placed at right angles with the thigh, the cicatrix is still loose, and a free movement of the integuments permitted over the knee-joint.

I selected the operation by flaps, in this case, in preference to the circular method, not lightly or without thought. For years I have been in the habit of observing the results of each form of operation, and in my own mind, at least, accounting for untoward events, whenever they occurred. After the computation of a large number of cases, results, &c., I am firmly convinced of the superiority of the method by flaps, when effectively and efficiently executed. I am quite aware, when I make so bold an assertion as this, that it is contrary to the predilections of many senior and experienced surgeons, who have been wedded to the circular operation. Should I be considered presumptive for so startling an assertion, I willingly bear the imputation, when I can urge the powerful evidence of Mr. Liston in corroboration of my own views, one whose faithfulness is stamped in imperishable letters on every record which he has left behind. The following remarkable passages occur in the writings of this distinguished surgeon; at page 375 of his Practical Surgery, he says:—"A surgeon must take great pains, and deserves great credit, if he succeeds in making a tolerable stump, more especially when there are two bones, by any other than the mode by flaps; he may cover the bones certainly, but only by integument separated by a painful process from its connexions, and slow, therefore, in contracting new ones." And again, a little before this passage:—"The soft parts and bones not having been well proportioned, the cicatrix, if completed, is tender and liable to ulceration; the ends of the nerves, naturally bulbous when truncated, are exposed and entangled either in the scar or with the end of the bone; and the patient is thereby kept in a constant state of agony. This must be the case very often, so long as the old, round-about, tedious, painful, and imperfect operation continues to be practised. It is true that in some situations, a good operator can make a very fair and good stump by the circular method, but it is, generally speaking, attended with more suffering, and the results are not by any means so satisfactory."

Further in support of the position I maintain, I will adduce the authority of Professor Fergusson, at page 155 of his Treatise on Practical Surgery. He concludes, after making some observations on both methods, by saying:—"Any one who has had opportunities of contrasting the two modes, must have been struck with the apparent advantages in the execution of the one over the other; the facility of selecting a flap from any convenient side, the comparative ease with which it may be cut, the certainty of preserving a sufficiency of soft parts, the readiness with which the bone can be exposed for the application of the saw, are all, in my opinion, important advantages in favour of the flap operation."

I shall now take a review of the leading features of this case, and show how many of the objections urged against the flap amputation may be guarded against.

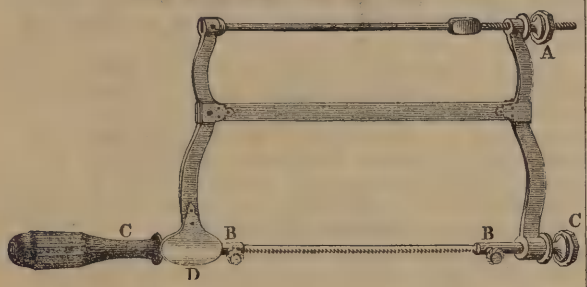
As to the position the surgeon should take, when about to perform amputation of the leg, much has been written and said, some contending for one side, while authorities equally as high have proclaimed for the other; the chief grounds upon which the conflicting opinions rest being founded on the anatomical relationship that is known to subsist between the tibia and fibula in their upper parts, the posterior margin of the latter being on a plane considerably behind the broad surface of the tibia; from which it is argued, should the knife be thrust from within, it is [illegible] to be passed between the bones; but the awkward-

stands, it is essential he should remember the surface which the bones, taken together, form pos- and over which the knife is to glide. In the case ast adopted, I preferred forming a semilunar flap in front,

an inch and a half in length, to the method recommended by Mr. Hey, of drawing the knife straight across the forepart of the leg; and, for these reasons, it meets in approximation more readily the edge of the posterior flap, and lies more evenly in connexion with it; and, above all, when the cicatrix is perfected, and the knee bent at right angles with the thigh, so as to rest in the socket of the wooden leg, the integuments are not strained or tightened. The preservation of the integuments in front then, by the anterior flap, I look upon as a most important feature, bearing on the after condition of the stump; but this of itself will not be sufficient to guard against a dragging of the cicatrix, unless the sharp spine of the tibia be sawn off. I am quite satisfied many of the cases of failure, the ulcerated stumps, &c., which have been ascribed to the weight of the posterior flap, the dragging on the cicatrix by the gastrocnemius muscle (which in reality can have no action at all, when the stump is at right angles with the thigh), may be more properly ascribed to the neglect of these two points; and the proof I would urge forcibly presents in the fact, that a like sequence not unusually occurs after the circular operation, when the sharp angle of the tibia has been allowed to remain.

In all cases I prefer standing on the right side of the patient; it leaves the left hand free, and in the most favourable position for facilitating the progressive steps of the operation, particularly in holding up the anterior flap, when the spine of the tibia is removed in the manner which I have already adverted to.

The saw which I have used in this operation, and which I most strongly recommend now, for the first time, to the profession, is a modification of the bow-saw used by cabinet-makers for cutting out fine work, when curves are to be executed. The construction of the instrument will be readily understood by the description appended to the wood-cut, in which the saw is exhibited on a very reduced scale.



The measurement of the full-sized instrument is as follows: the upright pieces are six inches high, half an inch wide, and two lines thick; the one remote from the handle is received into the transverse bar, and is moveable; the depth of the blade is three lines, with the teeth well set off from each other, and inclined forwards; the length of the blade is six inches, with the sockets included eight inches and a half; the middle bar is half an inch deep, and two lines thick, and the upper bar is rounded, with a screw at one end.*

The instrument, for amputation of the leg and thigh, I have had made of the above proportions, but it is also executed on a smaller scale for minor operations. I have also, at this moment, in the hands of the cutler a saw preserving the same proportions of blade, with a screw to make it tense, directly attached to the remote socket from the handle of the instrument; by this contrivance the upper bar, and a great proportion of the uprights, can be done away with, so as to render it more portable.

The advantages which I conceive this saw possesses over every other, are the following: from the extreme shallowness of the blade, it readily cuts in a curve, if required; and from its slender proportions it can be easily slipped under the flaps and used without bruising them, or catching in the retractor. No matter how unsteadily or unevenly the limb is supported and held by the assistant, the saw cannot be locked: the thin shallow back, the fine setting of the teeth, the mode in which they project to either side, all contribute to prevent the possibility of such an occurrence, for a perpendicular section of the blade shows it to preserve a triangular form, the base below, therefore the instrument must work freely in the groove which it has made. It cuts more evenly than any other saw, and the bones cannot be splintered by it, consequences resulting from the fineness of its setting, and the lightness of the instrument; and lastly, it cuts more rapidly than any other saw, owing to the extreme tension of the blade, produced by acting on the screw in connexion with the upper bar of the instrument; the effect being perfected in a very material manner by the mode in which the blade is riveted in a direct line with the teeth.

This saw will be found extremely useful in every instance where a saw is required, and particularly in amputation of the lower jaw; for, by relaxing the screw above, the sockets in which the blade is lodged are permitted to rotate, so that the teeth may be directed outwards, while, by unscrewing the pin marked B, the blade is readily detached, and, being sharp at the point, is easily passed behind the bone, with its edge applied to it, or at any angle required; the blade is again fastened at B, and when made tense, a few movements of the instrument will readily sever the bone from within outwards.

Again, owing to the facility it affords in cutting curves, it is peculiarly applicable for removing exostosis, cutting out the great trochanter of the femur, &c.

Every surgeon will admit and act upon the grand principle inculcated by modern surgery, to save and protect as much of the body as possible from mutilation; yet in the subject before us there are two points particularly worthy the attention of every practical surgeon; first what are the advantages obtained by the amputation at the ankle-joint, and its applicability to all classes of society? and secondly, its terminal results. I have before me at this moment a cast which I procured through the kindness of Dr. Bellingham, taken from the patient, Flynn, immediately on the parts being healed, after the operation at the ankle-joint, and before he left St. Vincent's Hospital. Nothing can be more perfect than the formation of the stump. It is a beautiful round cushion, and as it rests on a horizontal plane, the cicatrix in front is fully an inch and a half above it. From its perfect proportions it is quite apparent that an admirable covering can be obtained for the ends of the bones in this place of selection.

(To be continued.)

* A, the nut applied to the screw, which makes tense the blade; B B, the pins that secure the blade in the sockets; C C, the handle and nut, by turning which the blade is rotated to any angle; D, the rest for the index finger.

BRUCINE IN LEAD-PALSY.—As an internal remedy in lead-palsy, brucine possesses advantages over strychnine, as it is capable of being safely administered in larger doses. M. Bricheteau gives it at first in doses of two or three centigrammes (about one-third to half a grain) daily, and sometimes raises the quantity to eighty centigrammes; but this is rarely necessary. At the dose of from ten to fifteen centigrammes, it produces slight twitchings, with a creeping sensation in the limbs. When the dose is raised to twenty or twenty-five centigrammes, the twitchings become more powerful, and begin to be accompanied by stiffness of the limbs, which are put in a state of forced extension. When the patients are still, the convulsive movements are but slight: but if they move in bed, the twitchings and tetanic symptoms appear. When they walk, their limbs become stiff, and they fall forward, if not supported. These symptoms are not accompanied by disturbance of the intellect, nor by headache. In a case lately under the care of M. Bricheteau, of paralysis of the extensors of the thumbs and fingers, the good effects of the treatment were complete. The paralysis was complete; but, in a month, the patient was able to raise the thumbs, and ultimately made a perfect recovery.—*Bulletin de Thérap.*

PROCEEDINGS OF SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

ICHTHYOSIS CORNEA, OR BONY TUMOUR OF THE LOWER LIP.

By Lewis A. Sayre, M.D.

Captain Comstock, aged 56, robust, and good constitution, discovered, about six years since, a small scale upon his lower lip, which was without pain easily torn off, without bleeding, but soon returned, and had the appearance of a hard wart. It was removed by Dr. Marsh of Albany, about four years since, by an incision, which soon healed kindly; but in a few months returned in the same place. Caustics and arsenical washes were applied, but it grew more rapidly, in a conical form, but did not extend over so large a base. To prevent the deformity, he constantly clipped off the end with the scissors.

At present it is about half an inch long, the growth of nearly three months, and about half an inch in circumference, growing from the middle of the prostomial edge of the lower lip. I removed it by a V incision through the integuments only, not dividing through the mucous membrane, and thus avoided the coronary artery. The wound was brought together by three stitches, and dressed in the usual way. All healed kindly by first intention, in five days.

Boyer says that these horny growths are formed of a substance similar to the nails, and are secreted in the inner surface of the sebaceous follicles; first soft, then hard and tough, and may grow to several inches in extent. During the early period of their formation, and when they are of small size, they are surrounded with a membrane which makes them appear encysted; but as they increase in length, the membrane only envelops their base. They never extend more deeply than the follicles, into which they appear to be set. The cyst or cavity in which they are planted is sometimes the seat of chronic inflammation, which occasionally ends in ulceration, when the horn falls off, and thus effects a spontaneous cure.

CASE OF OSSIFICATION OF THE RETINA.

Dr. Isaacs exhibited a specimen of ossification of the retina, taken from a dissecting-room subject, from which no history could be obtained. Upon this specimen, Dr. Isaacs remarked:—Specimens similar to the one here exhibited are rarely met with, and, according to authors, very seldom, except in eyes which have been more or less disorganized by acute inflammation for a long time previously to death. In an eye, dissected by Magendie, the retina was converted into a white, firm, fibrous membrane; *on the outside* of the retina was an osseous stratum, from one-fourth to three-fourths of a line in thickness. The choroid adhered to the external surface of this bony layer. This would appear to have been an ossification of the membrana Jacobi. Meckel considers this membrane as the seat of the ossifications found between the choroid and retina, and as analogous in its character to a serous membrane.

Cases of ossification of the retina are recorded by Scarpa, Panizza, and Juenken of Berlin, and a specimen preserved in St. Bartholomew's Hospital is referred to by Lawrence. Haller, in his Opuscula Pathologica, describes an eye which he dissected, "the cornea of which was opaque, and the globe hard; within the choroid, and concentric with that tunic, in place of the retina, there was a hollow, osseous, or rather stony hemisphere, for no bony fibres were discernible to which the choroid adhered, as it usually does to the retina. That this sort of cup was the retina, was further proved by the circumstance of its being perforated by an accurately round opening, at the entrance of the optic nerve. No proper vitreous body was found in this osseous cavity, but a kind of nerve, that is, a white cylinder, which, entering through the foramen of the bony cup, passed along its axis, and adhered in front to a confused mass of bone, which was probably the degenerated crystalline. In this same mass, the iris, ciliary processes, and cornea, were firmly consolidated."

Ulcers.—In chronic ulcers, resulting from scrofulous diathesis, Dr. Beneke says, give phosphate of lime, in doses of from eight to twenty grains per diem. It should be ordered to be taken with the breakfast, dinner, and supper, so as to be thoroughly mixed with the food. These cases are accompanied always by a want of the proper cell-growth, which the phosphate is said to increase in a remarkable manner. The phosphate, nevertheless, cannot be said really to cure the scrofulous dyscrasia, but we shall certainly promote the cure in the most efficient manner by its administration.

HOSPITAL REPORTS.

ST. BARTHOLOMEW'S.

Poisoned Pustule of the Lip.

(Under the care of Mr. Stanley and Mr. Lloyd.)

If in this country very sad cases of glanders, dissection wounds, &c., are but too frequently met with, as resulting from the absorption of some morbid poison, we seem on the other hand, to be free from the terrible disorder, called by our continental brethren, "carbon, or pustule maligne," which is likewise supposed to owe its origin to some infectious animal matter. But if this disease be rare, we now and then see another which bears a strong analogy to it—namely, a pustule developed in some part of the face, mostly the lip, the intense inflammation of which is excited by a poison not altogether perhaps belonging to the animal kingdom, but exercising (whether it be a mineral or a vegetable production) a severe irritation on the spot where it happens to become deposited.

The previous condition of the patient has doubtless some influence on the rapid development of symptoms; but there must certainly be a great morbific power in the particles which give rise to the violent local manifestations, and the typhoid character of the accompanying fever. Examples of such an affection, as involving the lip, have lately been noticed at St. Bartholomew's Hospital, and though the cases at first looked very much like instances of malignant pustule, it was evident that all the characters of the latter disease were not present.

It was thus tolerably easy to make out what it was not, but a much more difficult task was to assign to the cases their proper place in the nosological classification. This was not, however, the principal point; a more interesting one, especially as the cases followed each other rapidly, was to determine which was the most advisable line of treatment. From the following particulars it will probably become clear that support, and the free use of the scalpel on the inflamed part, is the course most likely to yield favourable results. We proceed to give a few details of the cases.

Case 1.—Henry R——, aged 18, a lad of average stature and pale countenance, was admitted into Darker ward, under the care of Mr. Stanley, February 25, 1851. The upper lip on the right side of his face is much swollen, its surface of a livid redness, exhibiting a few scattered points, whence some purulent-looking matter exudes. The patient complains of a dull, aching pain in the right side of his face, though in tolerable health otherwise. Skin warm and moist; tongue humid, covered with a brown fur in the centre, and papillæ prominent; pulse 80, soft, and very compressible.

His employment is that of a turner. Eight days ago he noticed a pimple on his upper lip, about the situation of the junction of the skin with the mucous membrane. On the same evening he scratched off the head of this pimple, and fancies that some of the rosewood dust came in contact with his lip. From the time of its commencement, the sore has gradually been getting worse, with a great deal of throbbing pain, preventing the patient from having any rest at night. Breathing tranquil.

The house-surgeon made a crucial incision into the swollen lip and another longitudinal one at its lower part. Beef-tea, wine and bark were prescribed, and a poultice applied to the inflamed spot. On the next day the patient was doing very well; there was more discharge from the lip, and the inflammation and pain had diminished. The same treatment was continued. From this time the lip improved, and the patient was discharged in a few days quite well.

Case 2.—James C——, aged 36, was admitted into Darker ward, February 3, 1851, under the care of Mr. Stanley. Both lips were much swollen, and covered at their edges with pustules; the skin and cellular tissue were red, hard, tense, and œdematous, and appeared in a state of phlegmonous inflammation. This was more extensive round the upper than the lower lip. The whole of the

right cheek above the mouth was swollen, and the right eyelid puffy; countenance not distressed; skin warm and soft; tongue furred, but moist; pulse 144, sharp, and compressible; complains of thirst, and loss of appetite; bowels not open for two days.

The patient is a bone and ivory brush maker, and has frequently to handle brass-wiring, which is often coated with verdigris. He was very intemperate in his younger days, but has not drunk to excess for the last eight years. His mouth was quite well six days ago, when a small pimple appeared on the lower lip, which pimple, in shaving, he cut off. The next day his lip was stiff, swollen, and painful, and it has been gradually becoming worse since.

Several incisions were made into the subcutaneous tissue of the lips, and the whole face was directed to be covered with wet lint, kept moist with cold water. Wine, beef-tea, bark, and morphine. On the next day the patient was much better, had slept well, the lower lip was much less swollen, but the upper, as well as the surrounding part of the cheek, were still much inflamed; pulse 100; tongue furred and moist; bowels open by house medicine.

A few more incisions were now made into the upper lip, and the wine, brandy, beef-tea, and bark continued. On the third day it was found that the patient had passed a tolerably quiet night, but he wandered a little, and at four a.m. he was evidently worse. Countenance pale and anxious; skin warm and soft; pulse 120, sharp, but with some power. The patient takes all his stimulus; there is pain in the face; the right cheek is more inflamed and swollen; the eyelid is again puffy, but the lower lip improved; respirations frequent and loud, and small crepitation is heard behind in the lower lobes of both lungs; not audible in front.

Incisions were again made into the cheeks, which bled rather freely. The bark was continued, but opium and ether given every sixth hour. On the fourth day the countenance was anxious; pulse 120, sharp, but not without tone; cheek painful, and much as on the preceding day; the patient became worse through the day in spite of various stimulants; the pulse feebler every hour, and he was evidently sinking. Leeches to the cheek relieved him a little, and some laudanum made him sleep for three or four hours. He died on the fifth day, the face having become pale and dusky on the affected side.

Post-mortem examination two hours after death.—Body warm, and not emaciated; rigor mortis not set in; the blood that flowed from the divided vessels coagulated almost directly; the right pulmonary pleura was coated by recent layers of yellow fibrine, which readily peeled off. There were deposits of pus in the inferior lobe of the left lung, and the right was partly hepatized; there were likewise purulent deposits in the kidney; liver and spleen healthy.

Case 3.—William K——, a rather stout-built young man, aged 20, was admitted into Bentley ward, December 28, 1850, under the care of Mr. Lloyd. The lower lip was enormously swollen, livid, and in parts red and very hot. Beneath the chin were two or three pustules, and the swelling and lividity extended up the right side of the face, as far as the zygoma. The patient complains of pain, though not severe, and not to be compared with the agony he suffered two days ago; skin hot and dry; tongue coated with a thick, brownish-white fur, but moist; pulse 140, incompressible, and of moderate volume; bowels open the day previous.

The patient is a linendraper by trade. His occupation chiefly keeps him in-doors, but his general health is very good. He states that he was very well up to six days ago, when he noticed a small pimple in the middle of his lip; it was very painful on the Sunday evening, and on the Monday his lip began to swell. The greatest pain he experienced was four days before admission, since which time it has decreased. He had smoked a cigar six days previously, but the pimple on his cheek was there before the smoking.

Mr. Stanley had known a parallel case, where the patient attributed the disorder to the irritation of a bad cigar. No active treatment had been used, in the present case, before the patient came into hospital. Mr. Lloyd ordered calomel and jalap; twenty-four leeches to the lip; antimony and sulphate of magnesia; and an application of solution of borax. The leeches relieved the pain. The patient was, however, hot and restless; pulse 128, more compressible, but not feeble; bowels have not acted; tongue the same; passed some high-coloured urine. Opium was ordered to be taken at night.

On the next day, the patient expressed himself as relieved; still the respiration had on the preceding night become hurried, and the next morning he breathed with difficulty. The face was not so much swollen, but dusky; small crepitation was heard at the base of the left lung; the pulse much altered, being now wiry and feeble; the bowels have acted twice; the motions were relaxed, but natural. Mr. Lloyd now ordered beef-tea; a blister to the sternum; small doses of mercury with chalk; and to continue the draught.

From this time he got rapidly worse; the skin became cold, and bedewed with cold perspiration; pulse 150, hardly to be felt; face very livid. Brandy *ad libitum*. He died at two o'clock. No examination could be obtained.

It is extremely probable that a similar state of lung as was discovered in the second case would have been found in this, had an inspection taken place. The typhoid condition of the patients points to a morbid poison pervading the system. Whether the fatal issue is owing to exhaustion, or to the intensity of the pneumonia, is an important practical question, because the treatment must certainly be different, according as the one or the other opinion is adopted.—*Lancet*.

LUNATIC ASYLUM REPORT.

EIGHTEENTH ANNUAL REPORT TO MARCH 31, 1851, OF THE MARYBOROUGH DISTRICT LUNATIC ASYLUM.

By John Jacob, M.D., F.R.C.S.I.

It is highly satisfactory to be still able to state that the asylum continues sufficient to meet the claims made upon it for the relief of the insane poor of the district for which it has been established—a fact to be presumed from the circumstance that the daily average number of patients in the institution during the last year did not exceed 192, while as many as 200 might have been accommodated, had applications for admission to such amount been made. It does not, however, appear certain that the establishment should have been found so amply capable of accommodating all who were in a condition to require the benefits which it affords, had admission been sought on behalf of all who were in need of treatment in the asylum. There is but too much reason to apprehend that the opinion prevails amongst the poorer classes that it is to the jails they are to turn to obtain relief from the presence of insane relatives. While so much facility shall be afforded for the committal to prison of persons suffering from insanity, it is not to be expected that relatives will be likely to incur the trouble of going through the forms necessary as preliminary to obtaining admission into the asylum, and as a consequence the jails will be resorted to in the first instance, from whence the more incurable cases will be transferred to the asylum, with the disease probably increased, perhaps confirmed, by the disadvantageous circumstances under which they had been placed while in jail. It would seem that nothing short of legislative enactment is sufficient to check this evil, for it is plain that friends will apply, and that magistrates will not refuse to open the prison as an asylum for the insane, instead of endeavouring to induce parties to make proper efforts to place patients in the lunatic asylum of the district. Of the 48 patients received during the year, 19 were transferred from jails. The ill-effects resulting from committing such cases to prison—the injustice—the cruelty of the proceeding are so obvious, and have been noticed so fully in former reports, that it would

seem now only necessary to allude to the circumstance as still continuing to exist, and to require correction.

195 patients were remaining in the asylum at the commencement of the year. In addition to these, 48 were admitted, amounting in total to 243; 35 were discharged; 16 died; consequently 192 remained in the asylum at the end of the year, of whom 80 are included in the vague classification of curable, and 112 as incurable patients. Amongst those recorded as curable, it is but too probable that many cases will be found which will not recover, while amongst those noted as incurable, few (if any) are placed, who are in any degree likely to be restored to reason. From year to year the proportion of irrecoverable cases may be expected to increase, as, while the accessions to this class are continuous, the removals from it are, as a general, though not invariable rule, those which are the result of death.

The importance of early treatment in cases of aberration of mind, and the usefulness of removal to a proper asylum as soon as the symptoms become unequivocal, cannot be urged too earnestly or too frequently on all occasions when observations are addressed to the public in connexion with this subject. The fact is recognized amongst those who have experience of the disease, but is probably not sufficiently appreciated by others who are deeply interested—the friends whose assistance and guidance are indispensable for the pitiable subjects of impaired mind. Early removal should be regarded as the rule, while the exception—the retaining of the patient for a time amongst friends—should be ventured on, on careful consideration only, aided by medical advice.

Although a considerable proportion of indisposition and delicacy has existed amongst the patients, the mortality has been small as compared with what usually occurs in establishments of this kind; yet, though it be comparatively small, I cannot avoid feeling impressed with the belief that it might be rendered still less, if the arrangements for the preservation of health were more perfect in institutions of this class. 16 patients died during the year. It is remarkable that 3 at most of these died of acute disease—namely, 1 of inflammation of the lungs, 1 of inflammation of the liver, and 1 of acute dysentery. The remaining 13 were all affected with chronic disease; 2 of them suffering on admission from symptoms apparently of a fatal character, and immediately connected with the impairment of mind, chronic paralysis, on which apoplexy supervened; 5 died from chronic dysentery, and 6 from pulmonary consumption. The health of some of the 11 latter cases might possibly have been preserved, had the arrangements of the establishment been more conducive to health. No disadvantage has been greater in the institution than the imperfect provision for heating the apartments, though a sum of £197 was expended on fuel within the year. The corridors and many of the sleeping rooms are generally cold in winter, and not unfrequently damp; and when the weather is particularly damp, it is difficult to preserve the bedding in some parts of the house in a perfectly dry state. The period of the year at which the principal amount of mortality occurred is perhaps worthy of note in connexion with this particular point. No less than 10 of the 16 deaths occurred in the months of February, March, and April, leaving a proportion of nearly one-half of the whole to be distributed over the other nine months of the year. From this fact it may be presumed that the depressing effects of the winter season on the vital powers are especially remarkable in such an institution as ours, and that every reasonable precaution should be adopted to maintain it in a healthful state. Of those who died, six had been inmates for a period of over fifteen years, two over eight, four from two to eight years, and four under six months, three of the latter having been in a state of utterly broken down health on admission, one of whom was aged 74, and another 64.

Some improvements have been effected in the structural arrangements of the house: the most important and useful was the raising of the chimney of the steam kitchen, which was previously so low that the smoke and vitiated air had been discharged in considerable quantities into several apartments, occupied both by day and night; the advantages resulting from this improvement have been very remarkable. The ventilation has also been much improved by the general introduction of perforated zinc as upper panels in the doors of the day-rooms, at the stair heads, and in other places, this material being well adapted for the purpose, as allowing the passage of light and air, the latter in a mild current, without any unsafe draught. The doors of the rooms used for the occasional seclusion of violent patients have been carefully padded—an arrangement which is very useful as preventing bad consequences to any patient who might strike at the door when placed in the room; and also as relieving the other patients in the division from the disturbance which knocking at an uncovered door should cause. There is not, however, any fully padded room in the establishment, nor has it as yet appeared that any ill-effects have resulted from want of such preparation. Five beds have been constructed for the special use of patients of very violent character, or who suffer from severe epilepsy. The bed consists of canvass so strong that no man could tear or jump through it; this is swung on neat, well executed, proved chains, which are stretched across the end of the sleeping room, at a distance suitable for the breadth of the bed, the chains being attached to strong eyes of iron, secured into the wall, by means of a hook at each end, one of which is so made as to receive a padlock when set into its place, and thus the removal of the chain is prevented unless when the lock is opened. By this arrangement the canvass can be easily taken off, for the purpose of being cleansed or repaired when necessary, as its mode of attachment consists simply of a strong wide hem at each side, through which the chain is run. The head of the bed is maintained elevated higher than the foot, by having the eyes set in the wall nine inches higher at one end than at the other. A mattress or bedtick lightly filled with straw is laid over the canvass, with bedclothes suited to the case. This bed is most comfortable and secure; the patient is preserved from risk of injury against a bedstead; and as the bed is hung so close to the floor as merely to prevent contact, the patient incurs neither danger from a fall out of bed, nor from lying with the head and shoulders hanging down as has occurred under my observation in private practice to a person suffering from epileptic fits. The plan of having the head of the bedstead raised higher than the foot has been adopted with advantage in all the ordinary bedsteads which have been procured for some time past. Gutta percha chamber utensils have been introduced for the use of violent patients, and are particularly well adapted for the purpose, as being both economical and safe. Some difficulty having been experienced in procuring them of suitable size when first adopted, a supply was made on the spot from strong sheet gutta percha moulded over delf; these, however, did not prove as serviceable as articles manufactured by the company, as the joints of the home-made work did not as effectually resist the efforts of violent patients as those of the vessels made at the company's works.

I should not omit to express my unabated confidence in the non-restraint system of treating the insane. An experience of over seven years in an establishment for 200 patients would appear to justify the formation of a mature opinion on the subject. During that period instrumental restraint of any kind has not been practised in the asylum; violent patients have been merely removed from the company of the others to a secure room till the period of anger passed by, the average duration of such seclusion being about three quarters of an hour. On those occasions when a disposition to destroy clothing or bedding has been manifested, articles have been used of such strength as to resist the utmost violence that the patient could apply. Having previously known a system in operation for several years in this asylum, of which instrumental restraint formed a part, as circumstances appeared to require, to a degree which would not have been regarded as severe according to the practice which then generally prevailed in the treat-

ment of insane, and having marked the gratifying effects which resulted from a total and unconditional abolition of such practice, I feel bound to continue to offer my testimony in favour of a general abandonment of the use of instruments of restraint.

It is, I apprehend, not out of place here, nor inconsistent with the nature of such a report as this to notice, with sentiments of profound respect, the loss which the institution incurred by the death of my late worthy brother officer, Mr. Abbott, who opened the institution on 14th of May, 1833, and continued to conduct its affairs as manager till incapacitated by illness, which terminated in his death on the 3rd of August, 1850. His amiability of disposition and personal good qualities, as well as his uniform and persevering attention to the duties of his office, were too generally appreciated to be in any degree enhanced by any observation of mine, though it falls to my lot to place the lamented circumstance on record in our annual reports. In filling up the vacancy thus created in the management of the establishment, the advantage of a resident physician, in the person of my colleague, Dr. Burton, has been extended to the institution—an arrangement which will, no doubt, prove as beneficial to the inmates as it is agreeable to me to enjoy the official coöperation of a member of my own profession.

The following table presents a general view of the state of the patients for the year :—

TABULAR VIEW OF THE STATE OF THE PATIENTS FOR THE YEAR ENDING 31ST MARCH, 1851.

	Remaining on the 31st March, 1850.	Admitted to the 31st March, 1851.	Total under treatment within the year.	Discharged, cured or relieved.	Removed unrelieved by friends.	Total discharged.	Died.	Remaining in Asylum on 31st March, 1851.	Of whom are supposed to be curable.	Supposed incurable.
MALES.										
Mania	55	20	75	6	4	10	4	54	34	20
Monomania	—	—	—	—	—	—	—	—	—	—
Melancholia	9	3	12	5	—	5	3	7	6	1
Epilepsy	5	1	6	—	—	—	1	5	—	5
Dementia	25	—	25	—	—	—	2	27	—	27
Idiotcy	2	—	2	—	1	1	—	1	—	1
Criminal lunatics not insane,	2	—	2	—	—	—	—	2	2	—
Total males,	98	24	122	11	5	16	10	96	42	54
FEMALES.										
Mania	56	12	68	12	1	13	5	50	26	24
Monomania	—	—	—	—	—	—	—	—	—	—
Melancholia	13	10	23	6	—	6	—	16	12	4
Epilepsy	5	2	7	—	—	—	1	7	—	7
Dementia	21	—	21	—	—	—	—	21	—	21
Idiotcy	2	—	2	—	—	—	—	2	—	2
Total females...	97	24	121	18	1	19	6	96	38	58
Total, — Males and Females...	195	48	243	29	6	35	16	192	80	112

The absence of correspondence of the numbers remaining in the asylum at the end of the year, as compared with the numbers under the several classifications of the disease in the preceding columns, is accounted for by the variations which from time to time occur in the character of the cases.

BLEACHING OF IVORY BY SULPHUROUS ACID. — Ivory knife-handles, which have become quite yellow from use, being left for from two to four hours in a watery solution of sulphurous acid, become white again. The acid in the gaseous form makes the ivory crack.—*Phar. Jour.*

THE MESOPODIUM OR SADDLE-STICK.

By T. TWINING, Esq., jun., of Twickenham.

MR. TWINING has forwarded to us the following particulars respecting his invention; and we have no doubt that it will prove of great value for the purposes for which it is intended :

The invalid emerging from a long confinement to his couch may truly be said to appreciate more the blessing of being able to get about with the assistance of crutches, than a person in good health does the full enjoyment of his limbs. The object of the mesopodium is to place this within the reach of many who have not yet attained the degree of convalescence usually required, and of many indeed who could perhaps never expect to attain it.

In order to use crutches with comfort, it is requisite that the invalid should have strength enough, either in one leg or in the two together, to bear the whole weight of his body whilst he brings forward his two crutches *simultaneously*, otherwise he is obliged to bring them forward *alternately*, whilst he hangs with nearly his whole weight, first on one shoulder, and then on the other, in a manner at once fatiguing and injurious. This is entirely obviated by means of the simple apparatus proposed, on which the invalid rests comfortably seated, although perfectly erect in posture, whilst he brings both his crutches forward.

It was towards the beginning of 1842, that I was induced, by that necessity which is truly said to be the mother of invention, to make my first attempt in this mode of progression; but it was not till 1844 that I hit on the idea of obtaining a comfortable approximation to the shape of a saddle, by the very light and simple means of a small oblique board.

It will be noticed that the supporting stem does not consist of a single straight stick, but of two thin slips of wood curved to suit the form of the legs. Besides the advantage of rendering the apparatus less unsightly, it is astonishing what light and slender slips are found to be, in this way, perfectly adequate to support the weight of the human frame.

If the wooden saddle is accurately shaped, it may be used even without stuffing; but I consider it preferable to add a little stuffing covered with velvet, which can be done without materially adding to the weight of the apparatus, which, when complete, does not weigh more than fifteen to twenty ounces. In consequence of this lightness, which is one of its most essential advantages, it is scarcely felt by the person using it; and the legs being slightly pressed against it, it follows their motions without any effort being required to keep it in its place, especially if a strip of velvet be fastened on the outside of each of the slips, with the nap downwards, so as to present a rough and somewhat adhesive surface to the cloth of the trousers.

I shall not for the present enter into the practical details of the use of the mesopodium, or enumerate the very great advantages which I have personally derived from it for the last five or six years; the former will be best understood, and the latter better appreciated, by seeing the apparatus used by some person who has acquired practice in the use of it; for in this, as in everything else of the kind, it is only practice that makes perfect.

It will then be at once perceived that the use of the saddle-stick, either in its present form or with such modifications as will readily suggest themselves, is applicable to many cases in which the limbs are incapacitated for bearing their natural burden, either by the effects of accident or by disease.* It will further be perceived that the patient may rest just as much or as little of his weight as he pleases on the artificial support thus afforded him; and this is a consideration of no little importance, for provided there be healthful tendencies, and if nothing unfavourable should intervene, the chances are that a judicious apportionment of the amount of effort to the amount of strength, and a very gradual and cautious increase of exercise, will most essentially conduce to the progress of his recovery. Day by day he will rest more on his limbs and less on their artificial coadjutor, till the time comes, not for kicking away the mesopodium, but for laying it aside to be gratefully preserved as a memento of some of the most soothing of human enjoyments—those of convalescence.—*Lancet.*

* In cases of spinal debility, which would preclude the use of crutches in the common way, two straps passing over the shoulders may be fastened to the saddle part of the mesopodium before and behind, with buckles in front, to allow of lengthening or tightening at will,

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, AUGUST 13, 1851.

MEDICAL CHARITIES' BILL.

THIS measure is now the law of the land, but not having been printed since it received the royal assent, we postpone laying it before our readers in full from the bill sent up to the Lords by the Commons, although we do not believe that it has undergone any alteration whatever. It contains 22 clauses, and provides as follows:

1. The crown to appoint two persons; "*one, a physician or surgeon of not less than ten years standing,*" with the title of MEDICAL COMMISSIONER, who, with the other Poor-law Commissioners, shall be the Poor-law Commissioners for Ireland.

2. Provides that orders for the formation or alteration of a dispensary district, or for framing or revoking rules, shall be signed by not less than two Commissioners.

3. The Commissioners may appoint "so many fit persons," as the Lords of the Treasury shall sanction, "being practising physicians or surgeons of not less than seven years standing," to be Inspectors "to assist in carrying out the provisions of the act."

4. Salaries to be settled and paid by the Lords of the Treasury.

5. Neither Commissioners nor Inspectors shall practise as physician or surgeon, or *in any other professional capacity.*

6. The Guardians are to divide each union into "so many dispensary districts as may to them appear necessary;" subject to the approval of the Commissioners; and to alter such districts if required by the Commissioners; but they are not to divide any electoral division. After a day to be named, the cost of medical relief, within the dispensary district, all salaries and charges included, shall be charged on the electoral division or divisions comprised therein: and "the Commissioners shall declare the number and qualifications of the officers to be appointed for the service of each such dispensary district, and the number of persons who shall be members of the committee of management."

7. The Guardians to elect, if necessary, a sufficient number of ratepayers of £30, resident in each district, who, with the guardians residing or owning property therein, are to be the dispensary committee, but not to exceed the number named by the Commissioners.

8. The Guardians are to provide "a house, building, room or rooms to be used as a dispensary or office for the district medical officer, and the meetings of the committee, and such medicines and medical appliances as may be necessary for the medical relief of the poor in the district. The dispensary committee are to appoint (subject to the approval of the Commissioners) *one or more* medical officers for the district, with such qualifications as the Commissioners shall determine, and with such salaries as the Guardians (with the approval of the Commissioners) shall determine; and the Commissioners may regulate the amount of salaries, and the time and mode of payment; and may remove a medical officer, on sufficient grounds, and direct the committee to appoint another in his stead."

9. Members of the dispensary committee, relieving officers, and wardens of district, to issue tickets for medical relief; upon which the medical officer is to afford medicine and advice or to attend to poor so provided; but if a patient be declared an unfit object by the committee, such ticket shall be cancelled.

10. All provision now made by law for affording dispensary relief, from poor-rate or presentment, shall cease, except to pay expenses already incurred; and all funds and property arising from bequests shall be applied to the support thereof, according to the trusts of such bequests. Salaries now payable to infirmary surgeons from the treasury are to be withdrawn on the death or removal of the present surgeons, but Dublin hospitals are exempted.

11. Provides that dispensary officers shall not supply any matters for the use of the institution.

12. The Commissioners are to frame general rules for the government of the district, and the guidance and control of the guardians, the committee, and officers.

13. Orders that the dispensary surgeon shall vaccinate as required by vaccination act, and that all present contracts for vaccination shall cease.

14. Is as follows:—"When, on the formation of any district under the provisions of this act, a medical practitioner shall be in possession of a medical office connected with any dispensary subject to the authority of the said Commissioners, and situate in the locality included in such district, it shall be lawful for the Commissioners, if they shall think fit, to declare him to be, in the first instance, the medical officer or one of the medical officers of such new district; and so likewise when two or more medical practitioners shall be circumstanced as aforesaid, in case the like number of medical officers is required in such new district, it shall be lawful for the said Commissioners, if they shall think fit, to declare such persons to be the medical officers of such new district; but in case a smaller number of such officers shall be required for such district, then it shall be lawful for the said Commissioners, if they shall see fit, to nominate such persons, or any of them, as the persons from whom a selection shall be made for a medical officer or officers under the provisions of this act, by the parties entitled to appoint to such office; and it shall not be necessary for the said Commissioners, unless they think fit, to reject any such medical practitioner so in possession of any such office before the formation of such district, by reason of the want of such qualifications as may be required by them in other cases."

15. District surgeon to examine dangerous lunatics and attend the bridewell and supply medicines to be paid for, but the Commissioners may increase his salary on account of this duty.

16. The Commissioners may require the attendance of all such persons as they shall think fit respecting any matter connected with the execution of this act, relating to any dispensary subject under this act to them; and make inquiries, administer oaths, and enforce the production of books and papers, but no person is to be compelled to travel more than thirty miles from his place of abode by the Commissioners, or more than five by the Inspectors: these powers are not, however, to extend to medical institutions supported by private endowments or subscriptions.

17. Provides penalties for giving false evidence, or refusing or neglecting to attend or to produce papers.

18. Authorizes Inspectors to enter at all times into, and to inspect dispensaries, to attend meetings of committees, and to take part in them, but not to vote; and also to enter, inspect, and report upon any infirmary, hospital, or medical institution, supported in the whole or in part by any public funds, rates, or assessments.

19. Declares the Commissioners to be Commissioners for executing in Ireland the powers of the Nuisances Removal and Diseases Prevention Act.

20. Orders annual reports to be made to Lord Lieutenant to be laid before parliament.

21. Is the interpretation clause; and 22 directs that the act is to take effect from the 1st of October next.

CASE OF POPLITEAL ANEURISM CURED BY COMPRESSION OVER THE TUMOUR.

By H. N. Bennett, M.D., of Bethel, Connecticut.

The following case possesses no intrinsic value, with the exception of the method of cure, which consisted in pressure applied directly over the aneurismal tumour, and it is for this reason only, that I have thought it worthy of record. Perhaps the fact of the patient having *cured himself* affords some additional interest; as, I believe, in this respect, the cure is unique:—

Thomas J. Elwell, a blacksmith, aged 30 years, during the winter of 1842–3, suffered from pain about the knee-joint, which he supposed to be of a rheumatic character, and applied only domestic remedies for its relief. After a walk of twenty-two miles over frozen ground, the pain and lameness of the knee increased to such a degree, that he consulted me in reference to it. Upon examination, I immediately detected a pulsating tumour in the popliteal region, nearly the size of a hen's egg, and having all the characteristics of aneurism. This was in the month of March, 1843. At the end of five or six weeks from this date, the tumour had increased considerably in size, so much, that I advised my patient to submit to ligation of the femoral artery at once, as the nature of the difficulty could not be doubtful, and as I had at that time little confidence in any other mode of treatment. Feeling unwilling to endure a surgical operation, he soon went to New York for further advice. He consulted Drs. Mott and Rogers, who both gave him the same opinion which I had done, and urged him to remain at the New York Hospital for operation. He then passed over to Staten Island, on a visit to his friends, where he consulted some physician, whose name I cannot recall, who also pronounced it a case of aneurism, but recommended him to try the effects of pressure upon the tumour. He returned home and commenced the application of pressure *himself*, by bandaging the limb from the toes to the knee, and placing a compress of folded cloth directly upon the pulsating tumour. He persisted in this course for two or three months without the least benefit, when he determined to substitute a firmer compress. Instead of folds of cloth, folds of *sheet-lead* formed the nucleus of his compress, which was applied in the same manner as before. I called upon him occasionally to watch the progress of his treatment, and after the end of ten days after the application of the lead compress, I found him suffering much pain in the knee-joint, from the severe pressure which he had made, but no diminution in the size of the tumour or the force of the pulsations, the latter being readily felt through the compresses when applied with all the force which he could endure. I advised him to discontinue what I considered a hazardous proceeding, and to abbreviate his sufferings by submitting to the usual operation. Notwithstanding, being a man of very strong resolution, he determined to pursue this course still longer, and abide the issue. At this time, however, he threw aside the lead compress, and filled its place with *a ball of caoutchouc*, which he bound upon the tumour with all the force he could endure. Not long after, perhaps two or three weeks, I called again to see him, and was much surprised upon examining the limb (which he exhibited with no little triumph) to find the tumour much diminished in size and the *pulsation gone*. I could also distinctly feel several arteries pulsating about the knee-joint, evincing an increased development of the anastomosing branches of the femoral. From this time, the tumour in the popliteal space was gradually absorbed, and at the end of a few months had entirely disappeared. This man has since died of phthisis in New York city.

I think there can be no question in this case, in reference to the diagnosis; since the most experienced surgeons in the country examined the patient, and had no hesitation in pronouncing it a case of aneurism, and recommending ligature of the femoral artery.—*New York Jour. of Med.*

BIRTHS AND DEATHS IN LONDON,

DURING THE WEEK ENDING SATURDAY, AUGUST 2.

Births.		Deaths.	
Males	773	Males	512
Females	678	Females	498
	1451		1010

CAUSES OF DEATH.

1. *Zymotic* (epidemic, endemic, &c.) *Diseases*, *Sporadic Diseases*, viz.—	333
2. Dropsy, cancer, &c., of uncertain seat,	38
3. Brain, spinal marrow, nerves, and senses,	107
4. Heart and bloodvessels,	36
5. Lungs, and other organs of respiration,	84
6. Stomach, liver, and other organs of digestion	71
7. Diseases of the kidneys, &c.,	5
8. Childbirth, diseases of the uterus, &c.,	11
9. Rheumatism, diseases of the bones, joints,	8
10. Skin, cellular tissue, &c.,	2
12. Old age,	41
13. Violence, privation, cold, and intemperance,	27

The following is a selection of the number of deaths from the most important special causes:—

Small-pox,	15	Paralysis,	24
Measles,	24	Convulsions,	38
Scarlatina,	14	Bronchitis,	39
Hooping-cough,	37	Pneumonia,	33
Diarrhœa,	143	Phthisis,	122
Cholera,	12	Diseases of lungs, &c.,	5
Typhus,	53	Teething,	11
Dropsy,	12	Diseases of stomach, &c	5
Sudden deaths,	2	Diseases of liver, &c.	10
Hydrocephalus,	32	Childbirth,	4
Apoplexy,	22	Uterus,	6

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1851.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Aug. 3rd,	75	59	30.012	
Monday,	4th,	79	55	30.280	.040
Tuesday,	5th,	72	48	30.350	
Wednesday,	6th,	77	51	30.332	
Thursday,	7th,	76	57	30.300	
Friday,	8th,	74	50	30.250	
Saturday,	9th,	78	50	30.150	

PORTARLINGTON, QUEEN'S COUNTY.

1851.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Aug. 3rd,	74	50.5	29.653	65.8	60.2	56.3		WSW
4th,	72.5	44	29.882	63.7	60.1	57.6	.028	NE
5th,	67	48	29.966	64.8	58.9	54.6		ENE
6th,	73	46.5	29.978	63.7	58.9	55.6		ESE
7th,	67	48	29.928	62.4	57.3	53.4		ENE
8th,	67	47	29.861	64.8	59.4	55.6		ENE
9th,	69	47	29.804	66.7	61.9	58.8		Calm

M. W. HANLON, M.B.

ROYAL OBSERVATORY, GREENWICH.

Mean height of Barometer	29.76
" " Thermometer*	63.4
Self-registering do.† ..... max. 86. min.	41.

* From 12 observations daily—† Sun.

Rain, in inches, 0 26: sum of the daily observations taken at nine o'clock.

Poisoning by Arsenic.—Mr. W. Odling says: Wash out the stomach, by means of the double action stomach-pump, with a solution of chromate of iron or alumina, or a mixture of permanganate of potassa solution, or with hydrate and acetate of ferric oxide, or with hydrate and acetate of alumina. By these compounds the soluble arsenious acid is immediately converted into insoluble arsenic acid, or into the insoluble sesquiarseniate of alumina, iron, or chrome. Ten grains of the permanganate of potassa may be mixed with half a pint of the aluminous emulsion, under which circumstances, its irritant action would be very trifling, not more than that of an ordinary sulphate of zinc emetic.

Erratum.—In the article "Bell's Grave," 16th of July last, for "Kallow Park," read "Hallow Park."

PREPARATION OF OILY EMULSIONS.

The preparation of oily emulsions succeeds better, according to Overbeck, if the following proportions of gum be employed. Different oils conduct themselves differently when rubbed down with gum; castor oil differing most in this respect from the other oils. In order to obtain a perfectly milk-white emulsion of castor oil, two drachms of gum are to be mixed with three drachms of water and one ounce of castor oil, which is to be poured, by a fine stream, into the constantly stirred mucilage. Any additional quantity of water is then readily taken up by the emulsion, which may also be prepared with only four scruples of gum, but without becoming quite white. For other oils half their weight of gum is required, and the quantity of water must be half the total weight of oil and gum. Thus, one ounce of oil of almonds is to be first rubbed down with half an ounce of gum, and six drachms of water are then to be added at once. The so-called crackling (kracken) of the emulsion appears here in a higher degree than after the usual method, and is a favourable symptom of the uniform distribution of the oil in the water.—*Phar. Jour.*

THE MIDLAND RETREAT,

(NEAR MARYBOROUGH, ON THE GREAT SOUTHERN AND WESTERN RAILWAY,)

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ORIGINAL COMMUNICATIONS.

HISTORICAL SKETCH OF THE CONNEXION OF ASTROLOGY WITH MEDICINE.

By M. Donovan, Esq., M.R.I.A.

(Continued from p. 102.)

Contemporary with Agrippa was Girolamo Fracastoro, a learned physician, astronomer, and astrologer. He was born at Verona in 1483; at the age of 19, he was appointed to the professorship of logic in the University of Padua, which, in a few years after, he relinquished, in order to cultivate the study of medicine. He acted as physician to the Council of Trent, was soon regarded as the most skilful practitioner in Italy: and was the inventor and preparer of the long celebrated medicine, Diascordium. Far from confining himself to these pursuits, he distinguished himself in mathematics, cosmography, astronomy, and other branches of natural science. Perhaps the most remarkable of his endowments were his skill and elegant taste in the composition of Latin poetry. Such excellence did his verses possess that Sannazarius, himself a writer of exquisite Latin poetry, gave the preference to that of Fracastoro—a judgment in which others have coincided. His subject was a singular one, and required no small genius to elevate it to the heights of Parnassus: but he was equal to the task: it was entitled "Syphilis, sive de Morbo Gallico," and was dedicated to Cardinal Bembo, another writer of excellent Latin verse. Mr. Roscoe (Life of Leo X.) has given a beautiful translation into English verse of a part of this poem, just sufficient to excite regret on the part of the reader that he did not present the world with the whole in the same exquisite style. Fracastoro died in 1553; a splendid monument was erected to his memory in the cathedral of Verona, and a statue in the city, at the public expense. Tiraboschi expresses himself thus strongly concerning his poem de morbo Gallico, "non vi ha poema a mio credere, in cui si veggano sì ben combinate forza ed eleganza di stile, leggiadria d'immagini, e profondità di dottrina, e ottimamente dice il celebre Guarino, che in esso la Fisica e la Poesia l'estremo delle sue forze han consumate."

In the time of Edward the Sixth, about the middle of the sixteenth century, the learned physician Cardan was invited to England to calculate the nativity of the king. It is worth while to notice the short career of this gifted, eccentric, immoral, and extraordinary man.

Jerome Cardan was born at Pavia in 1501: his mother was not married at the time of his birth, and unsuccessfully endeavoured to cause abortion. After a preliminary education he was chosen professor of medicine in his native city, and soon after filled also the chair of physic at Bologna. He practised as a physician with the greatest success, and wrote some severe animadversions on the opinions and practice of his professional brethren; in short, he wrote himself up by decrying others. An anecdote is told of him which at once evinces his pre-eminence and eccentricity. It happened that the Archbishop of St. Andrew's in Scotland laboured under an asthma which for ten years defied the skill of all the chief physicians of the age. The reputation of Cardan being now at its height, he was called on to attend the Archbishop; was successful: was amply rewarded; and on taking his leave he congratulated the Archbishop on his recovery, but assured him that although he cured his disease, he could not prevent his being hanged.

Whatever might have been his eminence as a professor and practitioner of medicine, his mathematical knowledge conferred on him infinitely greater celebrity, and at length obtained for him the professorship of mathematics at Milan. There is scarcely a subject on which he did not write: medicine, natural history, materia medica, mineralogy, mathematics, metaphysics, logic, physics, ethics, judicial astrology, are amongst the subjects to be found in his works. He wrote four books on the interpretation of dreams (many of them his own) which are ridiculous and discreditable to his talents and common sense.

Notwithstanding such acquirements, Cardan was an ill-conducted person. Irregular, eccentric, and violent in all his actions, he was a continual sufferer, so much so that he confesses he often meditated suicide. He made no secret of his errors, but attributed them to necessity occasioned by the influence of the stars. He was a professed

astrologer; he calculated nativities, foretold events, interpreted dreams, and practised all the trickery of the lowest impostors in the art. According to his own account, he was twenty years investigating why some die of fever and some recover. Beside all this, he was an infatuated, irreclaimable, and unsuccessful gambler. His children, sprung from a bad stock on both sides, were worse than himself: one of his sons married a woman of bad character; and suspecting her fidelity, he poisoned her, and was beheaded for the murder, the father defending his son's crime. Cardan died as he lived, a reckless impostor; he foretold the day of his death, but having survived it, to the scandal of his art, he was determined to redeem its character; and prophecying once more, he made sure of the result, by starving himself to death, in the 74th year of his age; thus, as was said, losing his life to save his credit.

It is said that, when he was born, his head was full of black curled hair. (Bayle.) During life he was the subject of a violent impetuosity of temper which he was in the habit of appeasing by the agency of pain; this he inflicted by biting his lips, pinching his arms, and twisting his fingers even to tears. In cases of excessive violence of temper, he scourged himself with a rod, bit his arms severely, and fasted. He declares that he could lose his senses when he pleased, and pass into an ectasy; he could then perceive that he was insane (extra meipsum), and perhaps the reader will suspect that he was seldom otherwise. Butler, the unsparing satirist of human folly, thus notices his opinions:—

> "Cardan believes great states depend
> Upon the tip of the Bear's tail's end;
> And as she whisks it towards the sun,
> Strews mighty empires up and down."

Such was the man to whom the sixth Edward of England applied for the revelation of his destinies and the disclosure of the intentions of Providence.

The readers of English history are aware of the extraordinary predilection manifested by Queen Elizabeth for Dr. Dee, a man of great natural endowments and possessed of considerable acquirements. He was an accomplished mathematician and wrote on geometry; but degraded himself by professing astrology, magic, communion with spirits, sorcery, and alchemy: and above all, by associating himself with an infamous fellow named Edward Kelly, who had lost his ears, was pilloried for forgery; and whose practice it was to disinter the dead, in order, as he said, to extract from the corpse those secrets of which death had rendered it cognizant. Dee and Kelly practised as confederate magicians.

No man was ever more celebrated for supposed supernatural knowledge than Dr. Dee; his fame spread over Europe, and crowned heads vied with each other for the possession of a man who was believed capable of penetrating futurity, controlling nature, and creating unbounded wealth. According to his own statements, the German Emperors Charles V., Ferdinand II., Maximilian II., and Rodolph II., made him liberal offers of settlement in their dominions. The Czar tendered £2000 a year for his services. Queen Elizabeth gave him substantial proofs of her favour; he held from her two livings, yet was poor; she sent him physicians when he was sick; appointed commissioners to ascertain his circumstances; invited him home when he was a degraded wanderer practising imposture on the credulity of foreign princes; and in 1594 obtained for him the chancellorship of St. Paul's; could she do less for a man who, according to his own account, had been honoured with a conference with the archangel Uriel?

So superstitious was the Queen, and so great her reliance on the astrological knowledge of Dee, that she would not consent to be crowned until he had determined the most proper day by the aspect of the stars. On a certain occasion the Queen being ill, Dee advised her to beware of Whitehall; she therefore resolved to go to Richmond. When taken with her last illness, she would take no medicine; and for a long time would on no account go to bed, in order to elude, as was supposed, a prophecy, which did not require witchcraft to foretel, that she would die in her bed. The seer, however, turned out to be more correct than a Spanish astrologer, who predicted that the Queen should pass her 75th year. (Frederick Von Raumer.)

Notwithstanding Dee's poverty, he professed to be in possession of the philosopher's stone; and in 1589 the Queen granted him a licence to practise transmutation—a mode of enrichment which did not exactly meet the doctor's necessities. He had a stone, presented to him by the angel Uriel, in which he professed to keep a spirit imprisoned. With this spirit he pretended to hold communion, and thus to obtain a knowledge of future events. When consulted by those who would pry into futurity, he referred to the stone: in it various supernatural beings appeared; he conversed with them through the intervention of Kelly, and acquired for his dupe the necessary information. This remarkable stone is still to be seen in the British Museum, but the imprisoned spirit is no longer communicative; it proves to be a gift unworthy of an angel, being merely a lump of polished cannel-coal.

About this time it was a common practice for impostors who pretended to discover the secrets of the future to keep a mirror, or crystal, or transparent stone, sometimes a large beryl, in which might be made to appear, as was pretended, an angel, or spirit, or demon, or any person living or dead, as the case might be. This was done by an invocation: the angels Michael, Gabriel, Raphael, Uriel, were chiefly in requisition; and a selection was made according to the fancy of the invocator. The invocator did not himself see the apparition in the crystal, but employed a deputy called a *speculator*, who of course saw whatever was required of him to see. The invocator should be a person of *piety*, or perhaps nothing would appear, not even a demon. Lilly mentions an invocator whose habit it was, when the spirits proved refractory, and would not appear in consequence of his debaucheries, to curse them and annoy them with fumigations of various kinds. He adds, that Dr. Dee's speculator, Edward Kelly, was very vicious; that on this account the angels were not obedient to him, and would not willingly answer questions proposed by him. The invocations were of such kind as

> "Per virtutem illorum qui invocant nomen tuum
> Hermeli—mitte nobis tres angelos, &c."

Another was "O Micol, O tu Micol, regina pygmæorum veni." On pronouncing which the queen of the fairies attended promptly.

Dee's supposed skill in the black art had caused him much trouble; he had been incarcerated, tried, and acquitted for practising enchantments against the life of Queen Mary: his library and curiosities were destroyed, and his house shattered by a mob. Notwithstanding that he possessed, as he said, the elixir vitæ, he died (1608) in the 81st year of his age, universally despised by all thinking men. Such had been his poverty that to obtain a dinner he was frequently obliged to sell some book or other article.

In the book entitled "A true and faithful relation of what passed for many years between Dr. J. Dee, a mathematician of great fame in Queen Elizabeth and King James their reignes, and some spirits," with a preface by Meric Casaubon, son of Isaac Casaubon: London, 1659, folio,—we learn that, while at Prague, Dr. Dee besought the angel Gabriel that he would declare a certain remedy for his wife's disease, who was sick and threatened to death and her child in her womb. Edward Kelly as usual was the inspector of the stone, in which the angel Gabriel having appeared, the celestial messenger gave a statement of the cause of her disease which none but an angel could comprehend; and also this prescription, "take pure wheat a pinte; one pheasant cock alive; eleven ounces of masculine amber (which is the white amber); an ounce and a quarter of turpentine:—break the cock in pieces with a pestel (his feathers pluckt off); pound the amber small: put all this into a gallon of red wine: distil with a fire of the second heat: still it again the second time, the feces being cast away." After fasting forty hours from

meat, this medicine is to be divided into three parts, she is to drink the first part gradually; of the second part let her make a sauce for five or six meals; the "last part let her use in absconditis," and she shall have health. E. Kelly profanely observed to the angel that he might make the table cure her if he liked. The prescription merely amounted to administering to the patient a dose of brandy equal to one-third of the whole quantity procurable from the distillation of a gallon of wine which would be about half a pint,—a tolerable allowance for a lady in that interesting situation.

At another meeting, the angel Gabriel gave but an indifferent account of physicians; he says, "physick is in very deed the true and perfect science of the natural combination, and proportion of known parts, answering in graduation real, to one principal and defined; is therefore above the capacity of such as are wordlings, and do hunt after money more than the truth of GOD's spirit." This from the angel Gabriel is a poor character of the doctors.

Perhaps the most extraordinary compact ever entered into by human beings was made between Dr. Dee, E. Kelly, and their wives. They believed, or affected to believe, that GOD himself, by his messenger, had signified his divine will that they four should enjoy everything in common, that the wives were to be common to the two men, and that GOD counteracted his own commandments in their case for some wise and inscrutable purpose which it was not for them to resist. They drew up the following remarkable document: "Note and remember that on Sunday, the 3rd May, 1587, I, John Dee, Edward Kelly, and our two wives covenanted with GOD, and subscribed the same, for indissoluble and inviolable unities, charity and friendship, keeping between us four, and all things between us to be common, as GOD by sundry means willed us to do. Ad Dei honorem, laudem et gloriam in fide et obedientia Factum esto. Amen." (p. 21 of the part at the end of the volume entitled Actio tertia.) The whole transaction is accompanied by prayers for wisdom, illumination, and instruction; with so many doubts, hesitations, resolutions, and retractions that one is inclined to believe that all the parties were deranged, except perhaps Kelly, who affected to be the most unwilling party, although he was the expounder of the shew-stone, as it was called, and affected to see in it a female spirit, whom he called Madini, who inculcated the foregoing detestable community. It is barely possible that Dee was the dupe of Kelly, and committed these crimes under the mistaken conviction that he was but obeying the divine will; but it is perhaps more probable that Dee was insane.

Edward Kelly, Dee's *speculator*, was born at Worcester, and was bred an apothecary, was a good proficient in chemistry, and pretended to have the grand elixir. Alasco Palatine of Poland, Pucelli, a learned Florentine, and Prince Rosemberg of Germany, the Emperor's Viceroy in Bohemia, were long members of a society with him and Dr. Dee, and often present at their pretended meeting of apparitions, as was once the King of Poland himself. But Lilly, says Kelly, was so wicked that the angels would not appear to him willingly, nor be obedient to him. Weever says that Kelly lost his ears at Lancaster; and raised a dead body in that country by necromancy: "that Queen Elizabeth sent for him out of Germany; but climbing over a wall at Prague, where it is reported he was imprisoned for a chemical cheat put on the emperor, he broke his legs, and bruised himself so that he died soon after. His spirits told him (1584) he should die a violent death" (Gray on Hudibras), as was indeed easy to foresee.

The chief favourite of King Charles II. was the celebrated Dr. Elias Ashmole, who derived honours and emoluments as much from his impostures or self-deceptions, as from his real acquirements. Not only were favours lavished on him by his own sovereign, but foreign princes presented him with valuable tokens of regard. His professions and avocations were numerous. He was a doctor of physic by diploma from the University of Oxford, an astrologer, an alchemist, and a chemist; became a solicitor in chancery, an attorney in the common pleas, and a lawyer; he was a captain in the army, comptroller of the ordnance, and commissioner of excise; was appointed Windsor herald, keeper of the king's medals, secretary of Surinam, accountant-general in the excise, along with many other offices. He studied mathematics, natural philosophy, astronomy, botany, and antiquities; in the last of which he became eminent, and made the collection well known under the name of the Ashmolean Museum at Oxford. He was the author of many truly learned and ingenious works, notwithstanding his pretensions to superhuman knowledge. He resided in the Middle Temple, and possessed there a library, and a cabinet containing 9000 coins; all of which were destroyed by fire. Ashmole, notwithstanding his rank and learning, was the friend of Lilly, and of that impostor's infamous associates; he even presided at their annual orgies.

Lilly was perhaps the most celebrated of all the community of knaves styled astrologers; for astrology was his only profession before he obtained his licence to practise medicine. He was born in 1602, and at the proper age was hired as a servant by a gentleman in London, who at his death settled £20 a year on him. But Lilly, not content with this advantage derived from his master, so ingratiated himself with the widow, that within the same year they were married. In a few years the lady died, and left him a competent fortune. He then betook himself to the study of astrology, but was very little noticed until 1643, when, to use his own words, he was "destined by a good lady to give judgment upon a most noble gentleman's urine, who was not well." Fortune favoured the career of Lilly by several coincidences. He foretold that in 1647 "he would be in great danger;" and in that year the plague visited London. In his book called "Monarchy or no Monarchy," he introduces several ill-executed woodcuts; one of which represents a man digging graves, several shrouds lying on the ground. In the next page is represented a river with shipping, the banks lined with houses all wrapped in flames. It so happened that in 1665 the plague again broke out in London, and in twelve months carried off 68,000 persons; and the next year, corresponding with the cut in the next page, representing a conflagration, the great fire occurred, in which 13,200 houses were burned.

Such fortunate hits as these, as may well be supposed, gave, in the eyes of the vulgar, a superhuman character to Lilly. Nay, with the most exalted personages in the land, he was not considered an ordinary man. His astrological papers were cried about the streets of London, and translations of them were similarly circulated in Hamburgh. During the distracted reign of King Charles I., no step was taken at court without reference to him. One time he prophesied favourably for the parliament; another time for the king; and from both sides he secured his reward. While the king was at Hampton Court, Lilly was consulted as to where his majesty might retire for safety; and again, in 1648, when the king was in the Isle of Wight. Indeed the king took scarcely any step without his advice. Beside occasional gratuities, the parliament settled on him a pension of £100 per annum, as Butler says, for fortelling* whatever they directed; but as Lilly himself says, for obtaining secret information from France. During the siege of Colchester he was sent to encourage the soldiers: he assured them that the town would soon be taken, and accordingly so it was. The King of Sweden sent him a gold chain and medal, worth £50, because he was respectfully mentioned in his Almanack; and he had actually the nomination of an ambassador to the court of Sweden. In 1660, at the restoration, he was taken into custody by order of the House of Commons, and examined concerning the person who cut off the king's head—

* "Do not our great reformers use
This Sidrophel to forbode news?
And has he not point-plank foretold
Whatsoe'er the close committee would."
[Butler's Sidrophel was William Lilly.]

a question never since settled. His pardon was then granted him. Echard says he was one of the close committee appointed to consult about the execution of Charles. In 1666 he was examined by the House of Commons concerning the cause of the great fire, which had turned out so exactly according to his prediction; but he merely replied that his art had enabled him to foresee the calamity without knowing the year when it was to happen; that he knew not if the fire were caused by design, and that he believed it was done by the finger of God. Another time he was called before the House for publishing in his "Anglicus" that the people and soldiery would join against the parliament, and only escaped punishment by producing six copies which he had privately got printed without the offensive passage, and declaring the others to be forgeries.

In order to extend the benefits of his art, at least to himself, Lilly gave a course of public lectures; which, however, he took care should not raise up rivals, by being generally intelligible: he himself was the only person that benefited by them. His own instructor had been a drunken Welsh clergyman, named Evans, of the most abandoned character, who, nevertheless, professed communion with angels. Evans was the inventor of the antimonial cup so often alluded to by Lilly, and warranted to be the "phœnix and miracle of all physical miracles." This exemplary "minister of God's word," as he styled himself, declared that the cup contained, "mystically and essentially, the quintessence of all minerals and vegetables, and magnetically sympathized with all animals." It was calculated to cure all diseases.

Lilly made some attempts at the use of the divining rod, but failed. In the presence of many, he made an essay at night in Westminster Abbey, with a view of discovering an alleged hidden treasure; and although in one place the rods turned one over the other, nothing was found when the place was dug but a coffin. Fortunately a violent storm suddenly arose which extinguished the lights—an interruption which Lilly attributed to certain devils who had taken offence at their proceedings; but having banished these, he retreated with his terrified companions, and thus saved himself from the disgrace of failure. Although his associates in the art were generally persons of infamous character, Lilly was himself universally respected. He professed intimacy both with angels and evil spirits, and by the aid of certain prayers enlisted them in his service according to occasion.

Lilly cannot be considered as a person labouring under self-deception; he was a cunning cheat, whose impudence was of too high an order to be recognized as mere assurance, and was hence mistaken for confidence in his art. The kind of questions which he undertook to solve was, whether a certain sick person shall recover; which shall a man or his wife die first; whether a man's wife is true to him; where stolen goods are, and who is the thief; whether a king expelled his kingdom shall return or not; which army shall gain a battle; and such like. For questions about stolen goods his fee was two shillings and sixpence.

At length, in 1681, Lilly, in his 79th year, after enduring great agony, departed from the world which he had so grossly imposed upon. A black marble monument was laid, by Mr. Ashmole, over his grave in the church of Walton-on-Thames, with a Latin inscription; and two elegies were written on his death by Dr. Smalridge, afterwards Bishop of Bristol.

In execrable, and all but blasphemous rhymes, the doctor thus hyperbolically eulogises the deceased impostor. He calls him a prophet; says that he showed more light than the sun and moon together; that having viewed the "glorious train of *gilded* stars," he scorned to remain on earth; that "the *stars had so decreed*;" that the *obsequious* comet which had recently appeared came to foreshow his death; that some thought it foretold a mere plague, but that it proved the plague of plagues. He concludes by a singular metaphor. It appears there was heavy rain at the time of Lilly's death, of which he avails himself, and represents the rain as the tears of heaven falling from clouds, crying for the death of this prince of impostors. Pretty well this from a bishop that was to be.

Although in the year of the plague Lilly did some service by prescribing sudorifics, he had no medical knowledge; but in 1670 he obtained a licence to practise from Selden, Archbishop of Canterbury, by the intervention of Mr. Ashmole, who produced *a testimonial of competency from two fellows of the London College of Physicians.* He then practised extensively. His fee was generally a shilling; sometimes two shillings and sixpence; if nothing was offered, he did not ask for remuneration.

Lilly prophesied the restoration of Charles II. He represents the prophecy to have been delivered to him in signs made by angels seen in a crystal. He adds, that it is very uncommon for any operator to succeed in inducing the angels to speak distinctly; "when they do speak, *it is like the Irish, much in the throat.*"

Another distinguished *protégé* of royal favour was the renowned Dr. John Partridge, who died in 1715. A handsome monument, erected to his memory in Mortlake churchyard, bears a quaint and curt inscription in Latin to the following effect:—"John Partridge, Astrologer and Doctor of Medicine, who made physic for two kings and one queen, to wit Charles II., William III., and Queen Mary."

(To be continued.)

CASES OF AMPUTATION:

1st. Below the Knee, subsequently to the Removal of the Foot at the Tibio-Tarsal Articulation; and 2nd, at the Shoulder, during Spreading Gangrene, consequent on Disease of the Elbow joint.

THE APPLICATION OF A NEW SAW IN BOTH. WITH OBSERVATIONS.

By Richard G. H. Butcher, F.R.C.S.I.,
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Surgeon to Mercer's Hospital,
&c. &c. &c.

(Communicated by the Author.)

(Continued from p. 105.)

The operation at the ankle-joint is no new thing. Mention has been made of it at a very remote period; it was, I think, first performed by Sedellier, and strongly advocated by Velpeau and many other French surgeons, both by antero-posterior as well as lateral flaps; but certainly to Mr. Syme is due the merit of having revived it altogether under a new aspect, by refuting the strong objections urged against it from the extent of the articulating surfaces exposed, and the scantiness of covering for the bones. The former he has lessened by the removal of the malleoli, as first practised by M. Baudens, together with the intervening cartilage; and the latter he has shown can be supplied by an efficient flap from the dense tegument and tissues of the heel. The operation was also strongly opposed on the supposition that the extensor muscles of the ankle, acting through the tendo-Achillis, when no longer antagonized, would draw up the heel, and point the cicatrix to the ground. Such a result cannot take place, Mr. Syme says, as the cut extremities of the tendons on the forepart of the joint speedily acquire new attachments, enabling them to counteract the extensive power. Well, to a certain extent this proposition maintains, perhaps sufficiently so for all practical purposes; yet I have now before me a second cast, taken from the patient Flynn, just before I operated below the knee, an interval of three months having elapsed, and during which time he was hopping about on crutches, with the leg hanging, and the stump in every movement dragged on by the powerful muscles of the calf, not only during his efforts by this mode of progression, but also while he made ineffectual attempts to walk. On contrasting it with that taken on the former occasion, the result contradicts Mr. Syme's assertion that no change takes place in the line of the cicatrix. It is here demonstrated a full half inch lower; but,

as I have before noticed, for practical purposes, this need not be taken into consideration, as it is improbable the parts on the anterior aspect of the stump would have yielded any more.

One of the advantages promised by amputation at the ankle-joint instead of the operation near the knee, according to Mr. Syme, is "a more comfortable stump will be afforded." In the case just detailed, we have evidence that the stump was perfectly formed in its most favourable proportions. The patient left the hospital with the cicatrix healed, and, as readily would have been supposed from an inspection of it, complete in every respect; yet what is the disheartening result? Why, that, after weeks of the gentlest trial, the cicatrix breaks out afresh, the limb becomes inordinately swollen, intense and burning pain fixes in the stump, occasioning restless nights and days of torture, and lastly he supplicates for its removal altogether.

The dissection of the stump reveals the causes of all his sufferings, and is extremely interesting. On lifting the indurated integuments, the subjacent layer of granular fat seemed more matted to the fibrous textures and firmer in its consistence than usual. The insertion of the tendo-Achillis was so closely applied to the plantar fascia that it presented the appearance of dividing into three dense fibrous bands, passing from behind forwards to the cicatrix. These bands, on the most convex part of the stump, were separate from each other about half an inch; the spaces between were depressed and filled with fat. On making a section of the cushion from behind forwards, exactly in the mesial line, its depth was fully three quarters of an inch, its structure fibrous, and eminently springy and elastic; this, together with the integument and fat removed, constituted a covering for the bones of an inch and a quarter thick, and formed of tissues most admirably adapted for the end in view. On examining the cicatrix, the anterior extremities of these fibrous bands, or three divisions of the plantar fascia, were fused into the cut extremities of the flexor tendons, the union between them being short and decided, and hence the improbability that the cicatrix would have descended any more by the action of the extensor muscles. On drawing aside the cut surfaces, it was quite apparent that inflammation, terminating in ulceration, had attacked the cartilage over the articulating surface of the tibia, and also the end of the fibula, from which the external malleolus was removed. The cushion was not adherent to either; it remained firmly attached, however, to the tibia, where the internal malleolus was sawn across. In addition to the increased vascularity of the bones and structures around, there was a delicate adventitious membrane, which was capable of being lifted up, spread out over the eroded cartilage; red vessels permeated and traversed it in all directions, many of them visible to the naked eye, whilst with the assistance of a lens they appeared as a complete vascular net-work. Coexisting with this condition of the interior, ulceration was also eating its way round the margin of the cartilage. The morbid appearances presented in the parts were brought on, I have no doubt, by the patient's reiterated attempts to move about; and the darting pain occasioned along the thigh, when undue pressure was made at the inner side of the cicatrix, is referrible to the bulbous condition of the nerve, for in this specimen it is very firm, and expanded to the size of a large almond. This pathological condition of the nerve, after amputation at the ankle-joint, is totally at variance with Mr. Syme's prediction when dilating on the advantages of the operation.

In the case just detailed I had no choice of site, the integuments being diseased; if I had, I should have preferred operating at the middle of the leg, or a little below it, the practice comes so strongly recommended from Charles White of Manchester, now revived and practised by Professor Fergusson of London, and so ably and forcibly urged by Dr. Laurie of Glasgow; in short, conservative surgery was never so much in the ascendancy as at present, and no man can recognize or estimate the principle more fully than I do. Yet I think it still remains to be proved that the operation at the ankle-joint affords the most comfortable and useful stump to the labouring man, and promises less risk to life. No doubt many cases are on record where the operation was performed, in some instances attended by great success. Lisfranc mentions the case of a man on whom this operation had been performed, who could walk ten or twelve miles a day with great ease, and a few similar cases are recorded by Professor Syme. In most of the published favourable cases, however, we have evidence of a prolonged confinement for the healing of the stump; but after this no reference is made to its usefulness in progression, neither have we full statistics as to the mortality attending it. I have seen the operation performed three times, and in no one case was it attended with success.

Professor Fergusson has written "On the Amputation of the Foot at the Ankle joint" in the *Medical Times* for June of this year, and speaks most favourably of the proceeding; yet he tells us:—"Whilst making these observations upon the superiority of this operation, it would not be right in me to lead you to suppose that it is invariably successful, or that it is not sometimes attended by fatal results. Of the eight patients I have operated upon, two died after it; in one of them death followed directly from the proceeding, in a few days, as it would ensue after any other amputation; great irritation and inflammation ensued, and quickly carried the patient off. In the second instance, it would not be fair to put the issue to the operation itself, as the fatal termination did not happen until several weeks after, and it was due to disease of the lungs, which had rapidly supervened after the foot had been removed." This mortality, then twenty-five per cent., I look upon as very considerable, more particularly when occurring in the hands of this distinguished surgeon. It is greatly to be regretted that Professor Fergusson did not allude, in his lecture, to the present condition of the remaining six of his cases, whether the stump in each case fulfils efficiently the object for which it was intended, and whether any of the patients solicited amputation in preference to being incumbered with a useless limb.

From my own observation, and the facts now detailed, I do not consider this operation at all so applicable to the poor labouring man as to the wealthy sufferer. The latter may at will relieve the stump from pressure, by expensive mechanical contrivance, horse and carriage exercise, &c.; whilst the former, no matter what amount of uneasiness he may experience in the part, must endure and struggle on for subsistence, and probably in the end have to submit to another operation.

Michael Scally, aged 45, by trade a carpenter, was admitted into Mercer's Hospital, June 27, 1851. For many years he has suffered from repeated attacks of inflammation of the left elbow-joint, which were variable as to their intensity and duration, but each was followed by considerable impairment of the functions of the part, and usually by marked constitutional disturbance. Twelve days before his admission to hospital, he was awoke in the night from a sensation of burning pain having fixed in the joint; neither the application of heat or cold, medicated or otherwise, would abate it, and in the morning the affected part was swollen and red, while the limb above and below participated in the discoloration and tension. There was no premonitory sickness of stomach, headache, or fever ushering in this aggravation of the local affection. He applied for relief to a practitioner, but obtained none; and after days of suffering, continuing to grow worse, he called on Dr. Macnamara, who instantly recognized the grave nature of the case, and at once recommended him to hospital. On presenting himself, he had much the look of a man labouring under far-advanced malignant disease; the expression of the face was indicative of great suffering; it was haggard and sunken, with an icteroid tinge all over it; this colour was also remarkably imparted to the sclerotics, at the same time the most striking characteristic of the eyes was their dazzling brilliancy. On being interrogated, he stated that restless nights, with unmitigated suf-

fering, and total disinclination to take food, reduced him to the condition he was then in. On examining the arm, it was swollen round the elbow-joint, four times its natural size as contrasted with the sound limb; the upper third of the forearm and the inferior third of the arm were involved in the general swelling; the integuments were of a dark red livid colour, with yellowish shading, in many places; on pressure the parts were elastic, tense and shining, while a boggy œdematous track extended along the inner side of the arm nearly to the axilla; the integuments over the deltoid muscle and outer surface of the arm were natural in colour and healthy; the constriction of the limb, down even to the fingers, was extreme. Crepitus was quite distinct in the posterior part of the joint, and the olecranon process was moveable. His pulse was small, rapid, 140 in the minute; and nothing could be more discouraging than the entire aspect of the case. After administering a full stimulant, I proposed immediate amputation of the arm, and this even in very guarded terms, as the only means affording a reasonable hope of saving his life. This proposition would not be acceded to, either by himself or his friends; so then came the question, what mode of treatment next offered the fairest promise of recovery? Amputation being rejected, as a *dernier resort* incision of the limb: yet this held out to me but little inducement to hope for success from its adoption, for the dangers from it presented under two forms, increased depression from the shock, and exhaustion and sinking from loss of blood. Still it was absolutely imperative to free the constricted parts to check the ruin going on and to arrest, if possible, the threatened death of the entire limb. Two incisions were made above the joint, and two below it; so great was the compression exerted on the parts, that the wounds, although made in the long axis of the limb, assumed almost a circular form from the extent to which they gaped. In order to lessen the amount of hæmorrhage, and at the same time effectually to relieve the tension, I adopted the following proceeding: having made the first incision, not more than an inch in length, I passed a narrow-bladed knife for an inch and a half or two inches beneath the fascia, with the surface applied to it; then turned the edge forwards, and on withdrawing the instrument, divided the fascia without cutting the integuments. A similar mode was followed in each incision.

Before he was touched with the knife, the patient mentioned forcibly the fact, that whenever he cut himself with his tools, it was almost impossible to stop the bleeding; this he experienced over and over again. In the present instance a large quantity of serum and blood followed the incisions; the hæmorrhage was troublesome at first, but was checked after some time by pieces of lint steeped in turpentine passed into the wound, well-formed compresses, and gentle pressure by the hands of assistants. After this the limb was placed in the most advantageous position on pillows, the hand being well raised, and a draught of aromatic spirit of ammonia, camphor mixture, and opium, administered. Throughout the day he was supported with wine, nutritious broth, &c., and the opiate repeated at night.

June 28th. Has had no sleep; raving at intervals through the night; pulse rapid and small; there has been no return of the bleeding; the limb, although lessened in volume on yesterday, after the escape of serum and blood, is to-day tense, engorged as before, and of a livid colour: it is extremely sensitive, so that he cannot bear the slightest touch without increase of suffering; and the inflammation, still progressive, has assumed perfectly the gangrenous character, marked by its peculiar discoloration, flaccid bullæ, &c. As one bad symptom, hiccough, had not yet supervened, I again urged the propriety of amputation, as affording, even at so remote a period, a chance of success. My colleagues, Mr. Tagert, Dr. Jameson, and Dr. Bevan, readily acceded to my proposal, and the poor sufferer most urgently wished for it now.

At eleven a.m., I proceeded to remove the limb, and adopted the circular method, for reasons to be specified presently. In consultation, it was not considered advisable to place the patient under the influence of chloroform, owing to his enfeebled condition. In a few seconds the limb was removed close to the insertion of the capsular muscles, and during this proceeding not a teaspoonful of blood was lost from above, owing to the effectual manner in which compression was made upon the subclavian artery by Dr. Jameson, while from the overloaded state of the vessels below the knife, it burst out very freely. Here no bandage could be applied to the limb before the operation, so as to anticipate and lessen this loss, owing to the aggravated suffering which the slightest pressure produced. The axillary artery was secured after it passed the tendon of the subscapular muscle, the posterior circumflex and three minor vessels were also tied; no others at the time required ligatures, or promised any trouble. I considered it the best practice to bring the cut surfaces together at once, from side to side, and retain them in position by a few points of the interrupted suture; the line of union then was vertical, and the lower part of the wound left open for some hours, to permit the escape of any oozing that might take place; the patient was placed in a comfortably heated bed, the stump well supported, and an anodyne draught with ammonia given. In a few minutes he expressed himself as quite comfortable, and free from pain. In two hours and a half after the operation bleeding began, slowly at first, drop by drop, from the inferior angle of the wound, where it was left open; dossils of lint steeped in turpentine were carefully passed in, gentle pressure applied, and the temperature of the part lowered by cold. After a few minutes it was quite apparent that this would not do; so I at once cut out the stitches, removed the adhesive straps, sponged out a few small coagula, and turned up the face of the stump to the light. No artery in particular was bleeding, but there was a general weeping from the surface; a little blood trickled from the vein, which was readily suppressed by a small piece of lint placed upon the aperture and steadied with the point of the finger for a few seconds, but the welling up from the surface still went on. All the ordinary styptics recommended in such cases were tried—turpentine, matico, strong infusion of galls, cold air, ice, &c. &c., without the least good effect; the bleeding still continued from almost every point of the divided parts. Under these circumstances, and as the man had lost a great deal of blood, I did not hesitate to apply the hot iron freely over the surface; this even only controlled the bleeding to a certain extent, for the blood still oozed out from the narrow fissures between the muscles; yet by laying fine strips of lint, soaked in turpentine, along their track, and by then applying compresses and gentle pressure, together with a bladder containing ice, over the shoulder and stump, so as to reduce the temperature of the part considerably, the hæmorrhage was at length arrested. The amount of blood lost was very great, and as a result the pulse far weaker than in the morning.

Nine p.m. The patient has been liberally supplied with wine and strong broth ever since morning; there has been no return of the bleeding; the application of ice locally, and the wine and broth, were continued, the latter even more frequently than in the early part of the day. He remained in much the same state for five hours, when hæmorrhage began slowly again. I was instantly by his side, and discovered its source from a particular fissure in the lower part of the stump; he lost about two ounces of blood before it could be arrested; this was effected after a few minutes by compresses steeped in turpentine and retained by gentle and steady pressure with the fingers. His condition now was strikingly characteristic of a man dying from repeated losses of blood; the pulse was scarcely to be felt; the respirations hurried and irregular; intellect clear; voice scarcely audible, yet the one word "air, air," was distinctly pronounced; face remarkably pallid; lips blanched; eyes brilliant; perpetual restlessness and rolling of the head upon the pillow from side to side, and gasping for breath; the hair drenched and the entire body bathed in cold sweat. In this state he continued for about half an hour after the last hæmorrhage, when he died.

The heart and large arteries were examined with great care after death, but there was nothing abnormal in their condition; there was no attempt at an internal clot in the axillary artery, yet the blood, which flowed freely in the first instance, on the earliest accession of hæmorrhage, and was received in a vessel, coagulated as firmly and as rapidly as under ordinary circumstances. On dissection of the limb, all the soft parts around the elbow-joint were in a perfectly gangrenous condition; the investing capsule of the joint in front was entirely destroyed, and the periosteum was stripped from the lower third of the humerus and the upper third of the radius and ulna. The articulating surfaces of the three bones were entirely denuded of cartilage, and in several places deeply eaten away by ulceration. In many points there was proof of repair being set up at an earlier period, and as if nature struggled hard to effect a cure; for over the articulating surfaces on each bone there were patches of smooth, porcelain-like deposit; the lateral ligaments were destroyed, and the annular ligament of the radius yielded in front. There was a perfect solution of continuity between the olecranon process and the ulna, corresponding to the transverse sulcus lodging the fatty bodies (Haversian glands) within the joint. It is true the fragments were kept partially in contact by the expansion of the triceps muscle reflected from one to the other, yet the coaptation was not so perfect as to prevent motion between the opposed surfaces, and the crepitus so strikingly elicited during life.

The foregoing case is a well-marked instance of the hæmorrhagic diathesis; in its management the most trifling points were weighed to guard against loss of blood. I should have preferred removing the limb at the shoulder-joint, by a flap operation, and I am convinced it was the most applicable proceeding, when taking into account the diseased condition of the soft parts in the neighbourhood of the axilla; yet I readily abandoned it, on estimating the cut surfaces to be greater, consequently the liability to bleeding more than by the circular method.

The case just detailed illustrates well the advantages of the saw represented in the woodcut. The bone had to be divided very high up, and certainly no saw could be passed under the soft parts with a like facility in this situation; the fine narrow blade allowed of this adaptation, and the bone was cut in a perfect curve—a procedure that should be adopted in every case; by it the sharp edges of the bone are removed, which, when left, are a constant inciter to pain and spasm, permitting the soft parts to lie more evenly in contact in the bottom of the wound, and thus facilitating adhesion.

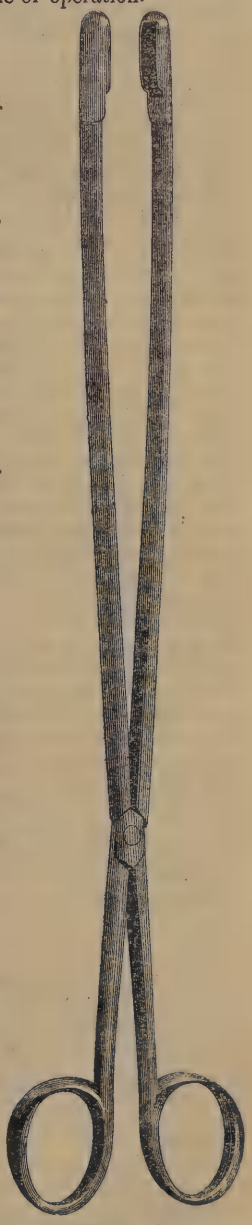
THE CHOLERA.—By the latest intelligence from the West India Islands, dated July 17, we are informed that the cholera was still prevalent. The most distressing accounts are from the parishes of Hanover and Westmoreland, in Jamaica. The medical practitioners were exerting themselves to stay the plague, but as yet their efforts had not proved successful. The pestilence had also broken out among the military stationed at Up Park Camp, and several of the soldiers had died. Every precaution had been taken to prevent communication between the citizens of Kingston and the inhabitants of the adjacent districts with the soldiers' encampments. Tents had been erected, and the affected soldiers placed within them; and every other caution taken to prevent, as much as possible, the spread of the disease. Up to the 5th of July, there had been buried from Savannah-la-Mar, in the cholera-ground, 115; from Dunbar's River and the neighbourhood, 45; and on the 6th there were six burials, making a total of 166; besides which, four new cases were reported on the following day, and the hospitals were full. Mr. Davidson, the assiduous superintendent of the hospital is among the victims. Accounts from Manchioneal announce the reappearance of cholera in the district of St. Thomas in the East. The cases, however, appear to have been principally, if not exclusively, among persons who have fled from the Plaintain-Garden River district on the reappearance of cholera there. One of these was the case of a man who had been working at Golden Grove, and died at Windsor Forest the morning after he arrived there from the former property.

DESCRIPTION OF A NEW FORCEPS FOR THE REMOVAL OF UTERINE POLYPI, BY THE COMBINED INFLUENCE OF PRESSURE AND CAUSTIC.

By M. M. O'GRADY, M.D., M.R.I.A., Malahide.

(Communicated by the Author.)

THE difficulties which have occurred to me, in common with the most experienced practitioners, in operating with the instruments ordinarily employed for the extirpation of uterine polypi, induced me to turn my attention to the construction of a forceps by which the operation might be simplified and effectually performed without the necessity of confining the patient to bed, or of exposing her to the risk of being injured by the presence of the double canula in the vagina during the time the ligature takes to cut through the pedicle; or to any of the other disagreeable consequences attending this mode of operation.



Having operated seven times successfully with the instrument hereafter described, without causing the least pain, and without the patients losing a drop of blood during or subsequently to the performance of the operation, I am induced to lay a description of it before the profession; I will also add a brief account of two cases, which suggested to me the idea of its construction, and of combining mechanical pressure with the action of nitrate of silver upon these morbid growths. The instrument was made under my immediate directions by Thompson and Co. of Henry-street.

The entire length of the forceps is ten inches, and that of the blades, measuring from the pivot to the extremities, five inches and a half, each blade terminating in a semitubular chamber, of about half an inch in length, closed and rounded at the extremity, and open on the inner surface, so as to form a groove for the reception of a piece of caustic.* Both these chambers having been charged, and the forceps shut, the caustic is completely enclosed; it is thus introduced into the vagina or os uteri with perfect safety. When the blades are separated for the purpose of seizing the object to be operated upon, the caustic can come in contact only with the substance grasped by the forceps. Its action then is twofold. First, the edges of the caustic chambers break down the vessels of the polypus by compression; and secondly, the caustic decomposes its substance with great rapidity. The forceps is withdrawn as soon as all resistance to its pressure appears to have yielded, and the parts are then washed out with a solution of the carbonate or hydrio-

* I had the portion of the instrument in which the caustic was included made of silver. Platinum or gold would of course answer better; but Dr. Carte suggested to me that a coating of gutta percha would be as effectual, and, I need not say, very much cheaper.

date of potash, which decomposes the caustic and prevents its acting on the os or cervix uteri. The patients, with the precautions usually adopted, may safely be permitted to walk or drive out, as if no operation had been performed; and at his next visit the operator will find the polypus loose in the vagina, if not already discharged into the night-chair.

The following are the cases to which I have already referred:—

Case 1.—On the 10th of September, 1848, I was sent for in a hurry to see Mrs. W., aged 39. She was pale and faint from loss of blood. Upon examination, there was a large fleshy mass protruding between the labia pudendi; it bled freely from many points of the exposed surface, and on introducing the finger I found that the tumour passed through the os uteri, and nearly filled the vagina. She could not have lost less than twenty ounces of blood during the last twenty-four hours. She was the mother of six children, and had a bad miscarriage about two years before; she had suffered from vaginal discharge since then, and occasionally lost considerable quantities of blood at the regular monthly periods.

Not being prepared for the nature of the case, I had neither speculum nor ligature, and being obliged to act at once to arrest the hæmorrhage, it occurred to me to apply to the bleeding surface the nitrate of silver, which I always carry about me, having been in the habit, for at least twenty years, of using it extensively in inflammation of the throat and fauces, and latterly in ulceration of the os and cervix uteri. I was surprised at the rapidity of its action upon the polypus, which it reduced for at least one inch to a black carbonaceous mass. It arrested the hæmorrhage instantaneously, and enabled me to leave my patient in a state of security in less than an hour, cautioning her at the same time to send for me if there was the least return of the bleeding. On the day following I found this lady cheerful and in excellent spirits, although naturally weak from the loss of blood. There had been no return of the hæmorrhage since I left her. I now introduced Fergusson's speculum, which the polypus filled. Having this shade for the vagina, and encouraged by the result of the application of the caustic made the day before, I destroyed another portion of the polypus in a very short time. Still apprehending a return of hæmorrhage, I used the precaution of plugging the passage, but I found this at my next visit to have been wholly unnecessary, inasmuch as not a single drop of blood had been lost. In a week the polypus was destroyed up to the os uteri, which, being in a healthy state, closed upon the remainder.

I mentioned to this lady that the polypus was not entirely extirpated, and that it was likely to be reproduced, and told her, in the event of the recurrence of the symptoms, to send for me. I did not hear from her again until the 14th March, 1849, when I was again summoned to see her. I found her suffering much from bearing-down pain, which she had for the last week, and upon introducing the speculum a polypus was seen, about two inches long, issuing from the os. Having, in the meantime, operated upon another patient with the forceps I have described, I had no difficulty in securing and destroying this polypus within the cervix, from which it grew. The entire operation did not last five minutes, and the lady dined with her family that day. She has since had one child, and has continued to enjoy the best health.

Case 2.—In February, 1849, I was consulted by Mrs. M., aged 58. She married young, is the mother of ten children, and had several miscarriages. I attended her in four confinements, the last fifteen years ago. Her general health was always good until the age of 56 or 57, when she had leucorrhœa and pain in her back, with bearing-down upon taking exercise. For the last three months the discharge has been more profuse and high-coloured, and for two or three days back she bled freely from the vagina. She is now pale, nervous, and very much alarmed about herself. Upon examination, I found a fleshy mass in the vagina, which bled freely from one point. I introduced Fergusson's speculum, by which a polypus at least four inches long, and issuing from the os uteri, was revealed. Having found the nitrate of silver in Mrs. W.'s case so efficient, I applied it freely to this polypus, and with the like happy result; the bleeding ceased at once, and never during the subsequent treatment returned.

Having succeeded in destroying a great portion of the polypus by the caustic, I repeated the application the next day. The forceps, now rudely finished, and charged with caustic, came to my assistance. With it I seized the remainder of this polypus, at its origin in the cervix, from which it grew, and with great rapidity broke it down and reduced it to a black carbonaceous pulp; no blood was lost in any stage of the operation.

As my object in narrating these cases is to introduce this forceps, and the mode of operating with it, to the notice of the profession, I will merely remark, that I removed two more polypi of a similar character from this lady, all of which grew from the interior of the cervix uteri, the last in September, 1850, and that I saw her yesterday, July 16, 1851, in as good health and spirits as ever she enjoyed. She assured me that she has not suffered the slightest inconvenience or return of any of the symptoms since the last operation.

SEVERE GUNSHOT WOUND—LIGATURE OF THE SUBCLAVIAN ARTERY.

One of the most interesting cases of recovery from a severe gunshot wound, occurred lately at the naval station of Bassadore, in the Persian Gulf. While the H. C. Brigantine Tigris was lying there in the month of February last, one of her midshipmen, Mr. Fendal, had proceeded on shore for a day's shooting; and most unhappily when in the act of drawing it towards him by the muzzle, his gun accidentally exploded, and its contents lodged in his left shoulder. As the muzzle was at the time within a few inches of his breast, the injury sustained was of the most frightful character. The upper part of the arm was nearly blown from the body, the bone badly broken, and the pellets of shot driven in about the shoulder and front of the chest. The loss of blood that ensued was so profuse that in a few minutes he sank exhausted, and in this fainting state was carried to the nearest house. It unfortunately happened at the time that there was no surgeon attached to the vessel: however, the hospital assistant succeeded, by application of tourniquets and bandages, in stopping the flow of blood. In this state of matters, Lieutenant Manners, who was commanding, despatched his vessel across to the Arabian coast, where he knew the steam-frigate Auckland, carrying the only surgeon there attached to the Gulf squadron, was at that time cruizing; and by a very fortunate hit, fell in with that ship at the hour of midnight, as she was proceeding on her voyage from Sharjee to Bahrein. The assistant-surgeon in charge, Mr. Crawford, was aroused from his bed, despatched at once on board the Tigris, and was carried with all alacrity to Bassadore, where the wounded midshipman still lay. Upon arrival at the scene of suffering, he immediately proceeded to a careful examination of the wound, and, having concluded that amputation at the shoulder joint was inadmissible, he adopted such measures as appeared to him necessary for the preservation of life. Matters for the first fortnight were progressing favourably, and his exertions were encouraged by the improving state of the patient, when unhappily secondary hæmorrhage of the most violent character set in. The first bleeding took place about two o'clock in the morning, but luckily Mr. Crawford slept in the house, and being upon the spot, adopted such measures as soon stopped the flow of blood. In a few days the patient was again going on well, when exactly one week from the first bleeding, a second, much more profuse, and threatening death in a few seconds, occurred at midnight. The gush of blood was temporarily arrested, but Mr. Crawford found that it proceeded from an injury to the axillary artery near the collar bone, and that the only hope of preserving the life of the patient was

to perform the operation of tying the subclavian artery as it runs under that bone. Although without assistance, Mr. Crawford proceeded at once to the operation, and succeeded in a few minutes in achieving his object. By the administration of suitable restoratives, and a steady course of judicious treatment, the patient gradually revived, and everything connected with the operation succeeded so favourably, that after the expiration of five or six weeks his health and strength were almost reëstablished. Shortly after this accident the Tigris was ordered upon some pressing duty, so that Mr. Crawford was left in charge of his patient, without the society of any other European at the station, and during this interval he was forced to undertake another rather severe operation upon the bones of the wounded arm, by which he hoped to preserve that member; and now not only is the sufferer restored to strength again, but the wound is nearly well, and there is much hope that the arm will still be a very useful one. The operation of tying the subclavian artery is but of modern date in surgery, and was for the first time attempted by Ramsden, at Bartholomew's Hospital, in 1809; the patient died five days after the operation. Afterwards by Sir W. Blizard, Dupuytren, Colles, Sir A. Cooper, and other eminent surgeons; the patients all dying about the fourth day after operation. The first successful case occurred in the hands of Dr. Post of New York, in the year 1817, and the next instance was in 1820, when Mr. Liston was the operator. Since then there have been occasional rare cases, but those of a favourable termination enumerated by surgical writers form but a small number, and it is therefore a source of much pleasure to us to be able to add one to the list from the presidency of Bombay. We believe, moreover, that this is the first case of the kind that has happened in India; and when we consider that the operation was performed at midnight, the patient in a most inconvenient position, upon a bed from which he dared not be moved, and without the aid or advice of a professional brother, we can have little hesitation in pronouncing the result to be most creditable to the operator.—*Bombay Journal.*

INDICATIONS AFFORDED BY THE PULSE IN CARDIAC DISEASES.

By R. B. Todd, M.D., F.R.S.

After some introductory observations on the importance of the *tactus eruditus*, in studying the pulse, Dr. Todd speaks of the character of

The Pulse in Heart Disease.—I shall first direct your attention to those varieties of pulse which are characteristic of heart disease. The most prominent and well-marked form of pulse in heart disease is one which I described to you in my last lecture as the *locomotive* pulse: it consists essentially of a sensible, as well as visible, throbbing pulsation of all the arteries throughout the body, seen, of course, most conspicuously where the arteries are most superficial, and also where they are most curved. The increased conspicuousness of the movement at the flexures of the arteries depends upon its being really greater there—upon its being not only a change of calibre, as in situations where the artery is straight, but a change in the position and relations of the whole artery. This movement of the whole artery I conceive to be thus produced. The natural inclination of the moving fluid is, of course, like all moving matter, to continue its motion in a straight line; but in a serpentine artery the course of the blood must also be serpentine; and how is this change of direction to be imparted to it? Manifestly by the walls of the artery, and especially by that portion of the walls which constitutes the convex border of the curvature: on this side is thrown the whole of the stress of the impulse, and the effect, therefore, is to throw the artery, or to elongate it, in that direction. In a serpentine artery, the convexity of the curvatures is alternately on opposite sides, and therefore the impulse of the blood, and the movement it gives rise to, is thrown alternately on opposite sides; hence not only the greater movement, but the increased length of curved arteries, and the vermicular character of their motion, is accounted for.

But to return. When you place your finger on a locomotive pulse, you may perceive, by attentive examination, that the peculiar state of pulse is dependent, not only on a remarkable fulness of the artery, but also on a remarkable collapse; that the systolic distension is suddenly followed by a considerable diastolic contraction. The excessive fulness of the artery is, however, merely apparent, and not real; it appears excessive by contrast with the unusual degree and suddenness of the collapse which preceded it, and which follows it; the blood is impelled into an artery not at all filled to tension, and the succeeding collapse takes place suddenly, instead of by a more gradual subsidence. Now, auscultation and anatomy teach us that this character of the pulse is due to regurgitation. When the ventricular contraction which injects blood into the arterial system has ceased, the stress on the arterial walls is at once relieved by the reflux or regurgitation of a portion of the blood into the ventricle; and as this regurgitation is not gradual, but instantaneous, the collapse is equally so, which is so immediately followed by a fresh injection of blood, expanding the artery, and giving rise to the jerking character that the pulse possesses.

Let us suppose that three ounces of blood are thrown out of the ventricle at each systole, and that immediately afterwards one of these three ounces regurgitates through the patent aortic valves, imagine what a disturbance such a state of things must necessarily occasion in the circulation through the heart, and what a deviation it must be from the natural condition of an artery, filled to tension, firmly supported behind, and gradually relieved in front by the onward capillary movement. This state of pulse, when well developed, is always indicative of regurgitation through the aortic valves; I know of no condition of pulse which exactly imitates it; that which comes nearest to it is what is seen in some cases of low disease, as typhus or rheumatic fever of a low kind, as I mentioned to you in my last lecture; or an atonic state of the arterial system, with dilatation of the large trunks, and a yielding condition of the aortic valves. In this case the heart propels the blood into the artery with little tone; the result is that the artery becomes fully and suddenly disturbed by the impetus; there is therefore great enlargement and consequently great collapse, the collapse being perhaps favoured by a yielding condition of the valves: this is the only imitation of it that I know. Now, you will always be able to ascertain the true cause of this locomotive condition of the pulse by examining the heart itself; if it is dependent on a weak and yielding state of the arterial walls, *you will hear the natural second sound, but feeble;* if, on the other hand, it is dependent on valvular lesion, you will hear, instead of the normal second sound, a bellows-sound, generated by the regurgitation of the blood through the patulous aortic valves, and called, from its being synchronous with the diastole, a "diastolic bellows-sound."

You have at the present time a good opportunity of making yourselves acquainted with this form of bellows-sound, as well as with the locomotive pulse accompanying it, in the case of John Loveland, a patient in the Sutherland Ward, to whose case I have before referred. Let me here narrate to you some of the characteristics of such a state of disease, with the history and phases of which it is highly important you should be familiar. The patient is aged 24, and seems to have been exposed to much hard walking, as well as hard work. He appears to have suffered from some acute affection about three months previous to his admission, but what the exact nature of that affection was does not clearly appear; it seems partly to have partaken of the character of pleurisy, and partly of pericarditis, perhaps of both. From this, however, he in a measure recovered; and when in a state of convalescence, walked seven hundred and twenty miles, at the rate of twelve or fifteen miles a day. The fact was, he belonged to a club which pays its members when out of work a shilling a day and a penny a mile for every mile they walk in search of work. It was on this search that he tramped from town to town, when he ought to have been in his bed; and to this, in a great measure, is to be attributed his present condition. Under this constant exercise, his cardiac symptoms increased very much, and he was admitted into the hospital the latter end of last February. His symptoms were then, and still are, dyspnœa, constant, but exacerbated by anything that increases the rapidity of his circulation; cough, of a peculiar, spasmodic, and dry character, not terminated by expectoration, but ending in retching, and sometimes in vomiting. There is nothing elicited by the physical examination of the lungs to explain this cough and dyspnœa; but on examining the heart, the area of dulness marking the portion of it in contact with the thoracic parietes is found to be greatly extended. Those of you who are now

listening to heart-sounds for the first time, I advise to listen to the heart of a neighbouring patient, with the heart healthy; you will then hear what the natural sounds are, and will be able to appreciate the aberrations from them: you will hear the prolonged first sound, and the short click of the second. Then turn to Loveland, and in place of this clicking second sound, you will hear a soft blowing murmur—a bruit de soufflet, or bellows-sound. The first sound, too, is not natural, but partakes of the same character; and if you transfer the stethoscope from the base to the apex of the heart, you will hear this bellows-murmur as distinct as the other: you will have a regular see-saw—what is specifically called a "double bellows-sound." The murmur that *supplants* the second sound has its seat at the aortic valves; that which *accompanies* the first sound is seated at the mitral valve; and both are dependent on regurgitation at these respective situations. Judge, then, what must be the embarrassment that results from the double regurgitation—this two-fold counter-current through orifices that ought to be closed.

In the present case, the existence of mitral regurgitation renders the locomotive character of the pulse less marked than usual; for all the blood in the ventricle is not impelled into the artery, but a part of it passes back into the auricle: there is less distension of the artery, and consequently its collapse less marked. A locomotive pulse, such as you have in Loveland, is as bad a sign as a patient with heart disease can have. The form of derangement of which it is indicative is most dangerous, because it is a derangement that more than any other interferes with the proper circulation through the heart. Hence it is that in cases of this kind we meet with so much dyspnœa. Dropsy has already begun to appear; the right side of his heart is becoming dilated, and it will get so more and more; and you will find that in eight or ten days, if the patient should live so long, his dropsy will be considerably increased, and his other symptoms will have acquired greater prominence.

A second variety of pulse which you are likely to meet with in heart-disease is a *small weak* pulse, which accompanies mitral disease, whether regurgitant or obstructive. The effect of either condition of the mitral orifice—whether it be the patulous condition, allowing regurgitation or a contracted state, obstructing the flow of blood into the ventricle—is necessarily to diminish the quantity of blood to be expelled by the ventricle. The arterial system is, therefore, imperfectly supplied with blood, and consequently not distended; so that a full pulse cannot be formed. When mitral disease of either kind coexists with a weak state of heart, then the character of weakness and smallness of pulse will be enhanced in proportion to the degree of mitral disease and of debility of heart. It is this character of pulse, and this state of valvular disease, that we often find accompanied by a weak and sometimes a dilated ventricle, intermission of pulse, and, still more frequently, a great irregularity in the rhythm of the pulse; two or three beats succeeding each other at a rapid rate, then a few slow beats, then rapid ones again, and so on. You may likewise have this form of pulse in cases of obstructed aortic orifice, accompanied by a weak heart, in which the obstruction is so great as to permit only a small stream to emerge from the heart; and you may have it in cases of simple weakness of heart.

A third form of pulse which accompanies heart-disease, while it may be more or less full, is especially characterized by a *thrill*, which accompanies the impulse, imparting to the finger a peculiar vibrating sensation, as if the blood were rushing past certain obstacles with considerable rapidity and force. This is indicative of obstructive disease situated at the mouth of the aorta, or in its first portion. A warty growth from the valves projecting into the mouth of the aorta may give rise to this form of pulse by obstructing and dividing the stream, and creating secondary currents, which are the immediate cause of the thrill. In such cases you always have an aortic systolic bellows-murmur of a rough kind—the *fremissement cataire* of the French—which is audible along the large vessels of the neck, and frequently in all the larger arteries; and sometimes, and not unfrequently, this murmur will have a peculiar musical character, dependent on similar vibrations to those which cause the thrill.

We also meet with a *throbbing* and *full* pulse, which strikes the finger with considerable force, in cases of hypertrophy of the heart, which are not complicated with valvular derangement. The bounding character of the pulse resembles the action of the heart itself. There is another point relative to the pulse in hypertrophy of the heart, which has been noticed by Dr. Graves, and is worthy of your attention—namely, that the *frequency* of the pulse is not altered by position. He states that in six cases of hypertrophy with dilatation of the heart, no difference was produced in the frequency of the pulse by change of posture. I suspect this must have been due to much the same cause as the same phenomenon in cases of weak heart, to which I alluded in my last lecture; for the heart with hypertrophy and dilatation, although acting strongly and with considerable, because extended, impulse, is yet, no doubt, weak in relation to what it has to do—that is, to the obstacles which it has to overcome.

I have already told you, in a former lecture, that an *intermittent* pulse is not in general indicative of any particular disease of the heart, that it is most frequently the result of merely functional disturbance; but in cases where you have any reason to apprehend an inflammatory state of heart, such as rheumatic fever, an intermitting supervening upon a previously regular state of the pulse, is a most significant symptom: it indicates almost with certainty the first accession of pericarditis or of endocarditis. After a very short time, however—sometimes only a few hours—the pulse will become regular, even in the most confirmed endocardial or pericardial inflammations. Under these circumstances, you may have a pulse more or less full, but not in general strong. Sometimes, however, if the endocarditis cause imperfection of the mitral valve, as it very often does, the pulse may assume the small and weak character which it is apt to exhibit in mitral regurgitant disease.*—*Med. Gaz.*

DIAGNOSTIC VALUE OF PAINS IN THE HEAD.

By David Nelson, M.D.

An organic pain will be fixed, and always aggravated under exertion, or any other stimulant, to the circulation; and may depend either on acute hyperæmia or passive congestion, or any of their results, from a solid clot to a simple effusion of serum. In the event of acute action, the pain will be of a darting character, with much heat of the scalp, fiery sensitive eyes, and great watchfulness, and will require abstraction of blood, mercurial purgation, and the application of cold. In passive congestion, or in effusion, the pain will be dull and heavy, with perhaps some heat of the scalp, but the eyes will be darkly suffused, the general frame less sensitive of external agents, and the sufferer will rather be inclined to drowsiness. The pain may further be of a rheumatic nature, depending on some especial determination of irritating urinary salts which may be retained in the circulation; this is to be inferred from the general history of the patient's constitution, from the presence of contemporaneous pains in the joints, and from the state of the urine. If confined to the external parts, as it commonly is, it will readily be removed by the ordinary remedies for rheumatism, but if it involve the brain itself, or its membranes, it is likely to prove as fatal and irresistible as other affections of that organ are known to be. The headache that proceeds from derangement of the stomach or bowels is commonly called a sympathetic one, arising from the immediate nervous connexions that exist between the abdominal viscera, and especially the stomach and brain. At its first onset it will certainly be subdued in exact correspondence with the success which attends your treatment of the digestives, whether such treatment be directed to the neutralization of acid, or oils, or the simple expulsion of any other irritating matter, or to the removal of hyperæmia. But it will certainly sometimes continue long after the stomach and bowels have been brought back to a tolerably healthy state of action, especially when the previous complaint happens to have been of very long standing.

This is especially illustrated in the hydrocephalus which supervenes as a secondary effect on the abdominal affections of young children, though it may perhaps be doubted whether the functions of any organ can ever be perfectly renewed after any protracted attack of inflammation, however mild. Another sort of headache is consequent upon very long fasting, or watchfulness, or mental effort, or any other cause of nervous exhaustion, and this of course can only be removed by nutrients and rest, aided by some stimulant, as very well instanced in the headache which succeeds a debauch, or excessive grief. I have already spoken of the heat of the scalp, of the appearances of the eye, and of the nature of the pain, as illustrative of the different forms of hyperæmia which

* I have great pleasure in referring to some excellent remarks on the pulse in heart-disease in the valuable series of "Lectures on Cardiac Diseases," by my friend Dr. Bellingham, lately published in the *Medical Gazette*.

may be suspected, but may also add that the condition of the tongue has a close connexion with such a state of things. Along with the bilious sympathetic headache, and that of congestion, we have a tongue thickly furred with white or brownish yellow; emetics are advisable for the first, but not for the second, if much straining be anticipated. In the nervous headache, and that which is concomitant with affections of the lesser bowels and colon, it is almost always clean, but entirely red; but as alteration of structure advances, the fur again returns, at first of a simple white, next a yellow, afterwards brown, and lastly a deep dry black. In the headache that accompanies certain enlargements and other affections of the liver, the tongue will be found of a bright pink colour, moist, and of a glassy smoothness, either in whole or in part; or, on the other hand, it will be deeply fissured transversely.—*Prov. Med. Jr.*

THE MEDICAL CHARITIES' BILL.

AN ACT

TO PROVIDE FOR THE BETTER DISTRIBUTION, SUPPORT, AND MANAGEMENT OF MEDICAL CHARITIES IN IRELAND; AND TO AMEND AN ACT OF THE ELEVENTH YEAR OF HER MAJESTY, TO PROVIDE FOR THE EXECUTION OF THE LAWS FOR THE RELIEF OF THE POOR IN IRELAND.

(7th August, 1851.)

10 & 11 Vict. c. 90.

WHEREAS it is expedient to provide for the better distribution, support, and management of certain of the medical charities in *Ireland*, and to amend for this purpose the provisions of an act passed in the eleventh year of her present Majesty, intituled *An Act to provide for the Execution of the Laws for Relief of the Poor in Ireland:* be it enacted by the Queen's most excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present parliament assembled, and by the authority of the same.

Appointment of Commissioners to act with Poor-law Commissioners.

1. That it shall and may be lawful for her Majesty the Queen, by warrant under her sign manual, from time to time to appoint two persons (one of whom shall be a physician or surgeon of not less than ten years standing, and shall have the title of Medical Commissioner,) who, together with the commissioners appointed under the provisions of the aforesaid act of the eleventh year of her Majesty, shall, from the time of the publication hereinafter directed to be made in the *Dublin Gazette*, be the "Commissioners for administering the Laws for Relief of the Poor in *Ireland*," within the meaning of the aforesaid act, pursuant to, and with the powers and authorities given by, the said act, and the several acts for the more effectual relief of the destitute poor, and also for executing this act, and such two persons so appointed under this act shall hold office during the pleasure of her said Majesty; and immediately on the publication aforesaid the office of assistant commissioner created by the said first-mentioned act shall cease and determine; and in the absence of the chief commissioner for the time being in the said act mentioned the powers, duties, and functions of the said chief commissioner under the said act shall be exercised by such one of the other commissioners as shall be appointed so to act by a majority of the commissioners, with the approval of the Lord Lieutenant of *Ireland*.

Appointment of Commissioners to be published in *Gazette*. Powers given by this Act how to be exercised.

2. Notice of the appointment of such two persons by her Majesty shall be published in the *Dublin Gazette*, and on the day after the publication of the first appointment of such persons all the powers and authorities given by this act to the said commissioners for administering the laws for relief of the poor in *Ireland* shall take effect, and shall be exercised by them, in like manner as the powers and authorities given to the commissioners appointed under the said act of the eleventh year of her present Majesty: provided always, that any order for the formation or alteration of any dispensary district or districts under this act, as hereinafter mentioned, or for framing or establishing any general rules or regulations relating thereto, or altering or revoking the same, shall be signed by not less than two of the said commissioners.

Appointment of Inspectors.

3. The said commissioners may from time to time appoint so many fit persons as the commissioners of her Majesty's Treasury shall sanction, being practising physicians or surgeons of not less than seven years standing, to be inspectors to assist in carrying out the provisions of this act, and may remove all or any of the said inspectors, and appoint others in their place.

Salaries of Commissioners and Inspectors to be paid from any Funds provided by Parliament for such Purpose.

4. There shall be paid to the said two commissioners to be appointed under the provisions of this act, and also to the said inspectors, such salaries as shall be from time to time appointed by the Commissioners of her Majesty's Treasury, out of any monies which may from time to time be provided by parliament for that purpose.

No Medical Commissioner or Inspector to practise as Physician or Surgeon.

5. Neither the medical commissioner nor any such inspector as aforesaid shall, while he continues in such respective office, practise as a physician or surgeon, or in any other professional capacity.

Power to Guardians to divide Unions into Dispensary Districts.

6. The guardians of each union in *Ireland* shall, when so required by the said commissioners for administering the laws for relief of the poor in *Ireland*, with all reasonable despatch, divide such union into so many dispensary districts, having regard to the extent and population of such districts, as may to them appear necessary; and in case the said commissioners shall approve of the districts so formed by the said guardians, they shall issue an order under their seal declaring the same; and in case they shall not approve of the districts so formed by the said guardians, the said commissioners may and they are hereby empowered to issue an order under their seal declaring the districts which to them may appear necessary; and it shall be lawful for the said commissioners, and they are hereby empowered, when they may see occasion, from time to time to require the guardians to alter such districts, subject to the approval by order under seal of the said commissioners, and in case of their disapproval, or of the neglect of the guardian to make such alteration when required, the said commissioners may alter such districts by such an order; provided always, that in no case shall an electoral division formed under the acts for the more effectual relief of the destitute poor be divided; and from and after a day or days to be named in any such order the cost of all medical relief afforded within any such dispensary district to which such order shall relate, together with all the salaries and charges incidental to the same, shall be charged on the poor-rates of the electoral division or divisions comprised therein, according to the net annual value of each such division under the poor-law valuation in force for the time being; and the said commissioners shall declare in such order the number and qualifications of the officers to be appointed for the service of each such dispensary district, and shall likewise declare in the said order the number of persons who shall be members of the committee of management of such districts, as hereinafter is provided.

Appointment of Dispensary Committee.

7. Within one month after the receipt of the said order the guardians of the union shall elect, if necessary, a sufficient number of ratepayers resident in each district, and liable to pay poor-rates in respect of property therein of the net annual value of thirty pounds at least, who, together with the *ex-officio* and elected guardians of the poor resident or being the owners or occupiers of property therein, shall be a committee for the management of

the dispensary of such district, so that the number of the members of the said committee shall amount to the number named in the order of the said commissioners, and shall from time to time fill up any vacancies occurring after any general election of such committee; and the committee so appointed shall hold office until the appointment of a new committee after the next annual election of guardians in the said union; and at the first meeting of the guardians after such annual election, or as soon thereafter as conveniently may be, the committee of management for the said dispensary district shall be appointed in like manner for the ensuing year, and so likewise in each succeeding year.

Guardians to provide Offices for Meetings, &c., and also Medicines, &c. Committee of Management, with Approval of Commissioners, may appoint Officers, and with such Salaries as the Guardians, with the like Approval, may determine.

8. The guardians of the union shall, as soon after receipt of the said order as conveniently may be, provide a house, building, room or rooms, to be used as a dispensary or office for the medical officer of each such district, and for the meetings of the committee of management, and shall provide such medicines and medical appliances as may be necessary for the medical relief of the poor in the said district, and the committee of management shall appoint, from time to time, subject to the approval of the said commissioners, one or more medical officers for the said district, with such qualifications as the said commissioners shall determine, and with such salaries as the guardians, subject to the approval of the said commissioners, shall determine; and the said commissioners may, and they are hereby empowered when they may see occasion, from time to time to regulate the amount of salaries or allowances payable to such officers respectively, and the time and mode of payment thereof; and it shall be lawful for the said commissioners to remove any such medical officer on sufficient grounds, and to direct the said committee of management to appoint another medical officer in his stead; and, on failure of the said committee to appoint a medical officer of such dispensary district for one month after the receipt of the direction of the said commissioners, it shall be lawful for the said commissioners to appoint such medical officer by an order under their seal.

Power to afford Dispensary Relief.

9. Every member of such dispensary committee, and every relieving officer and warden acting for an electoral division included in such dispensary district, shall have power to afford medical relief by the issue of a ticket for medicine and advice, or a ticket, in such form as the said commissioners shall prescribe, addressed to the medical officer of the district, directing him to afford medicine and advice to or attend any poor person resident therein; and it shall be the duty of the medical officer to afford medicine and advice, or to attend such poor person, as thereby directed: Provided always, that if any person who shall obtain a ticket for medical attendance from any relieving officer or warden, or from any member of the committee, shall, at the next or any subsequent meeting of the committee after the issue of the ticket, be declared by a majority of the members then present not to be a fit object for dispensary relief, the ticket shall be cancelled, and the holder thereof disentitled to further relief.

Other Provision made for Dispensary Relief to cease after Day named in Order of Commissioners. Proviso as to County Infirmaries, &c., under 5 G. 3, c. 20. (I.)

10. From and after the day to be named as aforesaid in the order of the said commissioners declaring any dispensary district, all provision now made by law for affording dispensary relief from poor rate, or by means of presentment from the county cess, shall, except for the purpose of defraying expenses incurred before such date, cease as to the baronies or portions of baronies or places included in such dispensary districts, and all funds and property derived or arising for the support of such institutions from bequests shall be applied to the support thereof according to the trusts on which such bequests were granted: Provided always, that where, under the provisions of an act of the parliament of *Ireland* passed in the fifth year of his late Majesty King *George* the Third, intituled *An Act for erecting and establishing public Infirmaries and Hospitals in this Kingdom*, any allowance or stipend is now payable to any officer of a county infirmary or other medical institution, such respective allowance or stipend shall wholly cease to be payable to or to the use of such infirmary or medical institution under the provisions of the said act, when and as soon as the person holding such office at the time of the passing of this act shall wholly cease to hold the said office in the said infirmary or medical institution: Provided also, that nothing herein contained shall be construed to deprive of the benefit of aid from any parliamentary grant any infirmary or hospital in the city or county of *Dublin* now receiving such aid, so long as such aid shall continue to be granted by parliament.

Members of Committee of Dispensary not to be concerned in supplying Articles for Use in Dispensary, under penalty of £50 and costs.

11. No guardian or member of the committee of management, paid officer, or other person concerned in the providing, ordering, management, control, or direction of the medical relief of the poor in any dispensary district, shall, either in his own name or in the name of any other person, provide, furnish, or supply for his own profit any medicines, instruments, furniture, or goods for the use of any dispensary in any district for which he shall act in any such capacity as aforesaid, during the time for which he shall retain such office, nor shall during such time be interested, directly or indirectly, in any contract relating thereto, under pain of forfeiting the sum of fifty pounds, with the full costs of suit, to any person who shall sue for the same by action of debt or on the case in any of her Majesty's courts of record at *Dublin*.

Regulations as to Management of Dispensaries.

12. The said commissioners shall and may, and they are hereby directed, with all reasonable despatch after the first appointment of commissioners under the provisions of this act, to frame general rules and regulations for the government of each dispensary district, and for the guidance and control of the guardians, the committees of management, and the several officers to be appointed in connexion therewith respectively, and shall be empowered to alter or revoke such rules and regulations, and make such new rules and regulations, from time to time, as they may think fit.

Regulations as to Vaccination. 3 & 4 Vict. c. 29.

13. The medical officer of every dispensary district constituted under this act shall and he is hereby required to vaccinate all persons who may come to him for that purpose, subject to such regulations as may be issued by the commissioners in that behalf, and which regulations the said commissioners are hereby required to make and issue; and that from and after the declaration of any such dispensary district it shall not be obligatory on the board of guardians of the poor-law union containing such district or any part thereof to make a contract with a medical practitioner for the vaccination of persons resident in such district, under the provisions of an act passed in the fourth year of the reign of her present Majesty, intituled *An Act to extend the Practice of Vaccination*: and after the appointment of a medical officer for such dispensary district all existing contracts theretofore made with the guardians under the authority of the last-mentioned act shall cease and determine, payment being made to such medical practitioner of such proportional sum for past services as may then be due to him.

As to existing Medical Officers of Dispensaries.

14. When, on the formation of any district under the provisions of this act, a medical practitioner shall be in possession of a medical office connected with any dispensary subject to the authority of the said commissioners, and situate in the locality included in such district, it shall be lawful for the commissioners, if they shall think fit, to declare him to be, in the first instance, the medical officer

or one of the medical officers of such new district; and so likewise when two or more medical practitioners shall be circumstanced as aforesaid, in case the like number of medical officers is required in such new district, it shall be lawful for the said commissioners, if they shall think fit, to declare such persons to be the medical officers of such new district; but in case a smaller number of such officers shall be required for such district, then it shall be lawful for the said commissioners, if they shall see fit, to nominate such persons, or any of them, as the persons from whom a selection shall be made for a medical officer or officers under the provisions of this act, by the parties entitled to appoint to such office; and it shall not be necessary for the said commissioners, unless they think fit, to reject any such medical practitioner so in possession of any such office before the formation of such district, by reason of the want of such qualifications as may be required by them in other cases.

Salaried Medical Officers of Districts to attend at Examination of dangerous Lunatics, and to give Attendance at Bridewells within their Districts.

15. It shall be the duty of any salaried medical officer of a dispensary district under this act, or (if more than one) then the nearest of such medical officers, save in the case of his sickness or necessary absence, and then the other nearest of such medical officers, without any further fee or reward, to examine and certify under the statute in that behalf as to the case of any dangerous lunatic brought before a justice of the peace, within his respective district, when summoned by such justice so to do, and also to give his medical attendance and care, so far as shall be necessary, to the prisoners or inmates in any bridewell or house of correction situate within such respective district, and to supply to such prisoners and inmates the necessary medicines, the account of which medicines shall be submitted to the next meeting of the committee of such respective district, who shall make provision for the payment thereof; and it shall be lawful for the said commissioners, if they shall think fit, to take into account the probable extent of such extraordinary duties with respect to any such bridewell or house of correction, in fixing the amount of the salaries of the medical officers of such districts.

Power of Commissioners and Inspectors to inquire on Oath, or require a Declaration. Provisions as to the summoning of Witnesses, &c., by Commissioners and Inspectors.

16. The commissioners or any one of them, and also any such inspector acting in execution of this act, by summons under the seal of the commissioners, or under the separate hand and seal of any commissioner or inspector respectively, as the case may be, may require the attendance of all such persons as they or he shall think fit to call before them or any of them respectively upon any matter connected with the execution of this act, relating to any dispensary subject under this act to the authority of the said commissioners, at such time and place as shall be set forth in the summons, and may make inquiry and require returns, and may administer oaths, and examine all such persons upon oath, and may require and enforce the production upon oath of books, contracts, agreements, accounts, maps, plans, surveys, valuations, and writings, and copies thereof respectively, in anywise relating to any such matter as aforesaid; or when the commissioners, or any one of the commissioners, or any inspector, shall think fit, instead of requiring such oath as aforesaid, they or he may require any such person to make and subscribe a declaration of the truth of the matter respecting which he shall have been or shall be so examined: provided always, that no person shall be required, in obedience to any such summons of any of the said commissioners, to go more than thirty statute miles from the place of his abode, or, in obedience to any such summons of an inspector, to go more than five miles from the place of his abode: provided also, that nothing herein contained shall empower the commissioners or any commissioner or inspector to require the production of the title, or of any papers or deeds relating to the title, of any lands, tenements, or hereditaments, not being property under the authority of or vested in the said commissioners by this act: provided also, that nothing herein contained shall authorize the said commissioners or any of them, or any such inspector, to exercise such powers of summons, inquiry, examination, or other such last-mentioned powers as aforesaid, in the case of any hospital, infirmary, or medical institution supported by private endowments, bequests, property, or subscriptions.

Penalty for giving false Evidence. Penalty for refusing to attend to Summonses or to give Evidence.

17. Every person who upon any such examination as aforesaid under the authority of this act shall wilfully give false evidence, or wilfully make or subscribe a false declaration, shall be deemed guilty of a misdemeanor; and every person who shall refuse or wilfully neglect to attend in obedience to any such summons as aforesaid of the commissioners, or any one of the commissioners, or any inspector, or to give evidence as aforesaid, or shall wilfully alter, suppress, conceal, destroy, or refuse to produce any books, contracts, agreements, accounts, maps, plans, surveys, valuations, or writings, or copies of the same, which may be required as aforesaid to be produced for the purposes of this act, to any person authorized by this act to require the production thereof, shall be liable to forfeit a sum not exceeding five pounds, to be recovered before any justice or justices at petty sessions under his or their warrant, by distress and sale of the goods of the party so offending, returning to such party the overplus.

Inspectors to visit Dispensaries and attend Meetings of Guardians, &c. Commissioners and Inspectors to inspect and report upon Hospitals, &c., supported by public Funds, Rates, &c.

18. Every inspector acting in execution of this act shall be entitled to enter at all times into and to inspect every dispensary or building used for the purposes of this act, and to attend the meetings of every board of guardians or dispensary committee, on all business arising in the execution of this act, and to take part in the proceedings, but not to vote at such meeting; and the said commissioners, or an inspector by their order in writing, shall be empowered (when they shall deem it expedient) to enter, inspect and report upon any infirmary, hospital, or medical institution supported in the whole or in part by any public funds, rates, or assessments.

Commissioners to execute in Ireland the Nuisances Removal and Diseases Prevention Act, 1848, (11 & 12 Vict. c. 123), and the amending Act (12 & 13 Vict. c. 111).

19. The said commissioners shall be the commissioners for executing in *Ireland* the powers and purposes of "The Nuisances Removal and Diseases Prevention Act, 1848," and an act of the following session of parliament amending the same; and all committees, inspectors, medical officers, and other persons appointed or employed under the powers of this act shall and they are hereby required, within their respective districts, to aid the guardians of the poor, and such officers or persons as they shall appoint or employ, in the superintendence and execution of any directions and regulations which may at any time be issued by the said commissioners for the time being under the authority and by virtue of the said Nuisances Removal and Diseases Prevention Act and the said act, amending the same, or under or by virtue of the provisions hereof in relation thereto; and all expenses which shall be incurred on account or in execution of the said last-mentioned act or acts, and chargeable upon the poor-rates, shall hereafter be charged on the poor-rates of the respective electoral division situate within such district, in like manner, and be ascertained, paid, and audited, in all respects as directed for the expenditure under the provisions and for the purposes of this act.

Annual Reports to be made to Lord Lieutenant, and laid before Parliament.

20. The said commissioners shall once at least in every year submit to the Lord Lieutenant a general report of their proceedings under the provisions of this act, including

the total expenses incurred in *Ireland* and in each union in carrying this act into execution in each year, together with a list of all districts and dispensaries under this act, and the total annual expense of each; and every such general report shall be laid before both houses of parliament on or before the thirty-first day of *March* in each year, if parliament be then sitting, or if parliament be not then sitting, within six weeks after the next meeting of parliament.

Interpretation of Terms.

21. In the interpretation of this act the words "Lord Lieutenant" shall extend to and include the Chief Governor or Governors of *Ireland* for the time being, and the word "medical" shall be construed to extend to and include the word "surgical" unless there be something in the subject repugnant to such construction.

Commencement of Act.

22. This act shall commence and take effect from and after the first day of *October* one thousand eight hundred and fifty-one.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, AUGUST 20, 1851.

THE NEW DISPENSARIES ACT.

The Dispensary Surgeons of Ireland are at length relieved from the distressing state of doubt and suspense in which they have been kept for nearly fifteen years, and they have now inevitable certainties only to contend with; to which they must apply themselves calmly and firmly. To indulge in retrospective contemplations, or complaints of past proceedings, will prove but a waste of valuable time and energy which present exigencies demand. It matters little who were the authors or promoters of this measure, or what may have been their motives; it is now accomplished, and it only remains for those liable to be affected by it to watch and direct its operation; not in a spirit of hostility, or with a feeling that they have to encounter aggression and injustice, but with a conviction that those who are to execute the provisions of this act will see the necessity of adopting a policy having for its object the association of the medical profession with the department of the executive government entrusted with the care of the poor. Doubtless, much difficulty will be experienced in the endeavour to attain harmonious coöperation between parties heretofore frequently in collision; but let not hereafter the blame of miscarriage be laid on the medical profession, should the arrangements adopted lead to such a result. We counsel not any such line of conduct as a servile acquiescence in the views of official people, should such views be manifestly opposed to a liberal provision for the relief of the sick poor; what we advise is a frank tender of coöperation by our profession, should a distinct understanding be come to, on the one part, to do what is just and liberal; on the other, to ask nothing unreasonable or impracticable. Allowances must be made for the difficulties of the case, and the inevitable sacrifices which must of necessity attend the execution of the act; while every consideration must be given to claims which may be considered of the nature of vested interests. That some of the existing Dispensaries must be extinguished by the operation of this act cannot be doubted (the number it is impossible even to guess at); but that the surgeons of these suppressed institutions should have the first claim for appointment elsewhere cannot be questioned. Here, however, one of the first difficulties to be encountered will arise. The Committee of the new District Dispensary, the Guardians, or the Commissioners, may see good cause for a departure from this rule, and even deserving men may be set aside, but that a very large majority of the present surgeons will retain their appointments seems certain. It may be cold comfort to those liable to be discontinued to say so, but in some situations, we believe, there are dispensaries so badly supported, and so unworthy of a surgeon's attention, that their suppression must prove beneficial even to the persons who cling to them as an only resource. In fact, we are of opinion that there are many, very many, members of our profession in Ireland who will be saved from a life of poverty and inaction by a compulsory removal. Be this, however, as it may, we are convinced that there is no reason to despond. Matters, we fear, have come to such a pass that worse they cannot well be in some cases, and in most cases a change cannot be looked to with much apprehension. It is scarcely necessary to say, that the success of this measure will mainly depend upon the choice made by the Government of the Medical Member of the Poor-Law Board. We do not wish to say much on the subject, lest we should stumble on some observation liable to be construed into a hint favourable to some one of the numerous candidates for the office. We may, however, say this much. Let not the new Commissioner be a person despised by our profession: if not in all respects unexceptionable for the duty, we pray that he may be a person of *respectable* character. If he should not be a man of transcendent integrity, let him not be one who glories in his exploits in the art of chicanery. If a certain amount of courtly deference to his superiors be a necessary qualification in him, we advise that he be not a cringing and fulsome parasite; and if a proper independent bearing becomes his position, let us not have in lieu of it an offensive and obtrusive familiarity: above all things, we hope that he may have some character for veracity. These negative qualities may appear to some unworthy of specification; but looking as we do to the realities around us, we are content with them; being satisfied that the situation is not one which should be thrown as a reward to a political adherent, or as a provision for a personal *attaché*, irrespective of ability to discharge the duty or to win the confidence of the parties concerned.

MEDICAL REFORM.

THE LONDON APOTHECARIES' COMPANY.

The following somewhat amusing occurrence suggests inquiries which we have not now leisure to make. The cordial fraternization of the Censors of the College of Physicians with the Worshipful Company is significant; and the virtuous indignation displayed touching the homœopaths and their economical globules is instructive. That all parties are moved by a most virtuous anxiety to labour *pro bono publico* there can, we believe, be no question; but still there appears a latent suspicion that some sceptics begin to think that people may have too much physic as well as too little:—

The Society of Apothecaries.—On Wednesday, the 30th ult., this society sat down to an excellent dinner, provided by Mr. Quarterman, at the Crown and Sceptre, Greenwich, the Master, M. L. Este, Esq., in the chair, supported on the right and left by the censors of the College of Physicians, Dr. Wilson and Dr. Crawford, and Sir Charles Forbes, Dr. Taylor, and several distinguished foreigners. The number present, including visitors, amounted to 160. After grace had been said, the Master gave, as the first toast, "the Queen and the Royal Family," which was responded

to with the utmost loyalty, cordiality, and enthusiasm. What might, however, be considered the event of the evening, in a professional point of view, originated in the next toast, given in a neat and appropriate speech by the Master—viz., "the College of Physicians," coupling with it the name of the son of his old and highly respected teacher, Dr. Wilson. Dr. Wilson, in reply, said—"Excellent Master and gentlemen, in the absence of Drs. Paris and Monro, both of whom much regret that they were unable to be here, in consequence of the *soirée* given this evening by the College of Physicians to the distinguished foreigners at present in London, it becomes my duty to respond to that toast. The allusions to my late father remind me that it is now nearly twenty-five years (a quarter of a century) since I last had the honour of forming one of your party, and during that period what extraordinary changes have taken place: railroads, telegraphs, and a thousand other additions, have been made to the comforts and conveniences of life; but to me the most gratifying change—and one of which you may justly be proud, and which has been effected principally by your exertions—is the manifest advance which has taken place in the scientific attainments and moral status of the medical profession of the present day. And here let me ask, has the public appreciation of that status kept pace with its improvement? Has it not rather retrograded? We certainly had then some charlatans: I can scarcely recollect whether St. John Long was then in existence; but what have we now? Have we not quackery rampant, as in homœopathy, now reduced to a regular system, appealing to and supported by the credulity of a *soi-disant* enlightened public, and publishing as its patrons the names of individuals in elevated positions, from whom better things might have been expected. When I last had the honour of addressing you I was junior censor; I am now senior censor, and I avail myself of this, the first opportunity which has occurred to me, of denouncing the whole system as a vile and wicked imposture, alike repugnant to the principles of honour, honesty, and truth, as to the well-established facts of medical experience. From the various reforms which have been effected, and are now in progress, it matters little whether a man add M.D., M.R.C.S., or other initials to his name; it behoves one and all regularly educated practitioners to unite in 'a long pull, a strong pull, and a pull altogether,' in putting down a system fraught with mischief to the interests of the community at large, no less than to the individual members of the profession. It behoves us, I say, to bear in mind, that at no distant period the elections may come, and it may then be our duty to evince to the world that the highly respectable portion of the community to which we belong, can have little confidence in individuals as legislators who manifest such a total absence of common sense, and so vast an amount of gullibility and credulity, as to patronize so wicked a system of humbug and imposture." The other usual toasts having been given, the company broke up at an early hour.

PRACTICAL HOMŒOPATHY.

We need not enter into further particulars of the charge we made against Mr. Kingdon than to publish two of his recent prescriptions, *verbatim et literatim*. It will be seen that they are both recent, and they were both given to the same patient, for the same malady, within seven days of each other:

℞ Belladon. (3rd Dil.) gl. vj.
Sacchar. Lactis. Gxii.
M. intime et Divid.
in chart iv. quar.
j nocte maneque v.
W. K. Chir.

Mr. —— June 7, 1851.

From Headlands,
Princes St.
Hanover Square.
℞ Decoct. Cinchon. ℥vss.
Sp: Ammon. arom.
Tinct. Cinchon. c.
āā ℥ij.
M. 6tam part ter quotid.
s.
℞ Hydrarg. c creta Giij.
Confect. Opiat. Gix.
M. intime et Divid.
in pil iij quar j o, n,
s.
W. K. Chir.

Mr. —— June 14, 1851.

These prescriptions afford evidence, not only of Mr. Kingdon's perversion to globulism, but of a far worse state of things. We have before now received assurances that the globulists whenever they fall into any difficulty forsake their shams and resort to the real resources of regular physic. Here is, as it appears, a speaking instance of it. On the 7th of June, Mr. Kingdon orders his patient globules of infinitesimal sugar and belladonna, made into powders; on the 14th of June, Mr. Kingdon prescribes full doses of bark and mercurial, just one week after his homœopathic trash. Can anything be more treasonable or bad, in everything relating to faith and morality, on the part of a medical practitioner? The only other explanation which the case admits of is, that Mr. Kingdon, being sent for as a regular medical man, and receiving payment as such, did nevertheless impose the globules upon his patient, without his patient's knowledge. But this supposition is, if possible, more damaging than the first.—*Lancet.*

MEDICAL CHARITIES' BILL FUND.

The Treasurer, Dr. Morrison, acknowledges the receipt of £1 from Dr. McCrea, Clondalkin Dispensary.
Newry, Aug. 9, 1851.

MEDICAL BENEVOLENT FUND.

The Treasurer acknowledges the receipt of 10*s.* from Dr. Cavet of Waterford, and one guinea from Dr. Clayton of Athy.

BIRTHS AND DEATHS IN LONDON,

DURING THE WEEK ENDING SATURDAY, AUGUST 9.

Births.		Deaths.	
Males.....	749	Males.....	536
Females.....	728	Females	502
	1477		1038

CAUSES OF DEATH.

1. *Zymotic* (epidemic, endemic, &c.) *Diseases*,	334
Sporadic Diseases, viz.—	
2. Dropsy, cancer, &c., of uncertain seat,	52
3. Brain, spinal marrow, nerves, and senses,	119
4. Heart and bloodvessels,	42
5. Lungs, and other organs of respiration,	79
6. Stomach, liver, and other organs of digestion	61
7. Diseases of the kidneys, &c.,	10
8. Childbirth, diseases of the uterus, &c.,	7
9. Rheumatism, diseases of the bones, joints,	6
10. Skin, cellular tissue, &c.,	0
12. Old age,	45
13.. Violence, privation, cold, and intemperance,	23

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

1851.	Max. T.	Min. T.	Barom.	Rain.
Sunday, Aug. 10th,	77	50.5	30.100	
Monday, 11th,	74	51.5	30.050	.170
Tuesday, 12th,	73	53	30.050	.360
Wednesday, 13th,	78	56	29.950	.200
Thursday, 14th,	84	55	29.728	.540
Friday, 15th,	77.5	54	30.000	.003
Saturday, 16th,	76	50	29.926	.007

PORTARLINGTON, QUEEN'S COUNTY.

1851.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Aug. 10th,	69	48.5	29.772	66	61.2	58		ENE
11th,	68	58	29.624	64.4	63	62.1	.085	S
12th,	72.5	50.5	29.738	64.4	60.2	57.3	.022	SE
13th,	70	57	29.648	64	59.9	57.1	.014	SE
14th,	70	52	29.558	65.4	60.2	56.6	.248	SE
15th,	74	50	29.449	64.7	60.8	58.2		SW
16th,	70	50.5	29.493	65.4	61.8	59.5	.053	SW

M. W. HANLON, M.B.

ROYAL OBSERVATORY, GREENWICH.

Mean height of Barometer..... 29.96
" " Thermometer*..... 64.1
Self-registering do.† ..... max. 85.5 min. 50.1

* From 12 observations daily—† Sun.

Rain, in inches, 0 0: sum of the daily observations taken at nine o'clock.

EXPLOSION OF YEAST.

On Thursday, July 24, Mr. H. M. Wakley held an inquest at the Bank of England public-house, Praed-street, Paddington, on James Parfett, aged 35, a porter at the Paddington terminus of the Great Western Railway, who was killed under the following extraordinary circumstances:—Mr. George Strange, clerk in the goods department of the station, stated that at nine o'clock on Tuesday morning he saw the deceased returning from breakfast along the platform, where lay several casks of yeast which had arrived from Oxford. Just as he passed the casks one of them, containing eighteen gallons, suddenly burst with a loud explosion, blowing the cask thirty feet into the air, together with the deceased, who was struck under the chin by a corner of the cask. Deceased fell on his back six yards from the spot where the explosion took place. Witness instantly ran to the spot, where he found deceased apparently dead, and bleeding from large wounds under his jaw and on the top of his head. He had him conveyed to St. Mary's Hospital, where he died half an hour after his admission. The barrels appeared to have been very badly hooped. Just before the fatal occurrence, witness observing the yeast escape from the cask, feared an explosion would ensue, as on other occasions yeast barrels had exploded. On one occasion he nearly lost his life thereby. He did not consider the barrels safely secured. Mr. Superintendent Collard of the railway station, said that the yeast belonged to Mr. North of Oxford, and that he never before heard of such an accident. There was a clause in the company's act which compelled them to convey gunpowder and all combustible material by a separate train, but the company never considered that yeast came within the meaning of the clause. After the examination of several other witnesses, the jury returned a verdict that "Deceased was killed by the accidental explosion of yeast."

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

REPORT ON IRREGULAR PRACTICE.

The following Report was brought up and unanimously agreed to:—

Brighton, 14th August, 1851.

Your Committee have, after consultation with numerous Members of the Association, maturely considered the subject referred to them, and beg respectfully to suggest the adoption of the following Resolutions:

1. That it is the opinion of this Association, that Homœopathy as propounded by Hahnemann and practised by his followers is so utterly opposed to science and common sense, as well as so completely at variance with the experience of the Medical Profession, that it ought to be in no way or degree practised or countenanced by any regularly educated medical practitioner.

2. That Homœopathic practitioners, through the press, the platform, and the pulpit, have endeavoured to heap contempt upon the practice of Medicine and Surgery as followed by members of this Association and by the profession at large.

3. That for these reasons it is derogatory to the honour of members of this Association to hold any kind of professional intercourse with Homœopathic practitioners.

4. That there are three classes of practitioners who ought not to be Members of this Association, viz.,—1st, real Homœopathic Practitioners; 2nd, those who practise Homœopathy in combination with other systems of treatment; and 3rd, those who under various pretences meet in consultation, or hold professional intercourse with those who practise Homœopathy.

5. That a Committee of seven be appointed to frame laws in accordance with these Resolutions, to be submitted to the next annual meeting of the Association.

6. That the thanks of the Association are eminently due and are hereby given to the Presidents and Fellows of the Royal Colleges of Physicians and Surgeons of Edinburgh for their determined stand against Homœopathic delusions and impostures.

7. That the thanks of the Association are also due and are hereby given to the Universities of Edinburgh and St Andrew's for their resolution to refuse their diplomas to practitioners of Homœopathy; but the Association feels imperatively called on to express its disapproval of any School of Medicine which retains among its teachers any one who holds Homœopathic opinions.

8. That these Resolutions be printed, and transmitted to all the Medical Licensing Bodies and Medical Schools in the United Kingdom; and that they likewise be inserted in the *Times* newspaper, the *Morning Post*, the *North British Advertiser*, *Saunders' News-letter*, all the British and Irish Medical Periodicals, and in such other Journals as the Council may sanction upon the recommendation of the Branch Associations.

In proposing these Resolutions for the adoption of the Association, your Committee are anxious to state that they are actuated by a strong sense of the importance of the subject in its relation both to humanity and morals. They most conscientiously believe that the countenance afforded to the form of charlatanry herein alluded to is detrimental to the true interests of the public, as it is subversive of that strict integrity which ought to characterise practitioners of Medicine, and which has ever distinguished the profession in these Kingdoms.

John Rose Cormack, M.D., Edin.,
Fellow Royal Coll. Phys. Edin. (of Putney.)
James Tunstall, M.D., Edin. (of Bath.)
H. H. Ranking, M.D., Cantab. (of Norwich.)

It was moved by Dr. Malden of Worcester, and seconded by Dr. Charles J. B. Williams of London, that this Report be adopted.

The motion was put from the chair and unanimously agreed to.

The following Committee were then appointed in terms of the fifth Resolution:—Dr. Cormack of Putney, Dr. Tunstall of Bath, Dr. Ranking of Norwich, Dr. Malden of Worcester, Sir Charles Hastings, M.D., of Worcester, and Dr. Cowan of Reading. Dr. Cormack to be Convener.

On the motion of Dr. Tunstall, it was unanimously resolved that the proceedings in reference to this subject be printed and circulated among the Members.

G. S. Jenks, President.
J. P. Sheppard, Secretary.

Pavilion, Brighton, August 15, 1851.

DR. JACOB'S PUBLICATIONS ON THE EYE.

Just published, price 1s. 6d, free by post, 8vo, pp. 36.
On the Operation for Cataract with the Fine Needle through the Cornea.

Lately published, small 8vo, price 5s.,
The Inflammations of the Eye:
A Treatise on all the Species and Varieties of Iritis.

Some time published, 8vo, with four plates, price 5s.,
Two Essays on the Anatomy of the Eye, with Five others in Comparative Anatomy.

At the Office of the Medical Press, 15, Molesworth-street; or Mr. Fannin's, Grafton-street, where Dr. Jacob's Cataract Needles may also be had, price 2s. 6d.

DISPENSING OF MEDICINE.

G. OLDHAM and CO.,
Pharmaceutical Chemists, and Apothecaries,
From Bewley and Evans',
No. 107, Grafton-street, Dublin,
(Corner of Suffolk-street),

Beg to return their grateful acknowledgments to the Medical Profession for the support they have hitherto received, and which they will regard as a fresh motive for exertion. Abstaining altogether from visiting as Apothecaries, except for the application of Leeches, Cupping, and such operations as are performed under medical advice, they will continue to devote themselves exclusively to the duties devolving on the pure Pharmacien.

Having had much experience in Practical Pharmacy, and being resolved to spare neither trouble nor expense in order to have every article of superior quality, they hope by attention, "carefulness," punctuality, and moderation of charges, to commend themselves to the approbation of those who may entrust them with their commands.

☞ *G. O. and Co. invite attention to their present stock of Surgical Instruments, all of which are manufactured on the most modern and improved principles.*

Printed by Thomas Dees, at 15, Molesworth-street, and published there every Wednesday morning, for the Proprietor, Arthur Jacob, M.D., 23, Ely-place, in the city of Dublin.
Wednesday, August 20, 1851.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

VOL. XXVI.
NO. 660.

DUBLIN: WEDNESDAY, AUGUST 27, 1851.

PRICE SIXPENCE,
STAMPED.

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By M. Donovan, Esq., M.R.I.A.

(Continued from p. 116.)

The influence which astrologers exercised on the actions of individuals and the policy of states is truly surprising: the greatest and the smallest movements were directed by them. When the caliph Almanzor had resolved to remove the seat of government from Damascus, he would not determine on a site for the new city without their advice. A pleasant meadow on the eastern bank of the Tigris was chosen, and there, A.D. 767, was founded the city of Bagdad. (Addison.) In the present day, the court astrologer of the Ottoman empire directs the time for taking every important step relative to the affairs of the nation. No Osmanli ever undertakes a journey, builds a house, marries a wife, or commences any business of importance, without a determination from the astrologers of the auspicious hour. Should misfortunes accumulate about him, instead of attributing them to worldly causes, he ascribes them to his constellation. When he is sick, he procures from the priest an earthen bowl inscribed on the interior with passages from the Koran, and filling it with water, sets it aside until the writing is effaced, when he swallows this dose of what he considers holy writ. (Miss Pardoe: City of the Sultan.) The Caucasians will scarcely undertake any important enterprize when the horoscope is clouded with gloomy forebodings. The various changes of the moon and the aspect of the stars are also consulted. (Spencer: Travels in Caucasus.) At Lahore, "Runjeet Sing told the commander-in-chief that the planets would not be propitious to the marching of the troops on the 27th of March, and he consequently hoped we would defer our departure till the following day, which they had fixed on as being more so. The general was obliged to do this." (Fane: Five Years in India, 1842.) Sir J. Malcolm, in his History of Persia, states that a Persian ambassador was compelled by his astrologer to throw down several high walls to enable him to quit the town without facing an invisible constellation which would have marred his good fortune. (Mignan: Winter Journey, &c.)

Frederick II., Emperor of Germany, having married Isabella, sister of Henry III. of England, he refused to consummate his marriage until the astrologers appointed the fitting moment: notwithstanding which precaution his queen died in childbirth. Having occasion to quit Vicenza, he would not do so until the astrologers declared what gate he should pass through; nor would he leave Padua with his troops until directed by the astrolabe what hour he should march; and when he determined to build the city of Vittoria, he should have the advice of the astrologers as to the fittest time—an advice which deceived him not a little, as the new city was shortly after destroyed. (Tiraboschi.)

In a letter from Petrarch to Boccacio, it is stated that when Galeazza Visconti intended to besiege Pavia, the marching of the troops which had been already ordered was countermanded by the astrologers, who said that it was proper to abide the time forefixed by heaven. The day arrived; the march commenced, and such torrents of rain fell that the plains were inundated.

The great mind of Henry IV. of France was not superior to the influence of this absurd superstition. For a long time he deferred the coronation of his consort on account of a prediction that he would not survive that ceremony a single day: the assassin, Francis Ravaillac, perhaps instigated by the prophecy, fulfilled it, May 14, 1610. The unbending Wallenstein was led like a child in leading strings by his astrologer Seni, who read in the stars the future success of his master. (Schiller.) At the court of Catherine de Medici nothing of any consequence was done without reference to the astrologers. Guido da Montefeltro, Lord of Farli, had so much reliance on Guido Bonatti, already mentioned, that he would not venture on giving battle but at the hour dictated by him. One of the persons sent over to Norway, and entrusted with bringing home "the Maid of Norway" on the death of her grand-

father, Alexander III., in 1283, so much depending on her succession to the throne, was Sir Michael Scott, the celebrated astrologer and necromancer already mentioned, notwithstanding which the maiden died on the passage.

Filippo-Maria Visconti, Duke of Milan, was superstitious beyond all comparison, and a devoted believer in astrology, so much so, that during conjunctions and oppositions of the planets, the public business was suspended, and he buried himself in total privacy. He caused gold medals to be struck, bearing astrological characters, which he believed efficacious against the destructive effects of lightning. Against thunder he contrived a double wall. On Fridays he dreaded to meet any one that was not shaved; and on any day would not eat his dinner if the servant who placed the covers made the first step with the wrong foot. (Pietro Candido Decembrio, in Muratori: Sketches of Venetian History, ii., 62.)

One of the duties of the astrologer was to calculate nativities. This was done by ascertaining the position of the heavens at the moment of the birth of the native, as the person was technically called, concerning whom the inquiry was made. On this position depended the future fortunes of that person.

The dangers sustained by the Roman empire from the attempted fulfilment of the prophecies of soothsayers and astrologers rendered the calculation of the nativity, or inquiry into the horoscope of the reigning sovereign, an offence liable to the severest punishments. During the reign of Tiberius, Furius Scribonianus had consulted the astrologers relative to the period of the emperor's death, and for this he was exiled. Augustus interdicted the astrologers from predicting anything relative to the death of any person, either privately or publicly, although he, on his own account, was so little anxious that he had proclaimed publicly the aspect of the stars under which he was born. (Dionis Hist. Rom., lib. 56.)

In the reign of Edward IV., Mr. Thomas Burdett, a gentleman of rank and fortune, was executed in the Tower of London for conspiring with a clergyman named Stacey, to calculate the nativity of the king and his son. Lord Hungerford was beheaded for seeking information as to the duration of the life of Henry VIII. One of the charges against the Earl of Bothwell was his having consulted relative to the duration of the life of King James. A celebrated astrologer named Gadbury, being importuned to calculate the nativity of Charles II., well knowing the danger, not only refused the task but gave information against his instigator; the Duke of Buckingham had been already sent to the Tower because, amongst other crimes, he had influenced an astrologer to commit that offence. One of the physicians of Louis XIV. was charged with having possession of the king's horoscope; to which he pleaded in his defence, that it was his duty to possess an instrument so intimately connected with the king's health and life.

During the seventeenth century astrology was degraded in the hands of the lowest impostors, who lent their aid to every villany, and sold charms and philtres, having a base object in view. The great plague which broke out (1664 and 1665) in London, opened a vast field for the speculation of impious wretches, whom not even the manifestation of this awful chastisement from the Almighty could deter from braving the dangers of the afflicted capital; nor could the appalling red cross on the houses of the infected, with the solemn inscription, "Lord, have mercy on us," remind them of the fearful judgment which might fall on them the next hour.

The character of astrology did not in England long survive Lilly. Dr. William Ramsay, who lived about the same time, and a little after, made an effort to continue it in favour by the publication of a book called "Astrology Restored," but it failed in its object. He professed to foretel a man's fate, particularly whether he should be rich, or fortunate in marriage, and predicted good luck to himself in both instances; but he got a bad wife, and died a pauper in a prison. By the word astrology he means the influence of the stars which cause diseases; and this he calls the pure astrology of Hippocrates and Galen, without a knowledge of which he accounts a physician and a fool to be synonyma. He insists on the necessity of a knowledge of astronomy for the physician, as leading to astrology. Ramsay was a man of some learning; he was the last of the learned astrologers of Britain, as Gassendi and his antagonist Morin were on the continent. The former died in 1655, the latter in 1656.

A contemporary of the last days of the astrologers (Mr. Chambers) thus sums up his estimate of the race:—He says that they are confederates of the devil; that they are all damned, and deserve to have their bones broken.

Amongst the astrologers, as has been shown, there were men of great erudition; but there was also a class of impostors whose chief characteristics were unblushing impudence and destitution of all principle. About the year 1633, several of these *practised* in London, and we have the following accounts of them.

Alexander Hart, formerly a soldier, now professed questionary astrology and physic. He was chiefly employed in predicting for young gentlemen addicted to gambling the fortunate hours when they would win at dice. A curious citizen of London, being anxious for a conference with a ghost, agreed to pay Hart thirty pounds for calling up one. The ghost, however, disobeyed, did not appear, and thus abandoned the seer to his chance of the pillory, which he escaped by flying to Holland.

Dr. Jeffry Neve, who obtained his medical degree in the Low Countries, was also a student in astrology; he died in 1651, and in his will left the following considerate and pious item:—"If Dr. Ardee (a friend of his) give my wife anything that is mine, I wish the devil may fetch him body and soul." This Dr. Ardee, physician and astrologer, seems to have been under especial tutelage. He declared that an angel had once appeared to him, and offered him a lease of his life for one thousand years. He had a friend, one Charles Sledd, an apothecary, who used the crystal, and could commune with spirits which he could summon to appear in it.

Dr. Nicholas Fiske practised physic and astrology at Colchester, and afterwards in London; he could resolve horary questions very soundly; and was exquisitely skilful in the art of directions upon nativities. He directed Sir R. Holborn's nativity.

The Reverend William Breden, vicar of Thornton, in Buckinghamshire, was a profound divine, and the most polite person for nativities in that age, strictly adhering to Ptolemy. But unfortunately the reverend gentleman was so much addicted to drunkenness and smoking, that when he could not procure tobacco he used to cut the bell ropes and smoke them. There were some other characters of equal respectability practising the science of the stars. (William Lilly.)

The dreadful tragedy enacted during the reign of James I. is worthy of a passing notice, on account of the parts enacted in it by a doctor and an apothecary. Dr. Simon Forman, an astrologer, had been imprisoned by the London College of Physicians (1592) for professing to distinguish and cure diseases by ephemerides, heavenly signs, and aspects, without the aid of medicine. (Goodall's Hist. of Coll. of Physicians.) William Lilly gives the following account of him:—"This physician studied astrology in Holland (1580); he was a person that in horary questions (especially thefts) was very judicious and fortunate; so also in sicknesses, which indeed was his masterpiece. In resolving questions about marriages he had good success; in other questions very moderate." He had set a figure to discover his fortunes, and from it predicted that before two years he should be a lord; but he confesses that within the time specified he found himself a prisoner in Newgate instead of being a lord. This was at the prosecution of the college. In one of his manuscript books is the following interesting notice, which shows that he

could not avoid cheating even himself:—"This I made the devil write with his own hand in Lambeth Fields, 1596." He foretold that he should die on the next Thursday, and so he did, although in good health up to that day. (Life of Lilly.)

Such was the chief agent in the poisoning of Sir Thomas Overbury in the Tower of London; the following are the circumstances recorded in history. The Countess of Essex made use of persons who professed sorcery and witchcraft to ensnare the affections of Lord Rochester, the handsomest man of his day, for whom she had conceived an illicit passion. Philtres and the usual detestable practices of the art were employed, and the lady's passion was ultimately responded to. Sir Thomas Overbury, who at first had assisted Rochester in the intrigue, perceiving that the design of the countess was to espouse Rochester after she had obtained a divorce from Essex, sought to defeat her by his influence over Rochester. The latter having induced King James to send Overbury to the Tower, the countess determined to remove this obstacle to her happiness; she therefore employed the notorious Mrs. Turner, a brothel-keeper and reputed sorceress, to aid in her scheme. The countess had already consulted this woman as to the best means of making away with her husband Essex. Turner, willing to oblige her patroness in both ways, called to her assistance Dr. Forman and his friend an apothecary, named Franklin; both used their skill in compounding various slow poisons, which were mixed in the food of the unfortunate captive, day after day, by his keeper, Weston, who received twenty pounds for his services. They consisted of aqua fortis, arsenic, lunar caustic, and cantharides; but being too slow for the impetuous desires of the countess, the poor victim was despatched by a good dose of corrosive sublimate. Forman was the prescriber of the poisons compounded by the apothecary. He appears to have had no great skill as a poisoner, although he professed that art along with medicine, fortune-telling, astrology, sorcery, and magic. Such was the detestation of Turner's crime, and the interest manifested in her execution, that persons of high rank of both sexes attended in their carriages at Tyburn. (State Trials. Miss Aickin; and all the historians of the time.)

We have seen that from very early ages astrology constituted an essential part of medicine, and continued to be so down to times not very long past. The faculty of Paris, in the hope of checking its spread, had condemned it as a diabolical and dangerous art. In the sixteenth century, philosophers, moralists, and satirists contributed their efforts to dissipate the delusion: we find Gesner, Erasmus, Picus of Mirandola, and others, engaged in the contest. The poets contributed their aid, amongst whom Butler stood foremost. Even Ariosto could not refuse himself the pleasure of a passing sneer. He says that when Astolfo visited the moon, he found there a quantity of sense that belonged to various persons on earth; amongst the rest, that of the astrologers, corked up in bottles, it being subtile, and apt to exhale:—

"Di sofisti, e d'astrologhi raccolto
E di poeti ancor ve n'era molto." (Orlando Fur.)

The insinuation being, that if the common sense of the astrologers was bottled up in the moon it could not be in their brains. The following practical jeer is related of William Duke of Mantua. The birth of a foal being expected on a certain night, the duke caused an astrologer to sit up and watch in the stable. The foal was born, its horoscope was cast by the astrologer, but it was published as if it were that of the duke's natural son. The obsequious astrologers of the time administered the proper quantity of adulation in prophetic anticipations; they discovered in the horoscope that the supposed offspring of the duke was to be something great—a celebrated person, a puissant warrior; some determined that he was to be a cardinal; others made him pope. The duke, amidst this diversity of opinion, disclosed the trick he had played, to the utter scandal of the astrologers. (Encyclop. Metrop.)

In Alexandria a tax was imposed on astrologers and astrological seekers called Βλκαενομιμον, under the supposition that the ridicule attached to the name of the impost would act as a restriction.

St. Ambrose thus ridicules astrological predictions. If a child be born under the sign Aries, he shall be wise in council and rich, because the ram is the leader of his flock, and because every year he produces a rich fleece; if the child be born under Taurus, he shall be strong and laborious, because the bull submits his neck to the yoke; if born under Leo, he shall be fierce like the lion; if under Scorpio, he shall be malicious and poisonous like the scorpion; if under Pisces, he shall be silent as a fish. (Gaule.)

Such was the kind of science which had long disfigured the knowledge of physicians. Diseases were placed under the influence of the twelve signs of the Zodiac; planetary influences were believed to cause some diseases, while they cured others: all medicinal herbs were affirmed to be under the dominion of some planet or other; and the aspect of the planets determined the treatment to be adopted by the physician. Clementinus maintained that the different parts of the body are under the dominion of a particular planet or constellation. King John II. of Aragon having lost the sight of both eyes, by cataract, had one of them couched by a Jewish physician, and recovered it. The Jew being, like almost all physicians of his time (1468), an astrologer, declined to operate on the other eye, as the planets wore a malignant aspect. The king, superior to such foolery, overruled the objection, was operated on, and recovered his sight perfectly. At this time Jewish physicians were in great request at all the courts of Europe. (Prescott.)

Such influence had these absurdities over the minds of men that the astrologer-physician Culpeper, a man of some learning, wrote his practice of medicine founded on astrological principles, and in his preface modestly prophesied that his work "will profit millions until the world becomes one great bonfire." The character given of this man (Sidrophel Vapulans, 1699) was, "Culpeper was an impudent quack-astrologer and a rebel. He libelled the learned King James, and that most pious prince his son, and d——d them both to h—ll, together with the whole college who compiled the London Pharmacopœia."

Rupaldi insisted on the particular days when bloodletting should alone be practised; and a scruple of violating these rules, which other physicians equally insisted on, was declared to have often caused fatal results. In several countries of the East, these absurdities are still relied on. In Turkey, the Astrologer Royal is referred to in questions relative to the Sultan's health, and to every public measure of importance. In China an astrological calendar is annually published by royal authority, in which the fortunate days for taking physic or a wife, and all other important things, are accurately noted. In the Persian calendar, also, the fortunate days for taking physic and marrying, with various other particulars, are given; as also predictions of political and natural events; and it must not be forgotten that we find the same kind of information in one or two of our still remaining astrological almanacks in Great Britain.

The Persians highly respect the astrologers, and speak of the planets in the following beautifully conceived terms:—"Praise be to that great Creator, who formed heaven and earth, and the heavenly bodies; among whose divine works mankind appear but a small spot. The dark Saturn, like a sentinal, in the seventh heaven, is attentive to his interests; the glorious Jupiter, like an able judge, enthroned in the sixth heaven, is watchful of his desires; and the bloody Mars, with his stained sabre, sits in the fifth heaven, the ready executioner of his Maker's wrathful commands; and the resplendent Sun, encircled by a flaming crown, shines in the fourth heaven with light that he has received from the Almighty; the beautiful Venus, like a glad minstrel, sits in her elegant apartment in the third heaven, supported by his power; the feathered Mercury, like a wise secretary, sits in the second heaven, the writer of the Almighty's orders: the clear moon sits enthroned in the first heaven, a sign of the Creator's power." (Fowler's Three Years in Persia.)

In the Egyptian economical calendar, information or

advice is given for every day in the year, along with some astrological observations. Amongst them are many important remarks, such as—"Sitting in the sun is oppressive—Bugs make their appearance—Increase of bugs—Times mend—Worms and grass-hoppers breed—τὸ πλησιαζειν γυναικι is now very wholesome—Increase of heat; fleas diminish—Take care not to eat too much—Avoid τὴν συνουσίαν and eating onions—Drink cold water on an empty stomach—Evita τὸ παρακοιτεῖν—Water drinking at night is injurious—Do not bleed except in cases of the greatest necessity (Oct. 24)—The passages of the nose are stopped—Increase of fleas (Dec. 19)—Don't eat beef (Dec. 22)—Don't eat fowl (Dec. 29)—Conclusion, and 'God knows the truth of all things, and the fate of the humble Yehia' (Editor of the Almanack), and he then offers up a prayer for himself, and his parents, and all Moslems." (Travels of Augustus St. John, 1834.

The Jesuit Du Halde says the Chinese astrologers "distinguish the hours proper for everything, not unlike our Shepherd's Kalendar, wherein are marked by characters the time to let blood, undertake a journey, fell wood, sow, plant, &c. They point out the lucky minute to ask a favour from the emperor, to honour the dead, offer sacrifice, marry, build houses, invite friends, and everything else relative to public and private affairs; and all this is observed so scrupulously by many that they dare do nothing contrary to the direction of the Kalendar, which they consult as their oracle." (p. 133.)

"On the first day of the second month, the Kalendar for the following year must be presented to the emperor, who, having seen and approved of it, the under officers of the Astronomical Tribunal add to each day the superstitions before mentioned. Afterwards, by the emperor's orders, they are distributed among the princes, lords, and great officers of Pe-king, and sent to the viceroy of every province." "The Kalendar is distributed every year with a great deal of ceremony." "In short, the Kalendar is so highly reverenced by the Chinese and their neighbours, and of so great importance to the state, that to declare one's self subject and tributary to the prince, it is sufficient to receive his Kalendar, and to refuse it is the same as setting up a standard of rebellion."

A Chinese saying is, "that all the constellations preside over the empire of China, so as to concern themselves with no other countries."

Astrology is cheap in China, "the country is full of those people who calculate nativities. They are generally blind, and go from house to house playing on a kind of theorbo, offering to tell one's fortune for about a half-penny." (Description of the Empire of China, 1741.)

"The attachment (says Earl Macartney) of the people to such notions is confirmed by every accidental coincidence of the prediction with that event; while the frequency of disappointment is considered as arguing only the ignorance of the practitioner, not the fallibility of the art. New and many oracles are consulted, in hope they may agree; and thus what ought to put an end to the credulity of dupes to such impostures, serves only to increase the business of those who carry them on." (Embassy to China.)

CONCLUSION.

From the preceding history we learn that, in almost all ages down to the present hour, the absurdity has prevailed of believing that the glorious host of the heavens is displayed for the perusal of the trivial events which constitute the history of human life. Much controversy has been expended in constructing a definition of Man. The proposition "man is a credulous animal," seems to be as adequate as any other.

We also learn, that physicians are as liable to be deceived by popular delusions as other men—a useful lesson if it had the effect of guarding their successors from the various forms of deception with which the world at all times teems, and which are sure to meet a willing reception from the mass of mankind.

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THE PATHOLOGY OF INFLAMMATION AND FEVER.

By H. Freke, A.B., M.B., M.R.I.A., Dublin.

(Continued from p. 85.)

The first proposition which I have undertaken to attempt to establish is as follows: viz., 1st. That during acute inflammatory action, there is not (as is I believe generally supposed) any augmentation whatever of the normal amount of fibrin contained within the *system generally*; that, on the contrary, the actual amount of fibrin contained within the general system is not necessarily affected in any way by the occurrence of inflammation; but that the *local* accumulation of fibrin—that is, the augmentation (on the occurrence of acute inflammation) of the amount of fibrin normally contained *within the vascular parietes* is the result of the normal extravasation of fibrin from the vascular system into the extravascular interstices having for the time been suspended. That is, the fibrin which normally would have been extravasated from the vascular system into the extravascular interstices (to be there appropriated to the purposes of nutrition) is, during the inflammatory process, retained *within* the vascular system, thereby causing an accumulation within the vascular parietes of that fibrin which, under normal circumstances, would have existed *extravascularly*.

In order to establish this proposition, the first topics to which it will be necessary for me to direct my readers' attention are the following—namely, the *generation* and the *appropriation* of fibrin. In relation to these topics, it will be necessary that the following four facts should be clearly and distinctly ascertained—namely, the manner and place in which fibrin is generated, and the manner and place in which fibrin, when generated, is appropriated to the purposes of nutrition. I shall consequently proceed to the investigation of the following important inquiries—namely, 1st. How and where is fibrin generated? and 2nd. How and where, when generated, is fibrin appropriated to the purposes of nutrition? A full and complete investigation of the first of these inquiries (viz., how is fibrin generated?) would obviously involve a detailed inquiry into the entire process termed "cyto-genesis" or "cell-growth," which for many reasons would be here undesirable, and among others as drawing the attention of my readers too far from the subject under immediate consideration. There are, however, one or two facts in connexion with that process which I feel it to be indispensable to lay clearly and distinctly before the view of my readers, and that inasmuch as the facts to which I refer are not (as I believe) generally known to the profession, while I regard their recognition as absolutely essential to the formation of sound views upon the pathology of inflammation. Should my preliminary observations appear to any of my readers to be either prosy or unimportant, they will have the goodness to bear with me for a while till they be enabled to recognize the importance of their application. It is a fact which, since the invaluable researches of Sehliden and Schwann, is well known to every physiologist that all organized structures have their origin in some way from what are termed "nucleated cells,"—that is, from a species of membranous envelope containing in its interior one or more microscopic granules termed nuclei. To these nuclei have been given the name "cytoblast" or "cell-germ." The real nature of these so-called "cytoblasts" or "cell-germs" appearing to me to be still involved in obscurity, I some time ago proposed to myself for investigation the following inquiries—namely, 1st. The nature of the function of each individual so-called "cytoblast" or "cell-germ," as also the requisites essential to the discharge of that function. 2nd. The nature of the relation which subsists between these so-called "cytoblasts" or "cell-germs" and their *cell*—that is, in other words, the manner in which a so-called "cytoblast" or "cell-germ" *forms or generates a cell*. And 3rdly. The nature of the relation in which these so-called "cytoblasts" or "cell-germs" stand. 1st. With regard to inorganic or mineral matter. 2nd. With regard to each other. And 3rd. With regard

to those other organic structures (distinct from these so-called "cytoblasts" or "cell-germs") which are found in the constitution of organized beings; such, for instance, as woody fibre, muscular fibre, nervous tissue, glandular structure, &c. &c. In relation to these inquiries, I attempted to establish the following (as I believe *altogether original)* propositions—namely, 1st. That the true and appropriate appellation of the ultimate organic molecule, or of these so-called "cytoblasts" or "cell-germs," is "*Organizing Atom.*" 2nd. That the manner in which these so-called "cytoblasts" or "cell-germs" generate a cell is closely analogous to that in which a body radiating caloric may become surrounded by (as it were) an envelope of the matter to which it *imparts* its caloric. In a manner, for example, closely analogous to that in which the *water*, contained in a vessel which has been placed in the centre of a mass of ice, may be converted into *ice*, while in becoming so converted it imparts its caloric to the surrounding ice, converting it into water. As a final result in such case, we have a nucleus of *ice* surrounded by an envelope of *water*. In connexion with this subject, I attempted to point out the function which Nature has designed should be performed by the so-called *incidental* components of organized structures, such, for example, as potassium, sodium, phosphorus, and the like. 3rd. That these so-called "cytoblasts" or "cell-germs" so exist in nature as to constitute an unbroken chain of distinct organisms, gradually ascending in the scale of organization from the humblest "cell-germ" in the vegetable kingdom to the most elevated in the composition of man; and that the several links of this chain are, as it were, united or cemented together by one of the products of the function of each. And 4th. That the specific function of each link in that ascending chain of organisms—that is, "the special function of each individual so-called "cytoblast" or "cell-germ" is to generate or create *a specific description of organized matter* which is essential, and which alone is competent, to call into *normal* operation the specific function of the link or "cell-germ" next above it in the ascending chain of organisms or "cell-germs;" between which specific description of organized matter and that "cell-germ" which it is capable of calling into action (that is which it is capable of arousing or exciting to the normal discharge of its specific function), nature has placed a strong force of affinity or attraction analogous to that in the inanimate world which subsists between potassium and oxygen; and that thus through the agency of this specific product of each of the several links in the ascending chain, all the various links in the great organizing chain are united, or as it were cemented together.

As these four deductions may require a moment's further explanation, I shall as briefly and as rapidly as is consistent with perspicuity make a few observations upon each. I do so inasmuch as till I have clearly conveyed to my readers' mind the meaning of these deductions, and attempted to convince them of their soundness and importance, I shall have no basis or foundation whereon to erect my superstructure—no source from whence to derive any deductions in the pathology of inflammation and fever. First, then, as to wherefore I have proposed the adoption of the terms "organizing atom," and why I consider such appellation of importance. Upon what grounds I am of opinion that such designation of the ultimate organizing molecule is to be preferred to the term "cytoblast" or "cell-germ." It must be obvious to every one that in a science like physiology the nomenclature cannot be regarded as a consideration of inconsiderable moment, inasmuch as thereby may be conveyed, perhaps in a term, the most correct or the most erroneous impressions. How should this nomenclature be regulated? How, or upon what principles, should the nomenclature in *every* science be constructed? To me it appears that the most appropriate and philosophic appellation that can by possibility be applied to *any* entity (be its nature what it may, or to whatsoever science it appertain) must of necessity be that which, without involving in it any hypothesis or theory, makes the nearest approach towards the expression of the *constitution* and the *specific function* of that entity. Let us then inquire if we can learn anything as regards—first, the constitution; and secondly, the specific function *of the ultimate organizing molecule*. First, then, as to the *constitution* of that molecule. It is well known to every one familiar with physical science that several phenomena in the inorganic or mineral world (such as the laws of chemical combination, crystallization, &c.) have led to the very strong presumption that all inanimate matter is composed of ultimate indivisible molecules, which molecules, from their supposed physical indivisibility, have received the very appropriate appellation, *Atoms*. Notwithstanding, however, the strong presumptive evidence in support of such opinion, the infinite physical indivisibility of inanimate matter can scarcely be said to have been actually demonstrated, and the atomic constitution of *mineral* matter must still be regarded as hypothesis or theory. Does it follow from thence that such must be also the case with regard to *living or animate matter?* Does it result as a necessary consequence of our uncertainty as to the absolute *physical* constitution of *inanimate* matter that the infinite *physiological* indivisibility of organized beings must also be matter of doubt or hypothesis? To my mind no such consequence results. I have no hesitation in stating that, to my mind, it appears to admit of the clearest demonstration that the infinite *physiological* divisibility of organized beings is utterly and absolutely impossible, and that consequently the *atomic constitution* of *living* creation is as much matter of demonstration as is any recognized fact in the science of physiology. Let my readers distinctly understand that there is a marked and important distinction between physical or chemical and *physiological* division. It is needless to point out what constitutes physical or chemical division. What do I understand by the terms *physiological* divisibility? What I understand by physiological divisibility is this—namely, such a division of any physiological entity as does not destroy or affect the physiological properties essentially and specifically appertaining to that entity. I shall illustrate. A fasciculus of muscular fibres, for example, may be physically and at the same time physiologically divided into its several component muscular fibres, each of which may retain undestroyed and unaltered the properties which essentially and specifically belong to muscular fibre. Hence in this case such muscular fasciculus may, with the strictest propriety of language, be said to have been *physiologically* as well as physically divided. But if, instead of dividing that fasciculus into its several fibres, such fasciculus be triturated to a fine pulp in a mortar, its division is still physical, but it is no longer physiological, for the result no longer retains the physiological properties (unaffected or unaltered) which essentially and specifically belong to muscular fibre. Or if that fasciculus of muscular fibres be reduced to its elementary components, the division is chemical, but not physiological, for the physiological properties of muscle have been altogether destroyed. To me it appears that in every organism there must of necessity be a point beyond which physical or chemical division cannot possibly be carried without of necessity destroying the physiological condition which is essential to constitute what we understand by an organism. What is an organism? By the term organism I understand *an integral capable of manifesting an independent vitality.** Such integral can (as I conceive) exist, as regards its constitution, in but one of two conditions—namely, it must (as it appears to me) be either *simple* or *compound*—simple, that is comprised in a *single*

* My readers will please to understand that by the term *organism*, wherever employed in these papers, nothing more or less is meant than simply an independent living being: or a being which is capable of living independently when placed in circumstances adapted for so doing. To organized structures of a totally different nature, such as muscular structure, glandular structure, &c. &c., the term organism is here *never* applied. The marked distinction in the nature of these two species of organized structure—namely, organisms and organized structures which are not organisms) will become manifest as we proceed with our inquiries.

individual organism, as may possibly be the case with regard to some of our lichens; or compound, that is composed of a *plurality* of organisms which, in *combination*, constitute a compound or aggregate integral, such, for example, as the loftier plants, animals, and man. Such combination may with propriety be termed a *compound organism*. Upon the nature of the distinction between simple and compound organisms, I shall enter more at large as I proceed. If the organism be simple (that is uncompounded of a plurality of organisms), then its physical or chemical division must (as it appears to me) of necessity destroy that condition which constituted it an organism. For otherwise I cannot understand how there can be any distinction; in the former case (that is in the case of its *physical* division) between an organism and any organized matter whatsoever, such as woody or muscular fibre, &c. &c.; or in the latter case (viz., of *chemical* division), how there can be any distinction between an organism and mineral matter. And if the organism be a compound or aggregate integral, such, for example, as man, then its physical division can (as it appears to me) only be *physiologically* carried (like the division of the muscular fasciculus into its fibres) so far as to reduce that compound organism to its simpler or component organisms. All further division of these component organisms must (as I conceive) of necessity destroy the condition which constitutes an organism. It consequently appears to me that such component organisms may, with the strictest propriety of language, and without involving any hypothesis or theory, be *physiologically* said to be *atomic*. The force of the foregoing observations will become much more clearly intelligible when I have entered into a fuller detail of the nature of simple and of compound organisms, and should there be any of my readers to whom the line of reasoning I have pursued may appear to be either obscure or inconclusive, I have only to request that they will have the goodness to suspend their final judgment until I have laid before them in detail what I conceive to be the true nature of a simple and compound organism. Being thus led to regard the ultimate organizing molecule as *physiologically atomic* as regards its constitution, I next asked myself what must be the specific physiological function of that atom. For in constitution and specific function, as already observed, I recognized what to me appeared to be the elements of the most perfect nomenclature. Reflection soon told me that the specific physiological function of every organism must be *to organize*. Yes, the specific physiological function of *every* organism, from the simplest to the most complex, from the lichen to man, is (as it appears to me) to organize; or in other words, to confer organization upon materials distinct and apart from those which form a portion of its own constitution. Let me be distinctly understood in this statement. What do we understand by the terms *specific function*. By *specific* function I understand that function which is possessed exclusively and alone by a species, and which is common to each and every individual of that species. That to organisms (or organizing agents) *alone* belongs the function *of organizing* (that is of conferring organization upon materials apart from those which form a portion of their own constitution), is a fact that few physiologists will question; for the possession of the power of conferring organization is what constitutes what I understand by an organism, or an organizing agent. A complex organism, such, for example, as man, has doubtless a multiplicity of functions to fulfil, but among those functions, there is no one will question, that of conferring organization upon materials distinct and apart from those which form a portion of man's own constitution. But the simplest or humblest vegetation has but *one solitary* physiological function to perform, and that one is *to organize*—that is, to confer organization upon mineral matter. Hence it is obvious that the sole physiological function which can by possibility be common to that vegetation and to man, is that of organizing or of conferring organization upon something. It consequently becomes apparent that the specific physiological function of every organism (regarded merely as an organism) must be to organize or to impart organization to materials distinct and apart from those which form a portion of its own constitution. I am not ignorant of the advantage it might be attempted to take of this statement, but I make it advisedly, and as the result of mature and deliberate reflection. From the fact then (as it appears to me) of the *physiological* indivisibility of the ultimate organizing molecule, in connexion with the fact of its specific function being (in common with *all* organisms) that of organizing or conferring organization, I ventured to propose the terms *Organizing Atom* as a fit and appropriate appellation for that molecule. I have done so from its appearing to me to be at once philosophic and descriptive, comprising what I regard as the essentials for the most perfect nomenclature, conveying in a word the constitution and the specific function of the entity to which it is applied. I have preferred it to either of the terms "cytoblast" or "cell-germ," and that for this reason, that such terms appear to me to be not only unphilosophical and undescriptive, but further objectionable, as calculated to mislead by conveying a very erroneous impression of the true nature and function of the objects to which they are applied. More I should not feel myself justified at present in adding upon a topic which to some of my readers may perhaps appear to be not only uninteresting and unimportant, but to have but slight relation to the pathology of inflammation and fever. My belief is to the contrary; and thus much I have felt it to be incumbent on me to state, inasmuch as the conviction is on my mind that until we have clear and accurate ideas as to the nature of early physiological operations, it is hopeless to search for an insight into the true nature of pathological phenomena. The terms *organizing atom* will frequently recur in these papers, and I felt it to be indispensable at the outset to lay thus briefly before my readers an outline of the grounds upon which I propose its adoption, as also the special meaning I desire to attach to such terms. There may, perhaps, be some to whom *as yet* the foregoing observations may convey but little that is intelligible; I trust, however, as I proceed, their true import will become apparent, and that when I have fully laid before my readers what I regard as the true nature of an organism, both simple and compound, they will be of opinion that nothing has been here advanced upon the constitution and function of the ultimate organizing molecule which is either inconsistent with what is intelligible or unimportant in relation to the topics under immediate consideration. In my next communication I shall proceed to offer a few observations upon my second deduction.

(To be continued.)

Paris, August, 1851.

PECULIAR FORM OF THROMBUS OCCURRING DURING LABOUR.

By William F. Montgomery, A.M., M.D.,
Professor of Midwifery, &c., to the King and Queen's College of Physicians in Ireland.

(Communicated by the Author.)

There are two situations in which the formation of a thrombus or bloody tumour during natural labour is a matter of common observation,—namely, on the head of the child, and at the vulva of the woman; but I think I have fully satisfied myself that there is a third variety of it to be met with in practice, invested with no little interest, and involving considerations of much practical importance,—where an effusion of blood takes place in the tissue of the uterus, near the os uteri, and more especially in the anterior lip of that organ.

On the first variety, or that which forms on the head of the child, I do not propose at present to make any observations. With regard to the second, it does not appear to have been recognized, or, at least, was not described by any English writer,* until Dr. McBride of this city pub-

* The following passage from Veslingius, in 1647, appears to describe this accident very exactly:—"Alias jam bis observassem ab effuso intra tunicas vaginæ sanguine in partu difficili, pudendi labium ingenti tumore distensum fuisse, quo aperto, sanguineque atro paulatim evacuato, mulieres evasere."

lished an account of two cases of it in 1776. Nor do I recollect to have met with an instance of it in my own practice for several years, until 1849, when I met with two within six weeks, the first on the 23rd August, and the second on the 4th October.

The former was in a lady with her first child; her labour was short and natural, with but little effort or straining, nor was I aware of the occurrence of the tumour until after delivery, when I found it on the edge of the left labium, but ruptured, and its contents partially discharged. The swelling subsided within a few days, and no subsequent inconvenience was experienced from it. The lady, who was not young, recovered very favourably.

The second case occurred in a lady who had three or four premature children, and now for the first time, under my care, went to the full period of gestation. I was sent for at six a.m., and her labour proceeded favourably during the next two hours; and at eight o'clock I thought the child's head would be expelled in a few minutes. I now observed, however, that there existed a great fulness and thickness of the perineum and external parts, especially towards the left labium, which began to swell perceptibly, and, as it swelled, assumed a dark purple or blackish colour. It gradually became enormously enlarged, and the advance of the head was completely prevented, until at length, a little after nine o'clock, the swelling burst on the inside, under the pressure of a pain, and a considerable quantity, not less than twelve ounces, of coagulated and fluid blood escaped. The pains almost immediately became effective, and the head advanced easily. The child, a girl, was born at half-past nine o'clock, and all went on well; no hæmorrhage of any consequence took place. Nothing was done except laying on a pledget of lint, wet with solution of alum, and making firm pressure with a napkin fastened to the binder. The sloughs came away on the fourth and fifth days, without hæmorrhage; the swelling of the labium and perineum gradually disappeared, and a clean open sore, of a healthy aspect, remained, which gradually healed, and was completely well at the end of four weeks. The rupture of the vessel in this case took place in the perineum, and thence the effused blood percolated through the areolar tissue into the labium.

Two things particularly struck me when this occurrence took place:—1st. The immediate effect produced on the uterine contractions, which were at once impaired, both in frequency and power; and 2nd. The complete resistance which the tumour offered to the advance of the head.

It is a very rare occurrence in private practice. Several friends to whom I have spoken say they have never met with it among their patients. McBride witnessed only two cases, and Denman only three, most of which occurred, or were first noticed, after the labour was over. Davis mentions two or three. Dr. Clarke, who has recorded the results of 3878 deliveries in private practice, does not mention any instance of it. In Dr. Collins' record, too, of 16,414 cases of delivery, there is not, I believe, any instance mentioned of this accident. No unpleasant consequences attended the cases which occurred to me. Denman says:— "But I believe it is void of danger, not having seen or heard of any dangerous consequence from it, or ever found anything necessary to be done, but to wrap the tumefied part in a flannel wrung out of warm water and vinegar, and on the discharge of the coagula, which should not be hastened, to dress the little sore with some soft liniment." Davis says, that "the subsequent hæmorrhage was so moderate as to excite no alarm," and the lady's recovery was speedy and uninterrupted. This is so far satisfactory, but all cases of this kind have not been so exempt from trouble or danger; very free and persistent hæmorrhage having been occasionally found to cause the practitioner much anxiety; and in not a few instances the result has been fatal. In a case of thrombus, which is reported in the *Revue Médico-Chirurgicale*, Mars, 1850, a thrombus formed during labour, and the attendant, a "sage femme," mistaking it for a bag of membranes protruded, unfortunately succeeded, under that impression, in rupturing it, by which an opening was made, from which the blood poured "like water from a sponge." The edges of the laceration were pinched up, and caught between a split stick, which completely arrested the hæmorrhage. The woman, luckily, was not delivered for three days afterwards; no hæmorrhage returned, and she did well.

In a case recorded by M. Stendel, the tumour burst during labour, six or seven pounds of blood were quickly poured out, and the patient expired. Mr. Crosse of Norwich, says, that in a case which he saw during a protracted labour, rupture of the left labium took place, to the extent of two or three inches, followed by great loss of blood, and the patient died undelivered."

Within the last year I saw a case in which a thrombus, about as large as a good-sized red plum, formed in the left labium, in the seventh month of pregnancy, and gave the lady *intolerable annoyance*, so that on the 18th of June I made a very small puncture into it, and discharged its contents; but on the 13th July I was again sent for, and found her in a similar state of distress, from pain caused by a feeling of weight and tension, of which she complained most grievously. She described the sensation she experienced as resembling that produced by the pressure of the child's head when distending the perineum. I found the tumour rather larger than before, and again punctured it, after which the lady suffered no further annoyance. It did not fill again, and on the 24th of August she was safely delivered of a full-grown child. There was no appearance to mark the situation where the tumour had been; nor was there any attempt at its reproduction subsequently.

So far, all the cases alluded to have been of effusion into the external labia pudendi, but I think I have learned from sufficient observation that these are not the only situations in which thrombus occurs during, or in consequence of labour, but that quite a similar accident, though differing much in degree, happens not unfrequently in the tissue of the cervix uteri, and especially in the substance of the anterior lip of the os, giving rise to a condition greatly resembling in some of its characters that which is generally spoken of as œdema of the part, from which, however, it is altogether a different affection. The first time that this matter attracted my attention in practice was in the following case:—

Mr. S. requested my attendance on his wife, on 11th March, 1830, at ten p.m., she being then in labour. The night before she had diarrhœa and some discharge of blood from the vagina; she had six children by a former marriage, and her last was now five years old. I found her with labour established, and with some hæmorrhage, but not much. One part of the lower portion of the cervix, towards the right side, felt very prominent, thickened, and spongy, so as most strikingly to resemble a portion of the placenta; and it appeared to me that it was from this part the hæmorrhage was proceeding. The head presented naturally; the labour progressed favourably, and as the descending head came to press more forcibly into the os uteri, and on the spongy tumour, its contents were discharged; the hæmorrhage ceased, and did not again return, and at half-past twelve o'clock a male child was born, healthy and vigorous. The placenta came away in about ten minutes. There was no further hæmorrhage or other unfavourable symptom, and the lady recovered well. Mr. S. was a medical man, and, seeing the hæmorrhage, he became anxious, and made an examination, when he was greatly alarmed at feeling, as he thought, the placenta at the os uteri, and immediately sent for me.

After hearing his report, I examined the patient, and at the first moment thought his account was only too correct; but a little further examination easily satisfied me of the true state of the case, because it was clearly evident that the tumour resembling the placenta was not merely applied to the inner surface of the uterus, but was identified with the substance of the organ, so that it was impossible to insinuate the point of the finger between them, while it could be readily passed behind or partially around. To those who may not have met with this state

of the parts, I would beg leave to say, that the resemblance of this tumour, when in the form in which it occurred in this case, to the placental structure, is sometimes so close as very readily to deceive an incautious examiner. The circumstances under which we meet with this condition in practice are generally as follows:—About the time when the os uteri is more than half dilated, especially if the waters have already been evacuated, we find that the anterior lip gets gradually, but pretty quickly, fuller, thicker, and more prominent, and, instead of yielding readily before the pressure of the head, and slipping away upwards, it continues to descend as the head is forced downwards; and if we try with the point of the finger to push it past the head, and out of the way, we do not succeed; an unexpected delay now takes place, and a labour which we have every reason to hope would go on quickly, and be completed within a short time, is protracted for perhaps two or three hours, or even more, and the patient's pain increased both in character and duration. At length the swollen labium diminishes, suddenly recedes, and disappears, and very often, at the same moment, some blood is discharged, generally of a deep rich colour, and now the retarded head descends more quickly.

I do not wish to be understood to say that the swollen lip in such cases always bursts and discharges its contents, for such is not the fact, but that this is frequently the result I feel quite assured. I had recently (10th October, 1850) an opportunity of *seeing* this condition of the anterior lip of the os uteri during labour. The lady had four children, and her labour was in every respect satisfactory. Shortly after the discharge of the liquor amnii the pains became urgent, and the anterior lip of the os began to swell, and immediately, as in all other instances of thrombus that I have met with, the propulsive power of the pains was at once impaired, although they continued strong, and returned at short intervals; but still the swollen lip resisted the passage of the head, or at least did not yield, and continued to be pushed down with it, until with each pain it protruded under the arch of the pubis, *of a deep purple colour, like that of black currant jelly;* suddenly it disappeared, and one or two ounces of deep, rich coloured blood flowed away; the pains became in a few minutes much more efficient, and the labour was soon happily completed. The lady recovered well. Is this accident an occurrence of little moment beyond the temporary delay and increased suffering which it causes? or is it one that may have dangerous results? are questions of no inconsiderable importance.

Were I to judge from my own experience alone, I should be bound to say, that I had found both forms of thrombus, the external and the internal, free from *fatal*, though liable to produce *serious* consequences; but the experience and observations of others have shown that the bursting of bloody tumours, wherever situated, has been often a source not alone of great danger, but sometimes even of death. I have already alluded to the occasionally pernicious nature of the hæmorrhage accompanying the thrombus of the external labium, and I recently heard the particulars of a case, and examined the uterus after death, in which, I think, death resulted from a thrombus in the substance of the cervix uteri.

The case to which I allude was brought under the notice of the Obstetrical Society by Dr. George Johnston. The woman had an easy and apparently safe labour, with a breech presentation, and for three or four days afterwards went on perfectly well; but on the fifth day, greatly to the surprise of those who saw the patient, and found the uterus well and firmly contracted, a profuse hæmorrhage took place suddenly, and the patient sank within an hour and a half. After death, it was ascertained that there was in the substance of the cervix uteri, close to the os, at the left side, a distinct cavity, capable of containing a small orange, into which opened the mouths of several blood-vessels.

After a careful inspection of the parts, I felt no doubt that this was an instance of the accident I have been describing; that in fact a thrombus had formed, the cavity of which was filled by a coagulum; that the thin stratum of uterine structure, or perhaps only mucous membrane and areolar tissue, interposed between the cavity of the thrombus and that of the uterus, was gradually attenuated, and at length burst, or sloughed away, allowing, of course, the coagulum to escape, and the open bloodvessels suddenly to pour out a torrent of blood, under the overwhelming influence of which life was extinguished within the awfully brief space of an hour and a half. It is to be observed, that in the case of thrombus of the external labium, related at the commencement of these observations, the slough separated on the fourth and fifth days; and here, in the case now before us, the fatal gush of blood took place just at the same interval after labour. It is but right to say of such a case, that it exhibits one of those unforeseen but perilous accidents against which no human care or caution could guard, or human skill be always available to save the patient's life.

In the month of July of last year, I saw a case which I have great reason to believe was of the kind now under consideration.

A lady affected with varicose veins, which extended all up the lower extremity, and could be traced into the vagina, was delivered, after a natural and favourable labour, at midnight; but shortly afterwards a fearful rush of blood took place very unexpectedly, for *the uterus was well and firmly contracted.* So great was the hæmorrhage, that complete prostration was immediately produced, and when I saw her, she was cold and pulseless, nor had she any return of pulsation in the radial artery for six hours and a half from the time of the sudden hæmorrhage, and during a part of that time the action of the heart could neither be felt nor heard. All this time the uterus remained perfectly contracted, but in the situation of the anterior lip its substance felt as if broken up into a soft pulp, the consequence, as I believe, of the formation and rupture of a bloody tumour. To our great joy, she ultimately rallied under the treatment adopted, and completely recovered.

I believe the formation of a thrombus at or near the os uteri, its rupture, and consequently open state of some vessel or vessels in the cavity thus formed, is very often the real cause of those hæmorrhages after the birth of the child and expulsion of the placenta, where the uterus is found to be well and firmly contracted; and it is to be recollected, that just where the thrombus forms is precisely the situation in which the contractile power of the organ is most feeble; and should it happen towards either side, it is then close upon the very part where the bloodvessels send in the largest supply to the uterus. And I would say, that while we should neglect no general or subsidiary means to check the hæmorrhage, or secure the patient from its dangerous effects, our *greatest security*, under such circumstances, will be obtained by plugging the vagina, while, at the same time, we take the necessary precautions against allowing the uterus to relax and become distended with blood.

If the occurrence of this affection has been described or noticed by any former writer, I am not aware of it; but in the writings of two of our most eminent authorities in practical midwifery, I find in each a passage distinctly bearing upon the view I have here put forth, and, as far as they go, tending to confirm its truth. At p. 271 of his Introduction to Midwifery (5th edit.), the admirable Denman says:—"The uncoloured mucous discharge from the vagina, which pretty generally occurs before labour, on its accession is usually tinged with blood, or a small quantity of pure blood is discharged. This sanguineous discharge, which varies in quantity and appearance in different women, is popularly called a *show;* and it happens more particularly at two periods of a labour,—when the os uteri *begins* to dilate, and when it is finally dilated. In the first instance, it is probably occasioned by the separation of a few of those vessels by which the membrane which connects the ovum to the uterus was originally

bound; and in the second case, by the effusion of some blood before *extravasated in the substance of the os uteri; for this part, in some cases, acquires an uncommon thickness from that cause, independent of any œdematous or inflammatory tumefaction.*" And Dr. Burns observes, at p. 460 of his Principles of Midwifery (9th edit.):—"In tedious labour the os uteri, and even the cervix, sometimes becomes swelled, as if blood were effused into the substance." Where such a condition is recognized during labour, we shall show our wisdom by interfering as little as possible with it; by abstaining from attempts to get the gorged lip of the os over or past the head; and when the head does descend, and is expelled, we should be more than usually slow to withdraw the body of the child, more than usually careful to secure complete uterine contraction, and more than usually watchful of the state of our patient after all is over; although we must, at the same time, acknowledge the painful truth, that, with all the care and caution that the most anxious circumspection can prompt to the adoption of, an accident of this kind may take place under circumstances of which we have no intimation, until alarmed by the urgent danger of our patient, or struck aghast by her unexpected and untimely death.

[Dr. Montgomery would feel obliged by the communication of any fact bearing on the subject of this paper, whether confirmatory or otherwise.]

PROCEEDINGS OF SOCIETIES.

EPIDEMIOLOGICAL SOCIETY.—August 4, 1851.

The last meeting of the first session of this society was held this day at the house of the Royal Medical and Chirurgical Society, 53, Berners-street,—Dr. Babington in the chair.

After the usual routine of business, the President announced to the meeting that the report of the Common Lodging Houses Committee had been presented to the Council, and received by them, to be made such use of as shall seem best to the President and members of that committee.

During the meeting, the President stated that, although there would be a cessation of the ordinary meetings of the society till November, yet the various committees would continue in active operation, and invited communications from members and others on the subject of epidemic diseases generally, to be forwarded for the society to the honorary secretaries, 38, Berners-street.

The paper announced to be read at the reassembling of the society on the first Monday in November, is "On Epidemic Diseases in Iceland," by Dr. Robert Gordon Latham.

At the usual period of the meeting, Dr. McWilliam, one of the honorary secretaries, was called upon by the President to read Mr. Grove's paper

ON THE NATURE OF EPIDEMICS.

Mr. Grove commenced his paper by quoting a saying of the Rev. Sidney Smith, that "words are an amazing barrier to the reception of truth," which he applied to miasmata, mephitic vapours, morbid poisons, and their synonyms, remarking that they were words in common use, but that they conveyed no definite meaning to the mind. He then said that the object of his communication was to elucidate that view which held that the poisons inducing epidemic, endemic, and infectious diseases, must be ranked among the things endowed with life. He argued that the faculty of reproduction was a distinctive mark between animation and mechanism, or between living and inanimate matter; that it was during the reproductive period of existence that the most energetic operations of the vital force were manifested; and that it was during the reproduction of the poison germs within the body that the force of diseased action called for our special attention. He called attention to the fact, that whether we examine an epidemic or infectious disease of plants, of animals, or of man, we find that the essence of the affection is something which has the power of reproducing its species.

Taking, then, this faculty of reproduction as indicative of the existence of a germ, the author classed the agents of disease among living things, and regarded reproduction as the primary law.

Mr. Grove then argued that, if this were a correct interpretation of nature, the germs of disease ought to acknowledge obedience to the same subsidiary laws which regulate or influence animate existences. He divided these laws into the objective and subjective; the former referring to faculties, or properties inherent in the germ, the latter referring to the action of external agents and influences upon them. The laws named, ten in number, are not intended as absolutely definite expressions of a comprehensive idea, but merely as the readiest approximations.

Objective Laws.—1. The diffusion or dispersion of germs. 2. Their static existence. 3. Duration of active existence. 4. Period of development. 5. Intermittent reproduction.

Subjective Laws.—1. Seasons of activity. 2. Climatic influence. 3. Relation to latitude. 4. Subjection to physical forces. 5. Influence of locality.

The application of these laws to the agents of disease was demonstrated, and their analogies traced in the vegetable and animal kingdom. He further showed that, upon this mode of explaining the phenomena of infections, little else was required to solve some of the most difficult problems connected with them.

Having shown the impossibility of accounting for epidemics and infection upon the chemical basis—seeing that in no purely chemical process was there any multiplication of the agents, and that, as far as the physical forces were concerned, one always increased at the expense of the other, as heat increases by the chemical change taking place in combustible bodies—the author concluded by drawing attention to the Registrar-General's return of deaths for the year 1847, by which it might be seen that, as 97,924 deaths were due, nearly one-fourth of the total mortality was attributable to causes especially demanding the attention of this society; and if we were allowed to include consumption, considerably more than one-third, the numbers being, of the diseases mentioned, 151,241, and the total mortality for the year 453,723.

Dr. Babington, Dr. Silvester, Dr. Snow, Mr. Charles Cochrane, and Dr. McWilliam, joined in the discussion.

A vote of thanks was accorded to Mr. Grove, in his absence from the meeting, for his interesting paper.

ON THE OBSTETRIC PRACTICE OF THE VIENNA LYING-IN HOSPITAL.

(Read by Dr. Arneth at a Meeting of the Edinburgh Obstetrical Society.)

In laying before this society the following communication, my only object is to excite discussion on any of the more interesting topics in midwifery which I shall have occasion to notice: and I shall, in commencing, apologise for those imperfections in it arising from my comparative ignorance of the English language. I have now been connected for three years with the Lying-in Hospital in Vienna, as assistant to one of the professors of midwifery in that institution, in whose wards more than 10,000 women have been confined during that time. In the other midwifery clinique, in the same hospital, the number of labours during the same period was still greater; and through the kindness of my colleagues, I had an opportunity of observing all the important and interesting cases which occurred in their department.

In a woman affected with *abnormal vertical inclination of the pelvis*, there occurred a *central laceration of the perineum* during labour, and through which the child was born. The fourchette anteriorly, and the anus posteriorly, were uninjured.

In the cases of two women, there occurred *prolapsus* of the womb at the full term of pregnancy—in the one complete, in the other incomplete. In both cases reposition of the mass was effected, and labour soon supervened.

There were forty cases of face presentation, and in these thirty-five children were born alive; but of these last, four died in the first days after birth. Two of the mothers died. In no case was instrumental interference resorted to; and for fifty years such has been the practice in this hospital.

Twice (once after a very easy forceps case, and once after a natural confinement) a small part of the os uteri, covered with exudation, was expelled with the discharges. In the second case alluded to, the woman was examined on the ninth day after confinement, and there was found a sharp edge in the os uteri, indicative of the spot where the portion had separated. Both mothers did well.

A patient, in whom the portio vaginalis had been amputated two years previously, became pregnant. The os uteri did not open spontaneously at all when labour came on. Incisions were made in different directions, and shortly afterwards delivery took place. The mother sank ten hours after the birth. Post-mortem examination showed old adhesions of the uterine peritoneum.

Incision of the cervix uteri was required only in a single other case, one of carcinoma of the cervix. In this case the mother did well.

Two cases of carcinoma uteri occurred. Living children were born, and the mothers made very good recoveries.

Cæsarean section was never performed, except in cases where we believed the narrowness of the brim of the pelvis to be so great, as to render it impossible to drag the perforated child's head through it with safety to the mother. So strictly has this rule been kept, that out of somewhat upwards of 200,000 confinements that have occurred in the Lying-in Hospital of Vienna, between the years 1789 and 1851, the Cæsarean section has only five times been resorted to. All the five mothers died. The children survived the operation, and of some of them there were accounts some years afterwards. Professor Dubois has informed me that he had performed the operation twelve times without having had any successful case; nor is he aware of any practitioner in Paris having been more fortunate. Professor Stoltz of Strasburgh, lately informed me that he had operated four times out of six with good success; nay, in one case he was even fortunate enough to see a mother twice surviving this dreadful operation. Everywhere, on the continent, it is an established rule to perform Cæsarean section in every case of a mother dying pregnant in the seventh month, or later. The essay of Bonchut, which has lately been crowned with the prize of the French Academy, proves that with the last pulsation of her heart the mother dies, and that, consequently, the operation of Cæsarean section may be performed immediately afterwards. In four cases, children were saved by the operation in the Vienna Lying-in Hospital. Two of the mothers died of phthisis, one of eclampsia, one of gangrenous inflammation of the cellular tissue of the neck.

It is a curious fact, that whilst, in all cases of midwifery, we are bound most carefully to save the lives both of mother and child, and when that becomes impossible, to do everything in our power for the benefit of the one life we hope to save—that in cases of mortal wounds inflicted upon the mother, or of her being in articulo mortis *for a considerable time* (where the mother is unconscious, and where there is not the least hope to see her restored), accoucheurs too often delay the operation till unfortunately the child in utero is dead. We are of opinion, that in such cases, and more particularly if we ascertain that the child's pulse is becoming slower and weaker, the Cæsarean operation ought immediately to be performed.

A very frequent cause of the child's death during labour is prolapsus of the funis. We are of opinion, that under certain conditions, the following mode of management has been, generally speaking, much neglected: we mean the artificial replacement of the funis. When the head is presenting, and still moveable on the brim, and the os fully dilated, the best plan is to push the funis back, and lay it down in the hollow of the neck of the child. The registers of the Vienna Lying-in Hospital contain forty-three cases of this reposition of the funis. In these, thirty-eight children were born living; and it is only fair to state, that in three out of the five cases of failure, there was scarcely any pulsation in the cord at the time when it was pushed back; and in one other case where the operation had been performed, the labour proved so slow that the forceps were applied for inertia uteri. No hospital report, as far as I know, affords better results of the treatment of a large number of cases of prolapsus of the funis.

The whole prolapsed loop of the funis is taken in the hand, and pushing the child's head a little back, we lodge it in the hollow formed by the child's neck. It is not necessary to say, that the funis is in this way protected on one side by our hand, and on the other by the hollow of the neck, in which it is allowed to lie. There is no reason to fear the occurrence of any injury from compression of the child's head. This operation does no injury to the mother; and, by exciting the uterus to fresh contractions, it sometimes renders the confinement much shorter.

In the cases which have come under my care, the funis, after being replaced, has prolapsed again in only one instance. It was again replaced with complete success. I know, however, the particulars of one case of frontal presentation, where the funis so tightly embraced the forehead of the child, that reposition was found impossible.

Sometimes, when it is impossible to feel any pulsation in the prolapsed funis, the child may be still alive. Four such cases came under my notice, where the funis had been pulseless for so long as half an hour, and the children were born living. As there is rarely time, in such cases, to make use of auscultation, my opinion is, that in all cases fit for reposition it should be performed, unless the funis be very cold and discoloured, or other decided symptoms of the child's death be present.

In the 6608 cases that were under my care, operative interference was resorted to 95 times—that is, nearly once in every 70 cases; 11 of the 95 mothers died—that is to say, 1 out of every 9.

62 children out of the 95 were born living, and 49 survived the ninth day after their birth—that is to say, the day when they used to be dismissed from the institution; so that we lost sight of them after that time.

Turning was resorted to 44 times, or once in every 150 cases; the forceps were used 45 times, or once in every 146 cases; the child's head was perforated 4 times, or once in every 1652 cases. Premature labour was induced twice.

In the post-mortem examinations of some women who died of spontaneous rupture of the uterus, we are at once struck with the immense increase of the size of the fundus uteri, whilst there does not appear to be a similar state of the cervix. It is highly probable that in such cases the rupture is brought on by the immense force exercised by this hypertrophied part of the fundus, and which the cervix is unable to resist. The direction of the laceration laterally speaks for this view. The occurrence of rupture is much favoured if the texture of the mucous membrane has been softened by a previous inflammation. In one case of rupture, the peritoneum alone was affected. The laceration was situated over the fundus of the uterus, and was several inches in length.

One case occurred, in which a woman complained so much of violent burning pains in the abdomen, and was so affected with dyspnœa, that the use of the forceps was deemed necessary. The operation was easily performed. The peculiar characters of the dyspnœa, the complete arrestment of the action of the diaphragm, and the similarity of this symptom to what had been witnessed in a previous case of rupture of the uterus, led us at once to diagnose this as also a case of rupture. For some days after delivery these symptoms almost disappeared, and the pulse improved in character, only a minor degree of asthma persisted. On the seventh day after delivery she commenced to sink, and died suddenly. The uterus was ruptured at the cervix, but the peritoneum was entire.

There were thirteen cases of eclampsia; four of the mothers died, eleven children were born living. Only one breech presentation occurred; it was in a twin case.

All the other children presented with the head. In six cases we resorted to the forceps; the other cases were terminated without artificial interference. We cannot agree with the opinion of Ramsbotham, that the disease occurs most frequently in hot seasons, as there was only one case in May, two in April, four in February, one in December, two in November, two in October, and one towards the end of September. Most of the children (ten) were males; the mothers were, generally speaking, young females, pregnant for the first time. In the post-mortem examinations no morbid symptoms were discovered in the brain. Our treatment consisted in blood-letting, cold water dressings on the head, and the use of tartar emetic. It is worth notice, that very generally after the coma that follows the convulsions, and lasts occasionally for many days, there is to be observed a state of forgetfulness, being sometimes the only remainder of this dreadful disease. I repeatedly saw women who had not the least desire of denying their being pregnant, who could not recollect at all the particulars of their confinement; nay, even of their having been pregnant. This circumstance is most interesting also in a medico-legal point of view.

In the following case chloroform proved very useful. A recently confined woman, who, as she told us, had never suffered from spasms of any kind, complained, a few days after a natural labour, of fever, and pains in the abdomen. These symptoms, however, subsided in a short time. A few days afterwards she suddenly began to howl like a dog, to contract her face in a most ridiculous manner, and to be exceedingly restless. As often as we put some chloroform under her nose, she regained her consciousness, and when asked, complained of no pains at all; but the aforesaid symptoms reappeared immediately when the chloroform was removed. These symptoms lasted for three hours, when we put her, by means of chloroform, into profound sleep; at once all the symptoms yielded, but reappeared in a few minutes after she awoke. I applied chloroform for a second time, and allowed her to remain under its influence for about one hour and a half. After that time she remained entirely free from the symptoms of threatened mania.

From the few cases where chloroform was used in our midwifery practice, and these were all cases of long-lasting and exhausting operations, it would appear that this medicine has a particularly soothing influence on the vascular system; for in all these cases the heart's pulsations were, after delivery, scarcely quicker than in a healthy person; and I may here observe, that in the Vienna hospital for the last two years, nearly all surgical cases have been anæsthetised when operated upon.

In cases of hæmorrhage after delivery, if there are no clots or portions of the after-birth in the womb, contractions are, if possible, excited first of all by frictions. In the very rare cases where the frictions have no effect, we resort to cold water dressings externally; and if these prove inefficient, we inject cold water into the uterus. This treatment has been so successful, that out of more than 20,000 cases that occurred in the clinique since 1833, there are only two cases on record of women dying of post-partum hæmorrhage; that is to say, one of a woman where assistance was only resorted to when she was already moribund, and the second a female taken with small-pox, where every means proved inefficient.

In the period extending from 15th October, 1847, to the end of October, 1848, only one out of 128 mothers died. The mortality increased in November, and still more in December, when one mother died out of every fifteen delivered.

These unfavourable results were undoubtedly caused by the political events of that period. It is not necessary to state how depressed in mind the most of the women confided to our care must have been at a time when their friends, fathers, and brethren, fought either in the ranks of the rioters or in those of the soldiery. But, moreover, one of the wells that supplied some of the yards of the large hospital with water was destroyed by the troops The consequence was, that cleanliness could less effectually be looked for, which we may boast is maintained at other times in our hospitals. The supplies of straw, coverlets, and so on, were also intercepted.

Towards the end of October, when the stores were almost exhausted, and no fresh provisions arrived, many women were confined, and the consequent disease became more fatal in December.

The first cases of puerperal fever that came under our care showed in their beginning no other symptoms than sores near the fourchette that extended widely into the vagina, and over the perineum. They appeared about the sixth day after confinement, were uneven, of a grayish colour, and covered with a corroding matter; they bled very seldom. Sometimes they healed by granulation, but this went on very slowly, the patients meantime becoming extremely emaciated. Other cases proved fatal, the post-mortem examinations showing inflammation of the mucous membrane of the uterus and of the peritoneum; and more generally still of phlebitis.

In the subsequent course of this epidemic of puerperal fever, peritonitis, at other times peritonitis combined with pleuritis, were the more general symptoms. In the course of three days I had the sad opportunity of seeing two cases of phlebitis, ending in the destruction of the eyeball by metastatic purulent deposits. In the first case, only two hours, in the second, eight hours, elapsed between the first symptoms of disease appearing in the eye, and the lamentable catastrophe. It was highly interesting to observe how entirely puerperal fever ceased in our wards after cholera made its appearance. During the month of May and the first days of June, eleven mothers died of puerperal fever; on the 10th of June we saw the first patient under cholera, and had occasionally cases of it till the 11th of August. During this whole period we had only very few patients complaining of the slighter puerperal symptoms, in no case ending fatally. Almost immediately after the disappearance of cholera, the cases of puerperal fever became somewhat more frequent, and decidedly more dangerous —*Edinb. Monthly Jour.*

EFFECTS OF INTERMENT IN VAULTS AND CATACOMBS.

By Waller Lewis, M.B. Cantab., F.G.S.

I have carefully inspected between fifty and sixty vaults of the principal churches in London, and have examined the external condition and appearance of more than 22,000 coffins. I have also examined the state of the contents of nearly a hundred. The results of these investigations are so different from what could have been anticipated, and from what was generally believed to be the case, that I think it important to lay them before the profession, previous to the practice of interment in vaults becoming a matter of history.

I may add that I have not relied alone on my own researches, but have taken the evidence of all the clergy, churchwardens, sextons, and undertakers of every parish in which I could possibly obtain it. The following are some of the conclusions I have come to from these varied sources of information. It will be seen that they are all in direct contradiction to the allegations contained in the *Times*.

1. I have never succeeded in obtaining any traces of the presence of cyanogen, hydrocyanic acid, sulphuretted, phosphuretted, or carburetted hydrogen gases, even in the smallest quantity. In several instances I analysed the air of the vaults themselves, and in one only,—namely, in that of St. Mary le-Strand, was there any indication of the presence of any of these. This was sulphuretted hydrogen in a very minute proportion, and there was no certainty of this being derived from the decomposing bodies, which are here only thirty-two in number. I examined gases formed by bodies of persons of all ages, from the still-born infant to those who had survived to the age of ninety-two. The coffins had been in the vaults various lengths of time; those that had been there a week were examined, as well

as those that had remained there a century and a half. Death had been caused by accident, by age, by disease. The latter had been of the most varied kinds—typhus, phthisis, small-pox, childbirth, dropsy, and cholera.

Not one of the above circumstances seemed to influence, in the slightest degree, the composition or character of the gases. These were most remarkably similar in every instance. *All the gases I analysed or otherwise examined were composed of nitrogen and carbonic acid gas, mixed with atmospheric air, and holding decaying animal matter in suspension.* There was but one ingredient that was sometimes present, sometimes entirely absent; this was ammoniacal gas, which was sometimes present in very large quantities. When this was added to the other gases, it overcame all other odour; when it was absent, the smell much resembled that of very putrid moist cheese. In every instance I searched most carefully for the presence of the hydrogenous gases mentioned, but never found the slightest trace of any one of them.

Another proof, if any were wanting, of the absence of sulphur in any considerable quantity as a product of decomposition, is, that although the metal of many of the older coffins had been acted upon, the substance thus formed was always a carbonate, never a sulphuret or sulphate of lead.

2. *All coffins do not become bulged* by the expansion of the elastic fluids within. On the contrary, so rarely is this the case, that it is the exception instead of the rule. In many vaults there was no instance of a coffin that had bulged, or, as the undertakers say, "blown." In 22,000 I could not find 20 that were or had been in this condition. This is to be accounted for by the fact that lead is so porous a metal that it allows the exosmose or transudation of the gases with great facility, more especially when there is pressure within. It is well known that even the iron gas pipes so thickly underlying our pavements cannot be made retentive of the gas.

3. The gases, therefore, are but very rarely pent up; the instances of "blown" coffins not averaging one in a thousand.

4. *The coffin does not suddenly burst, and the escaping gases do not destroy all within reach.* From the most searching inquiries from coffin-makers, undertakers, and all persons most likely to be well informed on the subject, I have never obtained any sufficient evidence of the sudden rupture of a coffin. It is universally the custom of sextons, when they perceive any leaden coffin to be blown, to send to the undertaker for the purpose of having a hole drilled in the upper part of the lead, so as thus to allow the escape of the foul air. During the operation, the parties employed endeavour to avoid inhaling the gas, and sometimes hold a piece of burning wood or paper at the orifice, so as to destroy in some measure the offensive odour I have described. In my opinion, the fact that coffins so rarely become bulged, is to be ascribed to the great porosity of the metal employed. When slightly bulged, the lead, from being thinner than before, becomes more pervious to the contained air.

The action of the putrefactive gases on the human frame, although not so immediately fatal as the *Times* would have us believe, certainly produces many disagreeable symptoms. In my own person, the most prominent among these were nausea, with vomiting, after continued exposure, succeeded by diarrhœa. These are followed on the succeeding day by a throbbing pain in the upper part of the head, great prostration, and entire loss of appetite, accompanied with an unpleasant earthy taste in the mouth. These symptoms, after being experienced for a long time, were followed by a series of boils, accompanied with much phlegmonous erysipelas, and requiring surgical assistance.

On one occasion, however, I was nearly meeting with an exception that would have corroborated, to a certain extent, the assertion that sudden death may occur from such exposure. I was examining the large vault under the church of St. Andrew's, Holborn, which contains about five thousand coffins, partly of wood, partly of lead. They are placed in eight arched culs de sac running off on either side of the central passage. The air in these compartments is in a state of almost complete stagnation, as there is no ventilation in them. The coffins are piled one above another from ten to thirteen high, and reach to within a short distance of the roof. There is scarcely sufficient room to allow a man to crawl on all fours between the upper coffins and the bricks of the arches. Wishing to see how far these compartments filled with coffins extended, I sent the sexton in with a candle. In a very short time, observing the flame begin to lower, and give very little light, I called to the man to come out immediately. He instantly obeyed, and after much exertion and the extinction of the candle, he presented himself in a pitiable condition, his eyes half starting from their orbits, breathing deeply, and evidently much oppressed. Exposure to a current of fresh air shortly revived him. The air being mixed with a large quantity of carbonic acid gas was the cause of this nearly fatal accident—not the presence of cyanogen or any hydrogenous compound.

5. The complete decomposition of a corpse, and its resolution into its ultimate elements, is by no means accomplished in a period of ten years; nor is that description accurate which represents, that at the end of that period nothing "but a few brittle bones are left in the else vacant shroud." On the contrary, so extremely slow is the process under the circumstances, that I have but rarely seen the remains in a leaden coffin, of any age in the condition described. In a *wooden* coffin the remains are found exactly in this state in a period of from two to five years. This period depends upon the quality of the wood, and the free access of air to the coffin. But in leaden coffins, fifty, sixty, eighty, and even a hundred years, are required to accomplish this. I have opened a coffin, in which the corpse had been placed for nearly a century, and the ammoniacal gas formed dense white fumes, when brought into contact with hydrochloric acid gas, and was so powerful that the head could not remain near it for more than a few seconds at a time.

6. *The putrefaction, therefore, is very much retarded by the corpse being placed in a leaden coffin.*

7. If by this assertion it is only meant that the gases should be passed through flame, to destroy the organic particles mixed so largely with them, this can be understood. This difficulty would, however, still remain: except in the few exceptions I have mentioned of blown coffins, the gases are so slowly generated, that no force would be exerted from within sufficiently powerful to expel them. But if it is assumed that these gases can be inflamed like coal gas, I must deny the possibility of this. I tested the gaseous contents of nearly a hundred coffins, some of which contained a considerable quantity of gas. In no one instance would the gas inflame; on the contrary, *in every instance*, it extinguished the flame. In addition to my own experiments, I made the most minute inquiries of churchwardens, clerks, undertakers, and sextons, but I have never met with any person who has actually *seen* coffin-gas inflame. Several have told me that they have *heard* that it does, but they did not know the fact from their own experience. Some of the officials of St. Anne's, Soho, pointed out a coffin to me, which, having some years ago become blown, had been "tapped." They asserted that a long blue flame had been obtained by firing the jet of gas which issued from the aperture. The smell was described as that of sulphuretted hydrogen; but not one of these persons was present at the time. If, therefore, this or any other hydrogenous compound is ever formed as a result of such decomposition, it is an extremely rare exception.

The following are the conclusions I have arrived at from these investigations:—

1. Interment in vaults and catacombs should no longer be permitted. No good object is gained by this practice. The corpses so treated are by this means converted into so many active volcanos, constantly emitting poisonous effluvia into the atmosphere, for an indefinite period.

2. That after a certain interval, during which friends or relatives should have the power of removing any coffin from the vaults to the public cemeteries, all these receptacles should be hermetically closed, and future access thereto forbidden.

3. The use of leaden coffins should be entirely discontinued; they only add to the already exorbitant charges of undertakers. Until a very late period they were constantly stolen from the vaults, emptied of their contents, and sold as old lead.

4. If the object of interment is to allow the human body, after it has served its purpose here, to return as speedily as possible to its elements, and to become perfectly inert, it should be placed in a light wooden coffin, from five to eight feet deep, in a suitable pervious soil.—*Lancet.*

ACCOUNT OF A MAN WHO LIVED UPON LARGE QUANTITIES OF RAW FLESH.

THE following history was published upwards of fifty years ago in the *Gazette of the United States and Philadelphia Daily Advertiser*:—

Somerset-place, October 18, 1798.

MY DEAR SIR,—Having in August and September last been engaged in a tour of public duty, for the purpose of selecting from among the prisoners of war such men as, from their infirmities, were fit objects for being released without equivalent, I heard upon my arrival in Liverpool an account of one of those prisoners being endowed with an appetite and digestion so far beyond anything that had ever occurred to me, either in my observation, reading, or by report, that I was desirous of ascertaining the particulars of it by ocular proof or undeniable testimony. Dr. Cochrane, Fellow of the College of Physicians of Edinburgh, and our medical agent at Liverpool, is fortunately a gentleman upon whose fidelity and accuracy I could perfectly depend, and I requested him to institute an inquiry upon this subject during my stay at that place. I enclose you an attested copy of the result of this; and as it may probably appear to you, as it does to me, a document containing facts extremely interesting, both in a natural and medical view, I will beg you to procure its insertion in some respectable periodical work.

Some farther points of inquiry respecting this extraordinary person having occurred to me since my arrival in town, I sent them in the form of queries to Dr. Cochrane, who has obligingly returned satisfactory answers. These I send along with the above mentioned attested statements, to which I beg you to subjoin such reflections as may occur to you on this subject.—I am, dear sir, your most obedient humble servant,

J. JOHNSTON.

Gilbert Blane, M.D., F.R.S.,
One of the Commissioners of Sick
and Wounded Seamen.

Charles Demery, a native of Benche, on the frontiers of Poland, aged 21, was brought to the prison of Liverpool, in February, 1799, having been a soldier in the French service on board the *Hoche*, captured by the squadron under the command of Sir John B. Warren off Ireland.

He is one of nine brothers, who, with their father, have been remarkable for the voraciousness of their appetites. They were all placed early in the army, and the peculiar craving for food with this young man began at thirteen years of age. He was allowed two rations in the army, and by his earnings or the indulgence of his comrades, procured an additional supply.

When in the camp, if bread or meat was scarce, he made up the deficiency by eating four or five pounds of grass daily, and in one year devoured 174 cats (not their skins) dead or alive, and says he had several severe conflicts in the act of destroying them by feeling the effects of their torments on his face and hands: sometimes he killed them before eating, but when very hungry he did not wait to perform this humane office.

Dogs and rats equally suffered from his merciless jaws; and if much pinched by famine, the entrails of animals indiscriminately become his prey. The above facts are attested by Picard, a respectable man, who was his comrade in the same regiment on board the *Hoche*, and is now present, and who assures me, he has often seen him feed on those animals.

When the ship on board of which he was had surrendered after an obstinate action, finding himself as usual hungry, and nothing else in his way but a man's leg, which was shot off, lying before him, he attacked it greedily, and was feeding heartily, when a sailor snatched it from him, and threw it overboard.

Since he came to this prison, he has eat one dead cat and about twenty rats. But what he delights most in is raw meat, beef or mutton, of which, though plentifully supplied by eating the rations of ten men daily, he complains he has not the same quantity, nor indulged in eating so much as he used to do when in France.

He often devours a bullock's liver (raw), three pounds of candles, and a few pounds of raw beef in one day, without tasting bread or vegetables, washing it down with water, if his allowance of beer is expended.

His subsistence at present, independent of his own rations, arises from the generosity of the prisoners, who give him a share of their allowance. Nor is his stomach confined to meat, for when in the hospital, where some of the patients refused to take their medicines, Demery had no objection to perform this for them, and his stomach never rejected any thing, as he never vomits, whatever be the contents, or however large.

Wishing fairly to try how much he actually could eat in one day, there was set before him five pounds of raw beef, twelve tallow candles of a pound weight, and one bottle of porter: these he finished by half-past ten o'clock. At one there was again put before him five pounds of beef, one pound of candles, with three bottles of porter, at which time he was locked up in the room, and sentries placed at the windows to prevent his throwing away any of his provisions. At two, when I again saw him with two friends, he had nearly finished the whole of the candles, and great part of the beef, but had neither evacuation by vomiting, stool, or urine; his skin was cool, and pulse regular, and in good spirits. At a quarter past six, when he was to be returned to his prison, he had devoured the whole, and declared he could have eat more, but from the prisoners without telling him we wished to make some experiments on him he began to be alarmed. It is also to be observed, that the day was hot, and not having his usual exercise in the yard, it may be presumed he would otherwise have had a better appetite. On recapitulating the whole consumption of this day, it stands thus:—Raw cow's udder, four pounds; raw beef, ten pounds; candles, two pounds. Total, sixteen pounds, besides five bottles of porter.

He gets to bed about eight o'clock at night, immediately after which he begins to sweat, and that so profusely as to be obliged to throw off his shirt. He feels extremely hot, and in an hour or two after he goes to sleep, which lasts until one in the morning, after which he always feels himself hungry, even though he had laid down with a full stomach. He then eats bread or beef, or whatever provision he may have reserved through the day; and if he has none, he beguiles the time in smoking tobacco. About two o'clock he goes to sleep again, and awakes at five or six o'clock in the morning in a violent perspiration, with great heat. This quits him on getting up; and when he has laid in a fresh cargo of raw meat (to use his own expression) he feels his body in a good state. He sweats while he is eating; and it is probable owing to this constant propensity to exhalation from the surface of the body, that his skin is commonly found to be cool.

I have often tried what is his heat by the thermometer, and found it to be of the standard temperature of the human body. His pulse is now 84, full and regular.

Though his muscles are pretty firm, I do not think they are so full or plump as those of most other men. He has, however, by his own declaration, carried a load of 300 weight of flour in France, and marched fourteen leagues in a day.—*Phil. Medical Examiner.*

ON THE DANGER OF INCAUTIOUSLY MOVING PATIENTS IN DELIRIUM.—Dr. Todd, in a lecture alluding to this subject, says:—I have met with more than one instance of bad consequences following upon moving a patient in delirium, or just recovered from it, prematurely. About two years ago a man was admitted here for epileptic delirium. Finding that his delirium was very noisy, and disturbed the other patients, I had him moved into a separate ward, when he recovered from his delirium. He was moved up stairs, and shortly afterwards he became delirious again, and died comatose.

I am satisfied, from this and other cases, that there is nothing respecting which we need to be more cautious than as to moving patients either in or just recovered from delirium, even to move them from one room to another on the same floor is dangerous, still more moving to any distance, or to another floor.—*Dr. R. B. Todd in Med. Gaz.*

BITE BY THE COMMON ADDER.

Samuel S——, aged 31, a vermin hunter, was brought to the General Hospital, Birmingham, on Sunday, June 16th, 1850, at twelve o'clock at noon, having been bitten on the cheek by an adder. It seemed that on the Thursday preceding, whilst engaged at a farm-house on Coleshill Heath, destroying rats, his dog found the reptile on a bank. He picked it up, placed it in a small bag he had with him, and carried it home. He handled it freely on several occasions, and it never attempted to bite him. On Sunday morning, at about ten a.m., having taken the creature out of a box in which he had kept it, he proceeded to carry it in his hand to a neighbour. On the road he was asked to show it, and raising his hand in order the better to display it, the reptile darted suddenly and fastened on his left cheek, about half an inch above the angle of the mouth, thence dropping on the ground. He immediately picked it up again, replaced it in his handkerchief, and on arriving at his neighbour's the adder was killed. He described the bite as being instantly followed by acute pain, and by a burning sensation of heat and tumefaction. He experienced also nausea and faintness in his walk to the hospital.

Upon his admission, the entire face presented a swollen appearance, and the parts immediately adjacent to the bite were discoloured, of a livid hue. The pulse was imperceptible, the respiration difficult, the surface cold and clammy. He complained of intense pain about the umbilicus, greatly augmented on pressure, and there was constant vomiting of bilious matter; he appeared wandering as if drunk, and answered questions in a mumbling incoherent manner. The bowels acted frequently and involuntarily, and both blood and mucus were mingled with the motions. He also complained of pain in the throat, and there was some difficulty in deglutition. On examination, a copious secretion of viscid mucus was seen to be adherent to the pharynx. With the approval of Dr. Evans, who happened to be present in the hospital at the time of his admission, a glass of brandy was immediately given him; the bitten parts were then excised by Mr. Blake, who was acting as house-surgeon in my absence, and freely cauterized by a strong solution of ammonia. Dry cupping was afterwards resorted to, and the parts were well smeared with olive-oil. The pain and swelling of the parts still continuing, he was ordered the following mixture:—Sesquicarbonate of ammonia one drachm and a half, decoction of cinchona eight ounces. One ounce to be taken every half hour. Three glasses of brandy directly; a tablespoonful to be given every ten minutes. A mustard cataplasm was applied to the abdomen, and kept there for half an hour, followed by fomentations of chamomile and poppies. Half-past one p.m. The pulse is still imperceptible, and the pain unrelieved. He appears to be sinking, and sickness and diarrhœa continue, together with great thirst. Three p.m. The pulse may now be felt, and the pain about the umbilicus is considerably mitigated. Ten leeches to be applied immediately to the part painful. Eight p.m. Pulse 84, soft and compressible; the sickness has ceased; the pain after the application of the leeches is much relieved; two glasses of brandy this night; an ounce of the ammonia mixture every second hour. June 17th, ten a.m. Progressing favourably. Diffuse cellular inflammation of an erysipelatous character has rapidly extended itself from the wound to the neck and sternum, and to the opposite side of the face; the pulse is hard, 98; the skin hot; the tongue coated with a white fur. To take five grains of calomel, and ten grains of Corbyn's extract of colocynth immediately, and one ounce and a half of the hospital aperient mixture, until the bowels are freely evacuated. Twenty leeches to be applied to the face and upper part of the sternum. The brandy to be omitted. Evening. Copious, dark, and watery motions have taken place; the pulse is 104, full, and incompressible. A spirit lotion to be kept applied to the face. The mixture of ammonia and cinchona to be continued.

18th. Much improved; the erysipelas is not spreading; the pulse 98, compressible; the tongue covered with a white fur, but moist; the skin warm. The bowels have again acted freely. 19th. Erysipelas declining; he can partially unclose his eyes; pulse 90, soft and compressible. The parts adjacent to the bite are assuming the departing and varying hues of an ecchymosis. 20th. Goes on well.

21st. He complains of pain and soreness in the chest; all febrile symptoms have disappeared. Half a pint of ale daily, with meat. He left the hospital on the 28th. A slight yellow discolouration remained upon the cheek; his general health was quite restored.—*Lancet.*

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, AUGUST 27, 1851.

MEDICAL ADVERTISING.

The success of out-and-out advertising proclaims a fact which should not be overlooked by the members of our profession; it tells of the materials of which a large section of society is composed, and suggests inquiries as to the morality of dealing with that section in the way it wishes. In other words, it suggests the old medical maxim, *si populus vult decipi decipiatur*; in fact, raises the question whether fools are to be treated as wise men, the ignorant as the educated, and the fantastical as the sober. That question we are not about to answer, we are only about to remind those who reply to it in the affirmative that if they "take to the advertising line" they had better calculate resources before hand, and learn betimes the art of ingeniously applying these resources in practice. For the information of such candidates we publish the following epistle, addressed in mistake to a respectable medical practitioner by a notorious pill merchant, who does not fortunately even pretend to belong to the medical profession. It demonstrates in a way not to be misunderstood the *modus operandi* of such traders, and proclaims the universality of a taste for their wares:—

London, August 18, 1851.

Sir,—I believe that you sell my medicines, therefore I beg to inquire whether you would like to have any of my handbills printed for you with your name inserted; if so, be pleased to send me your card, that the address may be properly copied, and if you will state what you believe to be the population of the town, I shall be able to form some idea of the number you will require. I will allow you 1*s.* 6*d.* per thousand for their being distributed from house to house, and will send you the amount in postage stamps. It might perhaps cost you a little more than I allow to have the work well done, and if this be the case I am sure you will cheerfully pay any little difference out of your own pocket, as the advantage to you will be more than commensurate with the trifling outlay. I am getting my bills distributed in this way throughout every town in the kingdom, and am informed by a great number of vendors that their sales of my medicines have been greatly increased by such means. If you would like to have one large, or two or three small show-cards, please to say so. I would also be happy to let you have some bills, four times a year, and they could be sent to any house here for enclosure; hence no expense will accrue to you. I have no desire to deprive the wholesale houses of any part of their connexion, and therefore do not wish you to get your supplies of my medicines from here, as you can do quite as well with them as with me, unless £20 worth be wanted at a time, and paid for in cash. I enclose a stamped envelope to cover reply, and remain, sir, yours faithfully, —— ——.

We do not publish this with any view to the correction of its author; on the contrary, while giving currency to it, we feel inclined to hear a plea of justification on his part. He finds men and women, or in political slang, "the people," "society, the public," in want of "a cure," and he supplies it. The worst he can be accused of is a fib, when he asserts that his pills are a remedy for all diseases. He repudiates no solemn obligation, breaks no oaths, glories not in any outrage of common decency; in fact, propitiates not congenial souls by an open avowal of baseness and depravity. Can we say so much for the professional outcast who pursues a similar course? If this man had not come from the mere dregs of society; if he had received such "liberal education" as school and college afford; if he had taken a medical degree and surgical diploma, solemnly swearing, "So help him God," that he would "support the reputation, honour, and dignity" of the pro-

fession he embraced, we might then hold him up to contempt and execration ; but as he is we feel inclined to value him by contrast ; for undoubtedly there are some regularly admitted doctors and surgeons circumstanced as we describe. Perhaps, however, after all, we are too fastidious, and form a false estimate of qualification for medical practice, especially in large communities. No one knows the meaning attached by some to the words honour, honesty, or integrity. Honour for instance there is among thieves, and why not some similar feeling between certain doctors and their patients. Men there are undoubtedly who think nothing the worse of a person for his ability to lessen their disbursements, notwithstanding some slight flaws in his reputation ; such may require the cheap-and-nasty in medical ministration, and may care little whether he who provides it is a knave or not : nay, we even venture to express a suspicion that there are men, and in this our pure metropolis, not a few, who have a kind of instinctive leaning to such characters.

LAW AND PHYSIC.

The following recals to memory many examples of the same display of contempt for medical evidence by judicial functionaries in England in cases of insanity, while a very different feeling prevails in Ireland. Here both judge, counsel, and jury accept the information afforded by members of our profession with respect, and when to be relied on, give it due consideration. To what cause is this to be attributed ? Perhaps just to this. In Ireland physicians and surgeons, as well as lawyers, are better educated than they are in England. We do not allude to professional education, or even to that smattering of knowledge which a man picks up in college, but to a certain general education derived from intercourse with educated people :

During the recent hearing of a lunacy case, the Lord Chancellor is reported to have said—"His experience taught him there were very few cases of insanity in which any good came from the examination of medical men. Their evidence sometimes adorned a case, and gave rise to very agreeable and interesting scientific discussions ; but after all, it had little or no weight with a jury." Whatever may be the respect we entertain for this high authority, we emphatically dissent from these views, believing them to be founded in error, and totally unjust to practitioners in medicine, who are not only the most important but often the only competent witnesses, in inquiries respecting insanity. That medical evidence does not always produce the impression it ought upon the individuals addressed, we readily understand. The judicial tribunal just mentioned, from its miscellaneous composition, must be occasionally unable to form correct conclusions respecting the very intricate points at issue; more especially as even great legal authorities themselves are sometimes far from being unanimous in opinion. Suppose an eminent medical professor were to assert, "ex cathedra," that "the bar of England knew nothing of law, and that very little benefit ever accrued from their speeches. They might adorn a case, make an eloquent oration, or quote precedents, but all their arguments would never influence any twelve men sitting in a box." Westminster Hall would be in an uproar against any member of the medical fraternity who presumed to utter such sentiments ; and we acknowledge the lawyers might, in that instance, justly express their indignation. Each profession should respect the other, in its peculiar sphere, as all, the public included, will then gain by liberal and kindly bearing. As an illustration of the feelings which ought to prevail, allusion might be made to the late Lord Chief Justice, the son of a physician, and an able as well as dignified jurisconsult, when presiding at the trial of Oxford for treason. On that occasion the present Lord Chancellor, then a learned serjeant, having endeavoured to brow-beat a medical gentleman whilst giving evidence, was properly checked by the presiding judge, in order that the witness need not fear any forensic fervour of counsel. We therefore say to our brethren, when called upon to appear in a court of justice,—state facts and opinions clearly, firmly, and fearlessly.—*Lancet.*

THE DUBLIN HOSPITAL GRANTS.

We have much satisfaction in announcing that there is a fair prospect of a favourable consideration of this matter, and that (as far as relates to the educational hospitals at least) the question will be settled with due regard to the interests of science. For this, we are enabled to state with confidence, Dublin is indebted to Lord Clarendon, who, notwithstanding all that has been said to the contrary, we are satisfied, from beginning to end, exerted himself to prevent the alienation of this fund from its original object. Whatever we may from time to time find it necessary to say respecting passing events affecting medical interests, it is only fair play to confess that we believe Lord Clarendon has always proved that he entertains views most favourable to medical institutions, and that he has never failed to carry them into effect when opportunity offered.

NEW KIND OF ARTIFICIAL EYES.

On Saturday, August 2nd, an operation of a rather unusual kind took place in the theatre of King's College Hospital. It consisted in fitting and placing an artificial eye upon a young man of 18, a patient of Mr. Partridge, who had lost one of the organs of vision some time previously. It was certainly very advantageous to the pupils there assembled, that Mr. Partridge should have requested M. Boissonneau to place the artificial eye himself upon the patient in the theatre, and to give a few explanations touching his new method ; as not only pupils, but many surgeons, are hardly conversant with the manner of using such substitutes, and with the remarkable improvements which have lately been introduced into this branch of surgical mechanics. M. Boissonneau showed the artificial eye, which imitated to perfection the sound organ, and having placed it between the patient's lids, it evidently gained a mobility and a consentaneous action with the sound eye, which excited much admiration. The patient was now made to take off and replace it himself; this he accomplished with great facility, owing to the peculiar form and precise adaptation to the globe which had been given to the artificial organ. It seemed that many hardly-to-be-hoped-for requisites had in this instance been obtained : perfect similarity as to size and colour, movements admirably deceptive, facility of taking off and putting on, and complete absence of pain. Mr. Partridge requested M. Boissonneau to enter into some details as to the nature of the improvements which he produced, and the peculiarities of his artificial eyes. M. Boissonneau, in complying with Mr. Partridge's wish, stated that it had formerly been the custom to make such eyes of a uniformly oval shape, very much like the longitudinal half of a bird's egg, and that these would only suit perfectly empty orbits, and had no mobility whatsoever; they therefore had the great defect of a fixed stare, and almost always necessitated the removal of part of the globe by operation. Trials had subsequently been made, in order to adapt the above-mentioned form to pretty large remains of the eyeball, but the margins constantly fretted the parts, caused abundant purulent secretion, and proved very inconvenient. M. Boissonneau was then struck with the idea that it was incumbent upon the enamel modeller to shape and adapt the artificial eye to any form which the globe of the lost organ might have retained, thus avoiding an operation, and gaining for the artificial organ all the mobility which the subjacent globe, aided by the play of the lids, must inevitably give it. After more than ten years trials in France, Holland, and all Germany, he had succeeded in regulating the forms, classifying them, and introducing order and scientific sequence in a hitherto neglected branch of art. We thus perceive that the afflicted have been great gainers by M. Boissonneau's labours, for they escape pain, the similarity is perfect, and the mobility surprising. They can adapt and take off their artificial eyes with ease, and these are even so accurately adapted that they cannot be wrongly put on. We understand also that M. Boissonneau uses a kind of enamel, with metallic bases, which is extremely enduring. As it is unfortunately but too often the case that the surgeon is compelled to declare himself incompetent as to restoring an eye which has either by accident or disease been disorganized, it is consoling that he has at hand such admirable substitutes, which will at least save the patient from carrying with him a deformity which is ever of a melancholy character.—*Lancet.*

BIRTHS AND DEATHS IN LONDON,

DURING THE WEEK ENDING SATURDAY, AUGUST 16.

Births.		Deaths.	
Males.....	774	Males.....	530
Females.....	726	Females	531
	1500		1061

CAUSES OF DEATH.

1. *Zymotic* (epidemic, endemic, &c.) *Diseases*, ...	342
Sporadic Diseases, viz.—	
2. Dropsy, cancer, &c., of uncertain seat, ...	46
3. Brain, spinal marrow, nerves, and senses, ...	109
4. Heart and bloodvessels, ...	26
5. Lungs, and other organs of respiration, ...	79
6. Stomach, liver, and other organs of digestion ...	73
7. Diseases of the kidneys, &c., ...	13
8. Childbirth, diseases of the uterus, &c., ...	12
9. Rheumatism, diseases of the bones, joints, ...	8
10. Skin, cellular tissue, &c., ...	1
12. Old age, ...	36
13. Violence, privation, cold, and intemperance, ...	39

The following is a selection of the number of deaths from the most important special causes:—

Small-pox, . .	18	Paralysis, . .	22
Measles, . . .	18	Convulsions, . .	31
Scarlatina, . .	17	Bronchitis, . .	5
Hooping-cough, .	27	Pneumonia, . .	38
Diarrhœa, . .	156	Phthisis, . . .	129
Cholera, . . .	28	Diseases of lungs, &c.,	9
Typhus, . . .	53	Teething, . . .	19
Dropsy, . . .	15	Diseases of stomach, &c	5
Sudden deaths, .	6	Diseases of liver, &c. .	13
Hydrocephalus, .	30	Childbirth, . . .	5
Apoplexy, . .	21	Uterus, ...	5

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

1851.		Max. T.	Min. T.	Barom.	Rain.
Sunday,	Aug. 17th,	64	53	29.820	.035
Monday,	18th,	79	51	30.300	.010
Tuesday,	19th,	75	55	30.320	
Wednesday,	20th,	76	56	30.250	.010
Thursday,	21st,	73	56	30.000	
Friday,	22nd,	77.5	55	29.850	.020
Saturday,	23rd,	77	50	29.850	.080

PORTARLINGTON, QUEEN'S COUNTY.

1851.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Aug. 17th,	70	50.5	29.568	66.5	61.2	57.6	.100	NW
18th,	69	50	29.918	67.4	61.9	58.3	.024	NW
19th,	69	58	29.958	66.3	61.5	58.3	.018	NW
20th,	69	59	29.912	66	62.5	60.3	.001	Calm
21st,	72	59	29.680	67.4	62.7	59.7		S
22nd,	70.5	53	29.548	67	64.8	63.5	.192	S
23rd,	70	51.5	29.549	66.2	59.7	55.1	.133	SE

M. W. HANLON, M.B.

ROYAL OBSERVATORY, GREENWICH.

Mean height of Barometer.....	29.86
" " Thermometer*.....	64.6
Self-registering do.† ..... max. 99. min.	46.4

* From 12 observations daily—† Sun.

Rain, in inches, 01.: sum of the daily observations taken at nine o'clock.

Meteorological.—The mean temperature of the week was 3 deg. above the mean of the month.

MEDICAL DIRECTORY FOR IRELAND.

A CIRCULAR has now been issued to every known Member of the Profession practising in Ireland, containing interrogatories as to Name, Address, Qualifications, &c., for insertion in the Directory, which will be published in January, 1852. Any gentleman who may not have received one, is requested to intimate the same, without delay, to the Editors, 4, Adam-street, Adelphi, London.

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64, DAME-STREET, DUBLIN.

☞ *Change of Proprietorship.*

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(LATE BEWLEY, FISHER, AND CO.)

In announcing the entire change which has taken place in the proprietorship and management of

THE ROYAL MEDICAL HALL,

beg particularly to state, that henceforth

THE PREPARATION OF MEDICINES AND THE COMPOUNDING OF PHYSICIANS' AND SURGEONS' PRESCRIPTIONS,

will constitute a *legitimate* and prominent department of the Business of their Establishment, and that special attention will be devoted to its cultivation. No pains will be spared in order to obtain the implicit confidence of the medical profession and the public, as well in regard of promptitude and carefulness in the execution of orders, as in the genuineness and quality of the medicines employed.

Besides the Compounding of Prescriptions, as referred to above,

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embraces the SALE OF EVERY ARTICLE properly connected with the business of Pharmaceutical Chemists and Apothecaries, and of use in the sick-room and nursery.

*** GENUINE COD-LIVER OIL,

of the finest description.

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Printed by Thomas Deey, at 15, Molesworth-street, and published there every Wednesday morning, for the Proprietor, ARTHUR JACOB, M.D., 23, Ely-place, in the city of Dublin. London: John Churchill, 46, Princes-street, Soho.

Wednesday, August 27, 1851.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

VOL. XXVI.
NO. 665.

DUBLIN: WEDNESDAY, OCTOBER 1, 1851.

PRICE SIXPENCE,
STAMPED.

ORIGINAL COMMUNICATIONS.

Extensive Wound of the Elbow-joint, with Separation of the External Condyle and Articulating Head for the Radius, from the Lower Extremity of the Humerus—Recovery, with Partial Anchylosis. By Richard G. H. Butcher, F.R.C.S.I., Examiner on Anatomy and Physiology in the Royal College of Surgeons in Ireland, Surgeon to Mercer's Hospital, &c. &c..... 209

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ORIGINAL COMMUNICATIONS.

EXTENSIVE WOUND OF THE ELBOW-JOINT, WITH SEPARATION OF THE EXTERNAL CONDYLE AND ARTICULATING HEAD FOR THE RADIUS, FROM THE LOWER EXTREMITY OF THE HUMERUS—RECOVERY, WITH PARTIAL ANCHYLOSIS.

By Richard G. H. Butcher, F.R.C.S.I.,
Examiner on Anatomy and Physiology in the Royal College of Surgeons in Ireland;
Surgeon to Mercer's Hospital,
&c. &c. &c.

Thomas McGill, aged 18, by trade a coachmaker, admitted under my care into Mercer's Hospital, June 10, 1851. *History:* The patient and his fellow apprentice had a quarrel, when the latter took up a large heavy knife and made a blow at him, inflicting a very severe wound on the right arm. He was brought at once to hospital, when I saw him immediately after the accident. He was labouring under very severe shock, manifested by coldness of the surface, rigor, and blanched countenance. He had lost a great deal of blood, and was then bleeding profusely. The hand of an assistant, placed steadily over the axillary artery, checked the hæmorrhage, and I proceeded to examine the wound. It commenced about three inches above the joint on its outer and posterior aspect, and with such violence did the knife take effect that the external condyle of the humerus, together with the capitulum on which the head of the radius moves, were split off, everted, and protruding through the wound. From this it will appear how extensively the joint was laid open. The edges of the wound gaped so far apart that the articulating surface of the radius was completely exposed, and its anterior edge marked by the knife, clearly showing that its downward direction was here checked, its force being nearly expended; and then meeting with less resistance, it passed forwards, dividing the supinator and extensor muscles forming the outer prominence of the forearm. On everting the edges of the wound, I tied two large arteries above the joint, which were giving blood very freely, and secured the radial recurrent below: the hæmorrhage then ceased. The piece of the humerus, split off and thrust forward through the wound, was still attached by some fibrous bands behind and externally, so I restored it to its natural position, and then brought the edges of the wound together with adhesive straps, and placed the limb in the semiflexed position on pillows, the hand being raised so as to favour the returning venous current. Heat was then applied to the feet, and a warm carminative draught with opium administered.

Nine p.m. Reaction fully established; skin hot, and pulse bounding; does not complain of pain in the joint. Ordered a full cathartic enema immediately, and in two hours an opiate draught with laurel water: cloths wetted in cold wash to be kept constantly applied over the joint, and evaporation promoted, so as to lower its temperature.

11th. Slept after the draught; bowels well freed by the enema; pulse accelerated and full; experiences great comfort from the cold application to the joint, which is to be continued, and also the opiate draught at night; low diet.

12th. Restless during the entire night, and refers pain to the posterior and outer side of the arm above the wound; pulse full and bounding; skin hot. Ordered twelve ounces of blood to be taken at once from the arm, and when the bleeding had ceased cold again to be continued; also three grains of calomel, with a grain and a half of powdered opium, with the intention of acting as a direct sedative.

13th. He is better to-day; slept at intervals through the night; the character of the pulse materially altered; it is much softer; however, the pain in the arm, just above the wound, continues the same as on yesterday; there is a slight blush of inflammation over the point referred to. To continue the cold application. Bowels not free, and belly tympanitic. Ordered immediately a full terebinthinate enema, and afterwards a turpentine stupe over the abdomen; also

℞ Pulv. hydrarg. c. cret. ʒss.
Pulv. Doveri gr. xxiv. Ft. pulv. divide in chart. vi. sumat i. tertiis horis.

14th. Slept comfortably during the night; pulse quiet

and soft; bowels copiously freed, and tympanitis gone; the blush of redness and the pain above the wound removed to the posterior part of the joint; imperfect suppuration established, so for the first time removed the straps of adhesive plaster, but without lifting the limb from the pillow or stirring it from the position which it has maintained from the very first. I slipped a small perforated pad under the elbow, so as to receive the internal condyle and avert stripping, placed a small light poultice over the seat of the wound, a few straps of adhesive plaster being first applied, not with any increased tension or straining of the lips of the wound, but with the object of supporting the soft parts, which for a short distance above and below the joint had united by first intention. Synovia mixed with imperfect pus was freely discharged from between the bones on the removal of the dressings. Cold was still applied to the shoulder and upper half of the arm, so as to keep down the temperature. To continue the powders as on yesterday.

15th. Free from all pain in the joint; suppuration fully established. To continue one powder morning and evening, to repeat the poultice over the wound, and cold at intervals over the shoulder and arm.

16th. Slept well; pulse very soft and feeble; wound discharging pus freely and synovia in abundance on the least pressure. The poultice to be continued over the wound, and the cold applied as before; to take only one powder at night, lest the depressing effects of the mineral might too far debilitate.

17th. Slept well; arm free from pain; on lifting the adhesive straps from the wound, the granulations were remarkably fungoid, transparent, and projecting several lines over the edges. To continue the powder at night, the poultice over the wound, and the cold over the shoulder and arm.

18th. This morning the limb was free from all pain; a large flow of synovia and pus from the joint; at three p.m. he was suddenly seized with darting pain in the joint of a very severe character, and coming on without any assignable cause. Ordered at once six leeches to be applied above the joint, and afterwards warm stupes to be assiduously kept to the entire limb; a full opiate at night.

19th. Has had little sleep, and refers great pain to the joint, darting up and down the limb. As inflammation most insidiously again threatened, it was prudent to increase the mercury. Ordered one of the powders three times in the day, a poultice over the wound, and cold to the shoulder and arm as before: to repeat the opiate at night.

20th. He had little sleep last night from pain in the part; the pulse is that of extreme irritation; the joint is suppurating very freely; little trace now of synovia. Ordered four leeches above the joint, and the entire limb to be enveloped in a warm stupe cloth; at the same time a light poultice over the wound.

Pil. hydrarg. gr. vii., sulph. quinæ gr. iv. Ft. pil. ii. sumat i. bis in die.

℞ Aquæ puræ,
Syrup. simp. āā. ʒss.
Muriat. morphiæ granum. Ft. sumat ʒi. 2ndis horis. For nourishment, beef-tea and bread.

Three p.m. Feels comfortable.

21st. Slept at intervals through the night, and joint not so painful; on pressure synovia mixed with pus very freely discharged from the joint. Ordered to omit the pil. hyd., and to continue the sulph. quinæ, two grains three times a day; to have the yolk of egg beaten up with boiled milk and a tablespoonful of spirits, also beef-tea and bread; to continue the morphia syrup as before, and the poultice to the wound.

23rd. Was seized again to day with acute pain on the outer side of the joint. At once applied four leeches, which relieved it.

25th. Pain relieved in the part; discharge of pus very free from the joint; he has had flushings and sweats for the last two days; made up the limb as before, evenly supported on pillows; stopped stupes, poultice, &c., and ordered an astringent ointment to the granulating surface, and a mixture with quinine and acid. Ordered for diet lamb chops, the yolks of two eggs beaten up with boiled milk and a little spirits, also a glass of port wine.

27th. Somewhat better. Continue everything as before.

July 1st. Is better in every respect; slept well; very little perspiration; discharge from the joint greatly diminished. To continue everything as before.

4th. Has gradually improved for the last few days. This morning placed the limb in a well-adjusted case made of gutta percha lined with wadding. It was so constructed as to preserve immoveable the forearm at a right angle with the arm, and retained by bandages. The arm thus made up was supported in a sling suspended from a framework over the bed, and the enfeebled creature was propped in the sitting posture by a bed chair. He experienced the greatest comfort from this arrangement. No motions of the trunk produced pain in the arm, it so readily waved backwards and forwards on the slightest impulse.

5th. Has had little sleep: fainted twice; pulse very feeble; the limb is quite free from pain, which he attributes to its new and easy position; all apprehension of hurting himself on moving in the bed is removed by the simple contrivance adopted. To get four ounces of wine, eggs beaten up with milk, chop, and a glass of porter for diet.

6th. He is better to-day; slept well during the night, and the pulse is stronger; the discharge from the wound is less. Reapplied dressings as before.

8th. He has derived the greatest benefit and comfort from the suspension of the limb; has never had pain in it since this mode was pursued. To continue wine, support, &c., as before; also the quinine mixture.

11th. He is now mending rapidly; the limb is only dressed every second day, and there is very little discharge from the wound. To continue everything as before.

15th. Going on most favourably; pulse quiet; no sweats; limb free from pain, and dressed every alternate day; had his clothes put on to-day; kept him reclining on the bed with the arm supported and suspended as before. To continue wine, &c.: ordered to day half an ounce of cod-liver oil three times a day, and to continue the quinine mixture.

17th. Wound nearly closed up; fungoid granulations all gone; anchylosis rapidly progressing; no discharge now from the joint; the limb supported as before in the gutta percha case, and though the patient is dressed and lying supported on the outside of the bed, the "weight of the arm" is so great that the sling suspended from overhead cannot be dispensed with.

22nd. Gaining strength very rapidly; so well did he feel to-day that I was enabled to place the limb in a sling suspended from his neck, and had him carried to a couch in the garden, the weather being very fine and mild. To continue diet and medicines as before.

31st. Within the last few days, he has rapidly gained strength, being now able to walk about the ward and into the garden; the wound just healed; all the textures round the joint are thickened from the results of inflammation; but considering all things, the most sanguine expectations could not have anticipated a more favourable result.

August 2nd. On this day he was dismissed cured, the wound being entirely healed, and the joint quite stiff.

September 20th. Since his dismissal from the hospital up to the present date, he has gained considerable motion in the joint, and which I have no doubt will yet be materially increased.

The details of the foregoing case are so essentially practical that I do not hesitate in placing them on record, in warm anticipation that they may stimulate the younger members of the profession to exertions equally as effectual to the saving of life and limb. Wounds of joints are at all times to be dreaded and watched with the greatest careful-

ness on the part of the surgeon, inflammation is so insidiously set up and progressive in its effects, the danger being considerably augmented if injury at the same time be inflicted on the articulating surfaces of the bones, as occurred in this instance. From the earliest period an attempt was made to bring about union by the first intention. After the hæmorrhage was arrested, the piece of bone projecting through the wound was carefully restored to its natural position, the cut surfaces placed in contact, and all retained *in situ* by a few strips of adhesive plaster. I returned the piece of bone to its place in preference to cutting it away, because it was closely connected behind by the attachment of the triceps muscle—an attachment which I considered sufficient to preserve its vitality. If the piece had been smaller and not so vitally adherent, I would have acted exactly as Mr. Lawrence did in a case almost parallel to mine. The case is given in the *Lancet* for May, 1846. The patient, a boy aged 11, was admitted into St. Bartholomew's Hospital, his right arm being caught between two cog-wheels connected with machinery in motion. He was admitted a few moments after the receipt of the accident. The integuments on the outer surface of the right upper extremity, from the middle of the forearm up to the insertion of the deltoid, were severely bruised and torn. A deep lacerated wound extended through the skin and muscles down to the elbow-joint, which was opened. The external condyle was chipped off from the humerus and held only by a few tendinous and fleshy fibres. There was considerable venous hæmorrhage, but the brachial artery not wounded. Mr. Lawrence removed the external condyle by severing with a scalpel the soft shreds which retained it. This case did well.

Another case very similar is given by Mr. Key, in which the integuments of the arm of a boy, aged 9, were severely torn. The elbow joint was laid open, and the internal condyle chipped off by a roller in motion. In this case the internal condyle was removed by Mr. Key, and the important articulation between the ulna and the humerus was destroyed; yet this case, too, did well.

If portions of bone be so far separated as to be connected only by a few tendinous fibres, they should no doubt be regarded as foreign bodies, and immediately removed, as their presence would only excite inflammation and prevent the healing of the wound until discharged by Nature.

In the management of McGill's case, the antiphlogistic treatment was fully carried out: general bleeding when the inflammatory fever was at its height; local detraction of blood by leeches on the supervention of *pain;* the gentle administration of mercury; cold applied so as to moderate the temperature of the limb, and soothing applications when suppuration was established, the constitutional treatment being modified according to the type of the fever present. There is one more point in the local management which I have left for special notice, and that is the suspension of the limb at a suitable height in a sling. This I cannot pass over without most warmly recommending. From the very period when I had recourse to this procedure in the foregoing case, many of the patient's annoyances were removed, and he began visibly to improve. Not only was the inflamed part placed in the most favourable position for its returning circulation, but the motions of the patient were not so constrained or prohibited he could turn partly to either side, and thus relieve himself from pressure. In this way the fatigue of lying was considerably lessened, and the irritation consequent on perpetual watchfulness removed; for on the slightest impulse the limb floated with its solid case suspended in the air. Again, when the patient was convalescent and lying dressed on the outside of the bed, propped up with pillows, the suspension of the limb in his emaciated and enfeebled condition was of the greatest value, for by it the weight was entirely borne.

CHEAP AND EFFICIENT ANTHELMINTICS.

By John Colvan, M.D., F.R.C.S.I., of Armagh.

A little female patient of about six or seven years old, who has been partly under my care for two or three months past, voided during that period eleven large round worms of the species "*Ascaris lumbricoides,*" one of which being so perfect, in every respect, I retained as specimen in my collection. The only medicines she used during the time specified were calomel, chlorid. hydrargyri, and rhubarb, the plain powder of the rheum palmat., the pill being two grains, and the powder ten grains. The pill was taken at bedtime, and the powder early next morning. The probable price of each dose was not more than two or three pence! There was an interval of from five days to seven between the doses. The child, so far from being weakened, improved greatly in strength and appearance, and is now so well as to be able to leave off the medicine for some time to come. I think had the medicine cost £1 each dose, and had some outlandish name assigned to it, it could scarcely have been more effectual.

Armagh, September 20, 1851.

THE PATHOLOGY OF INFLAMMATION AND FEVER.

By H. Freke, A.B., M.B., M.R.I.A., Dublin.

(Continued from p. 179.)

At the close of my last communication we were engaged in the consideration of the nature of what I have termed compound residual products in their relation to *simple* or *indivisible* organisms; such, for example, as that which I have named the nervous organizing atom. I am now desirous of making a few observations upon compound residual products in their relation to *compound* or *aggregate* organisms; such, for example, as the embryo of man. I am desirous, in other words, of calling my readers' attention to the nature of the relation which must, as I conceive, subsist between a compound organism, such as the human embryo, and the compound residual product, which is capable, and alone is capable, of arousing that organism to the discharge of its specific physiological function. The relation, in a word, which subsists between that embryo and what I have termed its *specific stimulus*, or the stimulus provided by Nature for calling into operation its physiological function.

I have already directed my readers' attention, in a general manner, to what I conceive must be the anatomic composition of that embryo, and have endeavoured to make it apparent (from the functions which it is called upon to discharge—namely, *to generate a number of distinct individual organized structures*); I have, I say, endeavoured to make it apparent that such embryo must of necessity be formed by the organic or physiological union of a *number of distinct individual organisms, or organizing agents;* I say must (as I conceive) *of necessity* be so formed, inasmuch as it is alone by an organism or organizing agent that any organized structure can by possibility be generated. To each of those organisms or organizing agents, I have (for reasons of which my readers are in possession) given the name *organizing atom.* And to the several organizing atoms comprised in that embryo (inasmuch as the function of those atoms respectively is to generate what we term nervous, vascular, muscular, glandular, &c., structure; that is, to generate the various organized structures which eventually constitute *man*) to the several organizing atoms, I say, comprised in that embryo, I have given the names respectively of the nervous, the vascular, the muscular, the glandular, &c., atom. These various atoms in combination constitute an *aggregate* integral, the function of which integral is *to organize.* And every aggregate integral possessed of such function, affords an example of

what I mean to convey by the terms *compound organism.** The compound organism which at present engages our attention, is that known to us by the name of the embryo of man.†

Such, I have attempted to make it appear, must be the composition of the organism which has been destined by Nature to generate *(when placed in the circumstances adapted for that purpose)* the various species of organized structure which are eventually to be found in the constitution of man. The question which is now about to engage our attention is this—namely, *What are those circumstances?* What are the conditions which Nature requires should be fulfilled before the function of that compound organism can commence—before that organism can *manifest* life?

It must be obvious to my readers from what has been already advanced, that this compound organism (or organizing agent) must of necessity remain inactive or dormant; that is, must remain in a quiescent or passive condition (like a body in which caloric is *latent*) till it has been presented with those requirements which Nature has made essential to every organism (whatever be its nature, whether simple or compound) before that organism can discharge its specific physiological function. My readers are already acquainted with the nature of such requirements, and are aware that one of the requisites essential to the performance of the specific function of every organizing agent is the presence of materials upon which that agent can confer organization; the presence, in a word, of materials which stand to that organizing agent in the relation of what I have termed its specific stimulus. Whence are those materials derived for the organism in question—namely, for the compound organizing agent which we term the embryo of man?

It must (as it appears to me) be from a source that is foreign to itself, and hence *we arrive at the necessity* (as I conceive) *for distinctions in sex*. One parent is required to generate the *embryo*, and another parent to generate a residual product, upon which that embryo can exercise its function.

In *one* parent of a vegetable, the various regenerated *organizing atoms* combine, and in union constitute an ovule, or the embryonic representative of the species; in *the other*, the various *stimulants* or *residual products* (required by those atoms in that ovule which demand to be *simultaneously*, at fecundation, called into operative action) unite to form that mysterious compound known to the botanist as pollen. In *one* parent of the organism, which we term the embryo of man, regenerated nervous, vascular, muscular, glandular, &c., *organizing atoms* (urged into union by the laws of organization and by the same laws deposited in that portion of the human mechanism appropriated to that end), constitute man's embryonic representative in the form of the contents of a Graaffian vesicle. In *the other*, elaborations and compound elaborations—namely, what I have termed *organized residual products* (of such high organization as may call into functional action the various atoms in that embryo, which, at the instant of conception, must spring into *simultaneous* operation), *in their accumulated form constitute man's regenerative sperm*. In this mystic secretion must be contained everything the embryo requires on which to manifest its earliest life. This residual product must, in a word, bear to the compound organism—the human embryonic type—the same relation which the inanimate elements of earth bore to the humblest conceivable of vegetations—the same relation that the liquor sanguinis of our blood bears to the fœtus and to man.

In the foregoing observations, in relation to the various atoms in the ovule and in the embryo which require to be called into action at the moment of fecundation, I have used the words "which demand to be *simultaneously* called into operative action," and which "must spring into *simultaneous* operation." I shall explain my motive for employing those words. My readers will observe, from what has already been advanced, that a striking and marked distinction (in the requisites for fecundation) must necessarily exist between one of the simplest or most humble species of organizing atom individually and alone and a *compound* organism composed of a plurality of atoms of different species, that is, of *different degrees of elevation in the scale of organization;* or composed of atoms some of which require the presence of *compound* residual products. I have attempted to make it apparent that the humblest conceivable vegetation is composed of but a *single individual* organism (namely, a solitary organizing atom), and that the *only* specific stimulus required by that organism on

* In the above paragraph I have endeavoured to illustrate, in conjunction, several of the statements which have already been advanced. Thus, for instance, I have in the first place defined an organism to be *an integral capable of manifesting an independent vitality;* and have divided organisms into *simple* and *compound*. Secondly, I have stated that the specific physiological function of every organism (whether simple or compound) is *to organize;* that is, in other words, *is to confer organization upon materials distinct and apart from those which form a portion of its own constitution*. And, finally, I have defined *living* to be *the act of being elevated in the scale of organization*. In the paragraph before us I have endeavoured to place in connexion illustrations of my meaning in these several statements. My readers have an example of what I understand by a *simple* organism in, for instance, what I have termed *a muscular atom*. By the term muscular atom, my readers are aware I mean *that organism which generates muscular fibre*. Now, what is the function of this muscular atom? It is *to confer organization upon fibrin;* it is to *raise* fibrin (though already highly organized) *still higher* in the scale of organization; it is, in a word, to *raise* fibrin to the condition of muscular fibre. Such is the function of the muscular atom (a subject upon which we shall enter more fully in a future communication), and it is obvious that the fibrin (upon which that atom is designed to confer increased organization) is distinct and apart from that atom. In other words, it is obvious that the *atom* and the *fibrin* are *two distinct entities;* the former being an *organizing agent* which is about *to confer* organization; the latter being an *organized mass* (viz., a residual product) which is about *to receive* organization—that is, whose organization is about to be *augmented*. It is scarcely necessary for me to call my readers' attention to the fact that *until* that muscular atom *has commenced* the discharge of its function, it cannot (though possessed of the vital or organizing influence), until, I say, it has *commenced* the discharge of its function, it cannot be said to *be living*, but remains in a *latent* or dormant condition. It is when, and when *only*, the fibrin is *in the act of being elevated in the scale of organization*, that the muscular atom and the fibrin conjointly can be said to be *living*. The same appears to me to be true of *all organisms*, and hence the propriety (as it appears to me) of defining *living* to be *the act of being elevated in the scale of organization*. I shall hereafter endeavour to show that the various atoms in a compound organism, though physiologically united (as, for example, the muscular and the nervous atom in the embryo), notwithstanding *live;* or, in other words, discharge their function of organizing, *independently* of each other. Such is what I mean by the terms *simple* organisms, and such is what I conceive to be the nature of their function. In the human embryo my readers have an example of what I understand by a *compound* organism, the function of which forms the subject of the present communication.

† The above is not the utmost limit to which (as it appears to me) our analysis of the anatomy of the human embryo (&c.) can be carried. We can, as I conceive, pursue our inquiries still further, and determine with the strictest precision the number of *varieties* of organizing atom which must be contained in that embryo. Thus, for example, we know that two varieties of nervous and of muscular atom must exist to generate the two varieties of nervous and muscular structure, known as voluntary and involuntary. We further know that such embryo must contain a considerable number of varieties of glandular atom; all of which can be determined with the greatest degree of precision. And so on of all its other components till we have arrived at the absolute composition of that embryo. In one of my future communications I shall attempt to point out in what manner, I conceive, we may possibly attain to a certain amount of knowledge as to how the various atoms in that compound must be relatively arranged or disposed.

which to discharge its specific physiological function (of conferring organization) is certain species of *inorganic or mineral matter*. When this specific stimulus is present (with the additional presence of its *incidental* stimulus, and the other requirements, such as temperature and moisture, &c.), when, I say, *this* specific stimulus is present, that organism, or organizing atom, can *complete* its *entire* physiological function without the presence of any additional requirement—without, in a word, the presence of any *organized* residual product. Hence it is apparent that *this* organism, or organizing agent, can have no necessity for a *plurality* of parents. A *single* parent is required to *regenerate* that *atom;* but no parent is required to generate an *organized residual product* to stimulate the *offspring* atom to the discharge of its physiological function. The residual product (if I may so term it) required by that offspring atom for that purpose, has been already provided by Nature in the mineral or *unorganized* world. Hence that atom has no necessity for an *organized* residual product—hence it has no necessity for *a parent to generate such product*.

But such is far different with regard to *compound* organisms. Such must of necessity be far otherwise with respect to organisms which comprise in their composition *different species* of organizing atom; such, for example, as the embryo of the loftier vegetations, of animals and of man. I shall endeavour to convince my readers of this distinction, and to show wherefore, in the case of *such* organisms, there is (as it appears to me) a necessity for a plurality of parents.

I attempted to point out (in the case of the supposed organism which I selected as illustrative of the nature of a *compound* organism—namely, that which I supposed to be formed by the union of three individual atoms selected from the first three species of organizing atom in succession), I attempted, I say, to point out the nature of the relation in which the three *simple* atoms (comprised in the composition of that *compound* organism) stood towards each other. That relation, I endeavoured to make it appear, was the following—namely, that the first or simplest of the three atoms in the compound, formed or generated *(out of inanimate or mineral matter)* an organized residual product which was capable of calling into operation the function of the second species of atom; and that the second species of atom formed or generated *(out of the organized residual product prepared for it by the first)* a more highly organized residual product which was capable of calling into operation the function of the third species of atom. It is hence clearly obvious how, by means of inanimate or mineral matter, *exclusively* and *alone* (that is, without the additional presence of any other specific stimulus—without the presence of any *organized* residual product), it is, I say, clearly obvious how, by means of inanimate matter, exclusively and alone, the three atoms in that supposed compound organism could *successively (but not simultaneously)* be called into physiological operation.

That is, when the first species of atom had *completed* its function—namely, had generated an organized residual product out of inanimate or mineral matter, *then*, and *not till then*, could the function of the second species of atom *commence;* while it is not till a *still later period* (namely, not till the function of the second species of atom had, in like manner, been *completed)* that the third species of atom in that compound could *commence* its physiological function.

It thus becomes obvious that if mineral matter, exclusively and alone, be supplied as its specific stimulus to that compound organism, the component simple organisms of that compound can only be *successively* (and not *simultaneously)* called into physiological action.

Now, if it be required that *the three atoms* in that compound organism should *simultaneously* discharge their physiological function from the *very commencement* of the functional action of the compound; that is, if it be required that the first, second, and third atom in that compound should *all three at the same moment* commence the performance of their function, it is obvious that inanimate or mineral matter, exclusively and alone, would be utterly incompetent to bring such end about. Inanimate or mineral matter is *only* competent to call into operation the function of the *first or simplest* of those three atoms, and could be no more competent to call into operation the physiological functions of the second and third species of atom in that compound, than it could be competent to call into operation the physiological functions of the various atoms comprised in the compound organism man.*

If, then, I say, it be required that the second and third species of organizing atom in that imaginary compound organism, should commence the discharge of their physiological function *at the same moment* that the function of the first species of atom is commencing, how could this end be accomplished? *It can alone* (as it appears to me) *be accomplished through the agency of a plurality of parents.* I shall endeavour to explain myself more clearly. The *three* atoms are, we suppose, required to commence their physiological operation *simultaneously;* hence it is obvious that *two organized* residual products (namely, one to call into operation the function of the second species of atom in the compound, and another to call into operation the function of the third), it is, I say, obvious (as it appears to me) that *two organized* residual products must necessarily be derived from *some source or other*, to call into operation the physiological function of the second and third species of atom in the compound. It is, in a word, obvious (as I conceive) that before this imaginary compound little organism can *commence* the discharge of its physiological function, it must be presented with *a compound organized residual product*, derived from some source or other, which can stimulate (that is, call into action) its second and third species of atom, inasmuch as we have supposed that those atoms are required to be in operation *at the commencement* of the function of the compound. Now there is *one* source, and *but one source alone*, from whence an organized residual product *can by possibility* be derived—namely, *it must be generated by an organism or organizing agent.* Hence the necessity (as it appears to me) for an organizing agent to generate a compound organized residual product which can call into operation the function of the first and second species of atom in that organism. Hence, in other words, the necessity for a *second parent* to generate *that* whereon this compound organism can *commence* the discharge of its physiological function—can *commence* the *manifestation* of vitality.

That such supposed state of things is what *actually is required* with regard to the component organizing atoms comprised in the constitution of the embryo of the loftier vegetations of animals and of man, I shall now endeavour to make apparent to my readers.

Let us in place of the supposed compound organism which we have just been contemplating (namely, that which we regarded as composed of three *imaginary* atoms, the function of which three atoms we supposed it was required should commence *simultaneously*), let us, I say, in place of this supposed compound organism, substitute the compound organism known to us as *the embryo of man.* With the composition of *this* organism we have already made ourselves acquainted, and *its* components are no *imaginary* atoms. The nature of that compound and the nature of its function are known to us, and consequently the nature and function of its components. And what do we know with regard to the nature and function of this

* Present inorganic or mineral matter, exclusively and alone, to the compound organism man, and what is the result? The result is this—namely, that that organism *ceases to discharge its physiological function.* And what is the cause of this result? The cause is simply this, that *no organized residual product* has been presented to the various organizing atoms in that compound organism upon which those atoms can discharge their physiological function of conferring increased organization (that is, in other words, their physiological function of generating (out of matter *less highly* organized) the various organized tissues in man), and consequently the function of those atoms must of necessity cease.

compound and of its components? We know the following two facts—namely, 1st. That this *compound* organism is composed of a number of *simpler* organisms whose functions respectively are to generate what we term vascular, glandular, muscular, nervous, &c., structure. And 2nd. We know that certain of those simple organisms require the presence of a *compound* organized residual product to enable them to generate the required organized structure. So much (as it appears to me) we know as regard the nature and function of the several organizing atoms comprised in the composition of that compound.

But do we know anything as regards *the period* when it is required that those several atoms should respectively *commence* the discharge of that function—should *commence* the generation or development of the various structures they are respectively called on to generate? Do we, in other words, know anything in relation to *the time* when it is requisite that the development or generation of the various tissues found in the *fœtus* of man (that is of vascular structure and of glands; of muscular structure and of nerves; of osseous tissue, &c. &c.), do we, I say, know anything as regards *the time* when it is requisite that the development or generation of these various tissues *should commence* in the *embryo* of man? I conceive we do. I conceive we know *this* to be requisite—namely, the generation or development of *several* of those tissues must (as I conceive) of necessity commence *simultaneously*, and that at the *commencement* of the functional action of the embryo. For were it otherwise, Nature's design in the formation of that embryo could not (as it appears to me) be accomplished, but such design must, as I conceive, of necessity be frustrated.

For what was Nature's design in the formation of that embryo? It was that it should generate Man, *between the various tissues or organs of which man (when developed) there should exist a perfect unity or harmony of function.*

Now, if the function of *several* of the component organisms (contained in that embryo) *had not* commenced *simultaneously*, and that at the *commencement* of the function of the embryo, it appears to me that the *relation* (now observed, and which must of necessity be preserved, with regard to their relative stages of development)—it appears to me, I say, that the relation in *development* between several of the organized structures found in the fœtus of man could by no possibility exist. The result (as it appears to me) must of necessity be this—namely, that when the development of that fœtus had arrived at completion, the *utmost confusion* must prevail between the functions respectively of its several organs; for no harmony could be preserved between the *functions* of its structures, if none had been observed between their *development*. In place of the *symmetry* now recognizable throughout organic creation, we should everywhere encounter *deformity*. For the slightest disturbance of this balance of relation (between the development respectively of the several tissues of the embryo) must give origin to some form of congenital defect.*

If, then, it be required that at *the commencement* of the functional operation of the embryo of man (which we have already seen generated by *one* parent) several of its component organizing atoms (some of which require the presence of a *compound* residual product) should be *simultaneously* called into operative action, there is but one means (as it appears to me) whereby such end could be accomplished, and that means is (as I conceive) the following—namely, *another parent* must (as I conceive) have pre-existed to generate such *organized residual products* as Nature has made essential to the performance of the function of those several atoms.

(To be continued.)

Paris, August, 1851.

* I should gladly dilate upon a topic which to me appears to be one of extreme physiological interest, and should be desirous of attempting to point out to my readers the several structures in the fœtus, the generation of which (it appears to me) must necessarily commence simultaneously at the commencement of function of the embryo. I should be also anxious to lay before my readers what I conceive to be the nature of the various structural changes which must (as it appears to me) of necessity take place during the period of fœtal existence. The present, however, would not be the appropriate place for so doing. Having now ventured upon an investigation of equal importance, I shall look forward to entering at some future period upon a detailed inquiry into the subject of embryology. Thus much upon the subject I have been induced to introduce into this paper, merely in order to enable me to lay as clearly before my readers as possible the nature of the relation which I conceive to exist between an *organism* and what I have termed an *organized residual product.*

PROFESSOR BENNETT OF EDINBURGH ON CARBONACEOUS LUNGS.

Thomas Wilson, æt. 38, collier, from the Oakley Mines near Dunfermline, was admitted into the Clinical Ward 26th July, 1851. He states that he has been employed about coal mines for the last twenty-four years, during the principal part of which he has been occupied in blasting rock for the sinking of pits, using large quantities of gunpowder daily. He is much exposed to cold and wet in this occupation, working almost constantly with wet feet, and frequently with the whole of his clothes drenched. During the laying open of a new surface for the working of coal, he has often worked in an atmosphere barely capable of supporting the combustion of the miners' lamps; he has observed this particularly when working iron stone. Notwithstanding, it was only about seven months ago that he began to be troubled with short dry cough, and difficulty of breathing. He continued to work till about four months ago, when the cough became more severe; he had much dyspnœa, and frequent profuse perspiration, especially at night. Two weeks after this,—that is, about fourteen weeks ago,—he was laid up from work; and about the same time, while under treatment, he began to spit much, and observed that the expectoration was of a deep black colour. The change was so sudden as to alarm him considerably.

On admission, the chest is of large dimensions and well formed. On percussion, there is slight comparative dulness on the left side of the chest over the upper half in front; and there is also appreciable dulness over the same extent on the same side posteriorly. There is complete resonance on the right side anteriorly and posteriorly.

On auscultation, for some inches below the clavicle on the left side, the inspiration is rough and harsh, and there is prolongation of the expiration. Lower down on the same side, there is also fine moist râle, and the vocal resonance is somewhat increased. On the right side there is loud pealing vocal resonance both anteriorly and posteriorly; it is particularly loud in front immediately below the clavicle, but there is nothing abnormal to be detected in the respiratory sounds. The sputum is in considerable quantity, adheres tenaciously to the bottom of the spit-box, and is of an intense black colour. On being placed in water, a small portion of a lighter colour swims on the surface, but the greater part sinks immediately. On being allowed to stand for a little, the supernatant water becomes nearly clear, the dense black mass remaining at the bottom of the dish. Acetic, sulphuric, and nitric acids, and also aq. potassæ, though boiled with the sputum, do not in the least affect its colour.

On placing a small portion of the sputum below the microscope, many of the epithelial cells are seen loaded with the black carbonaceous matter. In some of them, the nuclei are evident, the matter being deposited between them and the cell walls; in others, the nuclei are quite concealed. In other parts of the field, all appearance of cells is lost, and nothing but apparently homogeneous black masses are seen. Some of the cells may also be seen ruptured, and the black contents poured out.

The expansion of the chest is equal on both sides. Breathing is equal and unembarrassed while he is sitting

or lying in bed, but on using much exertion, it becomes short and difficult. There is some cough, but it is not very troublesome. States, that at the commencement of his illness, he could not lie on his left side; but at present he can lie in any position without uneasiness.

The other systems are quite normal. Has good appetite, no sour or unpleasant taste in his mouth. Bowels are regular at present, and are generally so; has never had diarrhœa. Does not sweat at night, or when he is not employed at his work. Pulse during examination was 88, soft and full; during his stay in the house, has averaged about 76. He was ordered an expectorant mixture; and during the last fortnight he was in the house, he had three tablespoonfuls of cod-liver oil daily. He went out by his own desire in August.

Commentary.—The physical signs existing in this case leave us in little doubt that there was considerable condensation at the apex of both lungs. This was indicated on one side by considerable dulness on percussion, and on the other by pealing vocal resonance. It is true, the resonance in this place was unaccompanied by any change in the percussion note, a circumstance that may be caused by the existence of slight emphysema counterbalancing the increased limits of the pulmonary tissue. The history of the man's case, the nature of his employment, and the black sputum, at once indicated to us that this condensation was owing to the accumulation of carbonaceous matter in the lungs, a disease which is peculiarly apt to occur in coal-miners, the moulders in iron and copper, and a few other trades. From the circumstance of its being very common among the colliers in the neighbourhood of Edinburgh, the disease has been thoroughly studied here. In the first case that was recorded by Dr. James Gregory, the black matter was analysed by Dr. Christison, and shown by him to consist of pure carbon or lamp black, a result confirmed by every subsequent writer. The papers by Dr. William Thomson, inserted in the XX. and XXI. Vols. of the Medico-Chirurgical Society of London, contain a mass of important information concerning this disease; and in a series of communications by the late Dr. Mackellar, inserted in the *Monthly Journal* for 1845, you will find numerous facts and opinions regarding it, the result of long and extensive practice among the colliers of Haddingtonshire.

On examining the lungs of those who die labouring under this disease, they are found to present a deep black colour, which is most intense towards their apices. On section, the pulmonary tissue yields on pressure a copious black inky juice, which stains all surrounding objects, attaches itself to the inequalities on the skin of the hands, and insinuates itself under the nails like fine black paint. At the apices of the lungs, the pulmonary tissue is generally more or less condensed, and the black matter thicker, and often of the consistence of putty. In advanced cases, ulcerations and cavities exist, exactly resembling in all their characters those of phthisis; with the exception, that no tubercle can be discovered, and that the whole is of an intense black colour. Occasionally black indurated and gritty masses can be felt and dug out, which in some rare cases, present a slight crystallized structure like coal or crystallized carbon. The morbid anatomy of the disease will be best understood by carefully examining the preparations I now show you from the University Museum.

On placing some of the black fluid squeezed from the lung under a microscope, and examining it with a power of 250 diameters linear, it is seen to consist of a multitude of black molecules of extreme minuteness floating in a liquid. Here and there may be observed cells, similar to those previously described as existing in the sputum, more or less loaded with similar molecules of black matter, on which the strongest chemical re-agents produce no effect whatever.

When we endeavour to investigate the pathology of this disorder, we are met with a host of difficulties. Does it originate from the inhalation of carbonaceous particles floating in the atmosphere, or is it the result of a secretion of carbon in the pulmonary system itself?

The principal fact on which the first opinion rests, is the frequency of the disease in colliers, and in moulders of iron and copper. Yet it is curious, that whilst it is common among the workmen of some coal pits, it is unknown among those employed in others. For instance, it exists to a great extent among the colliers of Fife, Haddingtonshire, and Midlothian, but is unknown at Newcastle, Paisley, or Alloa, although the dust and powder is as finely levigated in one place as in another.

There is another curious fact connected with the disease in coal miners,—viz., that those engaged in working at what is called the *coal* wall, and in sifting or transporting the coal, are little affected; whilst those who work at the *stone* wall, are peculiarly liable. This working at the stone wall, consists in blasting the rock by means of gunpowder. Hence the prevalence of black deposits in the lungs has been by some not so much attributed to the dust of coal, as to the smoke of the explosions, or of the lamps carried by the miners, confined as it is in narrow passages, where little ventilation exists.

Even this explanation has difficulties; for it has been proved, that in some mines, where blasting is carried on very extensively, and where there is much coal dust, it does not exist at all; and hence it has been supposed that there are some kinds of stone which disengage gases, or the working among which is much more deleterious than others. Thus Mr. Philp of Aberdour, who has had great experience in this disease, in a communication he made to Dr. Thomson, says,—"In working at stone work, that is, in sinking pits and driving mines of communication, the workmen are exposed, in an imminent degree, to the influence of the impure air; for, besides working in a confined space, and in a *cul de sac*, where the ventilation is very imperfect, there is also a considerable exudation of the carbonic acid gas from the fresh cut surfaces of the minerals. In this impure air they continue to work for many hours daily, for some months, their operations being frequently carried on several yards in advance of where their lamps will burn." In another place, he says—"Those pits and mines which have been noted for the impurity of the air, have given origin to the greatest number of cases."

Again, Mr. Steele of Craighall says, he considers the disease to be caused by running mines in stone, and working in impure air. He says again,—"A principal reason is, that the stone contains some poisonous matter, which is probably of a metallic nature, as the workmen complain of it exciting a styptic and metallic taste in the mouth. A mine was carried across the strata in the Niddry estate, the finishing of which required a number of years. Six or eight of the miners employed in it died; several were obliged to leave it, and only one of those who commenced it was able to work in it throughout, and lived to see it completed. There was a particular stone in this mine, which was repeatedly met with, and to which the miners gave the name of arsenic, which was found highly pestiferous. Its exact nature I am not acquainted with. In a stone mine, run some years ago in the Newbattle field, a great many men died,—the average length of time each of the miners employed in it lived being about two years. The mortality was ascribed to the nature of the stone."

The facts connected with this peculiar black colouring of the lung, leave it therefore undecided whether it be owing to the inhalation of coal dust, the smoke of gunpowder and oil lamps, or carbonic acid gas, entering the lung. Is the powder deposited directly and primarily in the minute tissue of the organ, or is the carbon deposited secondarily, and by a process of secretion, from the blood?

Before we can answer these questions, there are two other series of cases, which it is necessary to take into consideration. 1st. Persons have been known to have the black spit, and black infiltrated appearance of the lungs, with caverns, without ever having been in a coal mine, or exposed in any way to gunpowder smoke. Several such cases are given in the paper of Dr. W. Thomson. One of these is by Dr. Brown, now superintendent of the Dumfries Lunatic Asylum; another, by the late Dr. Moir of Musselburgh. The subject of this last case was never ex-

posed to noxious vapours, unless it might be *carbonic acid*, as he was the proprietor of an extensive brewery, and in the daily habit of inspecting the tun-rooms, the large vats in which overflow with that deleterious gas. Another case was observed by the same gentleman, in the person of a coachman, where, after death, the lungs were found to contain collections of an inky or tarry fluid, which stained the fingers, as if with soot or charcoal. A fourth and similar case, in a woman, is related by Dr. Veitch. In none of these cases were the individuals exposed to the fumes of smoke, or coal dust. I have myself seen several such cases; in one especially, a cyst in the bronchial gland existed, about the size of the human eyeball, filled with a black inky fluid.

2nd. M. Guillot of Paris has brought forward another series of cases in old persons. He is physician to the hospital for aged people, and says there is scarcely an individual of advanced life who does not present the carbonaceous deposit in the lung, generally most marked at the apex. The carbon often exists in crude masses, obliterating the vessels and bronchial tubes. I have also seen many cases of this kind, and there can be no doubt that the longer we live, the more carbon is deposited in the lungs. In infants, as is well known, these organs are of a light pink colour, and they become more gray and of a deep blue or black tint as life advances.

What are we to conclude from these cases? The black matter in all of them, when chemically examined, is undoubtedly free carbon, and is distinguished from the similar occasional results of chronic pneumonia, and changes of the blood by the action of chemical agents. Dr. Pearson thinks that we are always insensibly breathing an air more or less loaded with smoke, the results of combustion, and other impurities; and that this of course accumulates the older we get. If this opinion were true, it should be more common in persons who inhabit densely inhabited and manufacturing towns, as London, Liverpool, Manchester, or Glasgow. Yet we do not find this to be the case. The air in Paris is remarkably pure, the fires of manufactories are few, and yet there, according to Guillot, it is common.

On the other hand, should we conclude that it is formed internally by a chemical process, in all cases? If so, must we ascribe it rather to the inhalation of carbonic acid gas, than to carbon in a minutely divided state, inspired from without? In the present state of our knowledge, we cannot answer these questions with any exactitude.

Another point of great interest is the apparent antagonism of carbonaceous deposits with tubercle.

We frequently find the black lungs of colliers to contain small or large ulcerated cavities, with bands crossing them; but we rarely find tubercle. In one or two cases chronic tubercle has been found; but it does not appear that the caverns filled with black matter in the miner are owing to tubercle. Such is the analogy existing between these cavities, and the symptoms they occasion, however, that the disease has been named "black phthisis" by several persons. Some have supposed that tubercular phthisis is first set up, and that the carbonaceous deposit is then insinuated among the textures and ulcerations. By others, and especially by the late Dr. Mackellar, it is maintained that there is never tubercle in these cases, and that ulceration is entirely owing to the accumulation of masses of carbon which are expectorated. I have carefully examined several lungs in various stages of the disease, but have never been able to satisfy myself of the existence of tubercle. The difficulty of the investigation, however, is very great, for it is probable that, did a tubercular exudation exist, it would be so impregnated with the carbonaceous matter, as not to be recognizable even under high powers. On the other hand, the bronchial tubes are frequently loaded with purulent matter of the usual appearance, but which, instead of presenting pus-corpuscles, is loaded with particles closely resembling those found in softened tubercle.

Guillot has alluded to the well known fact, that in old persons who present traces of tubercle, the cretaceous concretions are always surrounded by black matter. He thinks that the carbonaceous deposit compresses the capillaries which immediately surround the tubercle, prevents its further exudation, and so induces cure. But this is by no means invariable. Still it is an undoubted fact, that the black matter, like tubercle, always exists in greatest proportion at the apex, and the rarity of recent tubercle in combination with it, leads us to suppose that it exerts a peculiar influence on tubercular deposits. I have also seen black matter surrounding tubercle of the peritoneum, but in this situation it has not been free carbon, for long immersion in spirit has caused the disappearance of all colour.

So far as my observations have yet carried me, no difference is to be determined structurally between the pigment of melanosis and that of the disease under consideration. Some cells spit up by the miner, containing black granules, exactly resemble those in melanic cancer. On the other hand, there is a marked difference in the chemical constitution; as in the one, the black pigment, whatever be its nature, is fugitive, and removeable by chemical acids; in the other, fixed, and unchanged even under the blowpipe. Hence all black deposits may be divided into two classes; to distinguish which we may call one class by the name it has so long borne,—viz., "*melanotic*," and the other, from its chemical composition, "*carbonaceous*."

With regard to the treatment of individual cases of black phthisis, there is little to be said. The disease, once established, does not admit of cure by art; and it is a curious fact, that a man may work in a coal mine for many years without the black spit; but when it comes on, even should he leave the mine immediately, he will continue to expectorate carbonaceous matter ever afterwards. Of this the case before us furnishes us with an example, and the circumstance is one which furnishes a strong argument in favour of those who contend for the disease being dependent upon a secretion rather than a mechanical deposition of carbon. A palliative treatment, guided by the nature of the symptoms and strength of the constitution, is all that is admissible. The only means of preventing the disease seems to consist in ventilating the mines where colliers work, or adopting means of carrying off the fumes to which the moulders of iron and copper are exposed. Such prophylactic measures are equally called for, whatever theory of the nature of the disorder shall ultimately be proved to be correct.—*Edin. Monthly Jour.*

ON THE SPECULUM VAGINÆ.

By Robert Hull, M.D.

If rumours be well founded, it is high time that the fathers, brothers, *husbands*, in Great Britain should rise, with indignant protestation, against the abuse of the *speculum matricis*. Let them refuse to permit their female relatives to be treated by men, with whom the *speculum* is the *vademecum*. Let every British gentleman be sure that this disagreeable practice be *needed* in the peculiar case; and let him demand, if it be asserted that speculation, cautery, &c., be indeed required, that a *second* opinion be obtained, and a personal consultation forthwith held. Why should it be *assumed*, that in cases of vaginal any more than rectal disorder, turpitude, love of lucre, falsehood, are impossible? Everybody knows that the *rectum* bowel has been the pretended cause of most indirect conduct, most direct swindling. If a man cannot gainsay a surgeon who tells him that his disorder results from stricture of the *rectum*, how can a sterile woman refute an accoucheur who tells her that she labours under constricted or ulcerated *os uteri*? If a medical man *be* dishonest, how can the poor dupe detect him?

What scope for an unprincipled man—what boundless scope, when it is considered how anxious married women are to breed—is there for knaves to assure them that they can make them prolific!—that with a *speculum* they can see the cause of their sterility—that with local applications they can remove it!

How easy for a crafty doctor to persuade an unhappy lady that her *os uteri* is closed, and that he must dilate with instruments to give access to the cavity of the womb!

although he knows that not only her *os uteri*, but the vagina itself, may be closed, so far as the conceptive portion of generation is concerned.

How perturbed the sleep of that man ought to be, who profits daily by such a figment; and this to the misery, wounded feelings, painful exposure of chaste English gentlewomen, as innocent as credulous! Are not the secret chambers of such a doctor, where women's wombs are impaled with bougies, more hellish, if this be possible, than the recesses where men sit daily with bougies impacted without necessity in their fundaments?

If women are to be thus maltreated—if such nonsense as occlusion of the *os uteri;* if still absurder nonsense, as occlusion of the Fallopian tubes, be promulgated for the pathology of barrenness—why do not the Royal Colleges of Physicians or Surgeons interfere? Why do they not summon such practitioners, and say to them—"Sirs, either you believe that sterility depends upon occlusion of wombs and tubes, or you do not. If you believe this pathology in the middle of the nineteenth century, you degrade our learned institutions by your foolery. If this be not your creed, but you find it lucrative to gull ignorant, credulous women, you still more disgrace our honourable corporations, and we sever the connexion." Is it possible that fellows who promise fecundity think that by manual irritation of the textures, by instrumental irritants, they can bring on the desired conceptive action?

The holding forth to barren ladies that they can be cured if they will only consult Dr. P. or Dr. Q., Dr. R. or Dr. S., is as much empirical as if these worthies paid for barefaced advertisements in the public journals; and they had best at once take to business in this line. For they well know that there is no specific remedy for the barren state; that their beastly *speculations* can produce moral mischief to an awful extent,—physical benefit none; that all that can be done is maintenance of the general health; that medical science hath never reached beyond *this;* that interfering, and the creation of anxious ideas, tend to augment the evil; that the more a woman thinks about this mysterious process, the less chance she has of undergoing it; that the peasantry, and working females in general, are prolific in proportion to their insonciance—nay, in proportion to their wishes *not* to conceive. Anxiety to secure heirs for wealth, for titles, seems to prevent the cherished object.

How is it that in past times uterine and vaginal disorders were treated with as much success as since the era of *speculation?* Nay, were they not treated with more efficiency? For if indeed so much uterine disease exists, as the fashionable diagnosis would imply, uterine maladies are less prevented than formerly, less tractable when they do occur. But I do not believe in this deteriorated state of things, unless women's fears produce morbid physical actions,—unless ordinary affections of the generative structures are magnified into malignity by the wretched mind.

In every direction, one hears of ulcerated vaginæ—of congested wombs—of *specula* wherewith to see the mischief—of lunar caustic applied regularly—of leeches applied to the interior parts. Boys fresh from the hospitals arm themselves with these bestial weapons as freely as with the stethoscope, Even women, brought to believe this practice necessary, send some such message as this:—"Mrs. T. requests a call from Dr. V., and that he will bring his *speculum* with him." Doubtless Mrs. T. thinks that she labours under a morbid uterus, since almost all her acquaintances so suffer *nominally*.

But is simple ulceration, simple abrasion of the vaginal membrane, so dreadful that the indecent *speculum* is required? If the substance of a womb or of its cervix be not involved, is lunar caustic with *manual* application required? If they *be*, can such superficial cautery suffice? For me, I doubt the diagnosis so frequently pronounced. I have been unable always to see the breach, which the *speculator* hath asserted; and if the abrasion be not visible by the medical eye, can it be detected by others? Yet I have heard of a practitioner's requesting a patient's companion to peep through the tube, and convince herself of the disease of her friend!

It is much to be hoped that physicians will not consider the speculum vaginæ as *their* instrument, any more than the sound for the urinary bladder. It is surely and solely the peculiar province of the physician-accoucheur and the surgeon-accoucheur; and whilst it is most desirable that the legitimate *speculators* should avoid the *metroscope* as much as possible, it is to be deprecated as unprofessional if any but they should use it at all. But if a pure physician doggedly would, after all, claim a right to *speculate*, may he act upon his discoveries? May he manually leech, may he manually cauterise? and if he does, is he not, to use a vulgar expression, unprofessionally "poaching on the manor of the surgeon?" There are some men—there are many men—in our profession, whom no motives can sway save the selfish and the pecuniary. To such persons it is necessary to declare that their doings are not so concealed as they may fancy; that names are mentioned in the provinces, of *speculant* metropolitan practitioners, with vehement and increasing indignation; that country and family surgeons are about to *select*, with manly determination, the persons whom they will permit their patients to consult,—about to prohibit (and let me warn the delinquents that they *can)* from the *speculigerent* worthies—about to direct, with exclusive precision, and without mistake, to respected, venerated accoucheurs, whose unsullied career reminds us of bygone days.—*Med. Gaz.*

In the whole course of our editorial labours none of our numberless delinquencies raised such a storm of virtuous indignation, or caused such a down-pouring of invective and threats, as an allusion in similar strain to the above, made in one of our publications. It seems, however, both from this, and the commonly expressed opinions of a large majority of our profession, that we were right, and that the consequences we predicted have really followed the practice of which we complained. It was said at the time that our sarcasms were levelled at one individual, who almost monopolized the new contrivance, and perhaps they were; but however applicable the above may be to his case, it is evidently not directed to it in particular. In fact it is very generally believed that unless the proceeding be more discreetly, perhaps we may say more honestly, conducted, much scandalous insinuations must inevitably follow.

ON EXTRACTUM CARNIS.

By Dr. Beneke.

Dr. Beneke gives the following recipe for making beef-tea:—"One pound of lean beef, free of fat, and separated from the bones, in the finely chopped state in which it is used for beef sausages, or mince-meat, is uniformly mixed with its own weight of cold water, slowly heated to boiling, and the liquid, after boiling briskly for a minute or two, is strained through a towel, from the coagulated albumen and fibrine, now become hard and horny. Thus we obtain an equal weight of the most aromatic soup, of such strength as cannot be obtained even by boiling for hours from a piece of flesh. When mixed with salt, and the other usual additions by which soup is usually seasoned, and tinged somewhat darker, by means of roasted onions or burnt sugar, it forms the very best soup which can in any way be prepared from one pound of flesh." He states that he has often used this beef-tea, and from what he has experienced he cannot recommend it too strongly. In many diseased states it is not to be replaced by any other sort of food or remedy. He has administered it in scrofula and phthisis, especially in those cases in which derangements of the digestive organs were present, such as ulcerations, dyspepsia, tubercular deposits in the intestinal glands, &c. He has given it in the early and later periods of typhus, and to patients suffering from inflammation of the cellular tissue, and rapidly wasting away in consequence of the most abundant suppurations, and there cannot exist a more rational remedy than beef-tea, to com-

pensate the abundant loss of materials. He has finally given it in many other states which required a good nourishment by animal diet, and almost all patients who are convalescent from severe diseases are most beneficially influenced by it. He does not enter into a more accurate explanation of the effects of the beef-tea; it is self-evident that a substance, containing all constituent parts of the meat, both inorganic and organic, and not at all causing any exertion of the digestive organs to recompose into nutritive material, must be of such an effect as no other special remedy can be expected to manifest.

This being a fact, it appears to be most desirable, that the beef-tea, which the author calls *Liebig's beef-tea*, should be well known to every practitioner, and should be always given wherever the state of the patient requires a good animal, nitrogenous food. However, as he has often experienced, one meets in practice with many difficulties in having it prepared, or provided at all for the patients, especially in dispensary practice, where poverty appears with all its sad consequences and companions, and where so many cases occur, requiring a nourishing, strengthening treatment; in advising patients to take meat, beef-tea, &c., we hear them too often answering "we cannot afford it." In private practice, we find single persons confined to their bedrooms, with scarcely any assistance at all; perhaps we order them to take the before mentioned beef-tea, but it is beyond all possibility for them to have it prepared, as it requires some attention and carefulness. And even in family practice, it is necessary to describe each time the mode of preparing the beef-tea on the one hand, and questionable on the other, whether the attendants of the patient prepare it with that accuracy which is required for the accomplishment of our purposes. Hence, it appears as desirable as possible, to have an opportunity for easily providing patients of all classes with a sort of food and a remedy, which cannot be replaced by any other; and he therefore advises that the beef-tea be prepared at the chemists' and druggists' shops. It must be mentioned, that the above described beef-tea, when evaporated in a water-bath, and cooled afterwards, forms a brownish-yellow extract, and this extract, to which we may give the name of *extractum carnis*, should be prepared and kept for sale by chemists. In accurately following the above described method of preparing the beef-tea, the quantity obtained out of six pounds of meat may be evaporated to three ounces, and those three ounces, after having cooled, form the "extractum carnis." One ounce of extractum carnis is therefore equal to thirty-two ounces of meat, whence it can easily be calculated how much of it is required for providing a patient daily with the constituent parts of three, four, five, six, or more ounces of meat.—*Lancet.*

ON INFLAMMATION OF THE SYNOVIAL MEMBRANES OF JOINTS.

By Sir B. C. Brodie, Bart.

As to the constitutional origin of these affections, Sir Benjamin remarks:—"Inflammation of a synovial membrane may arise as a local affection, the consequence of a sprain, a contusion, or other mechanical injury. In other cases, various joints being affected, either simultaneously or in succession, it is manifestly the effect of a disordered state of the general system; and even in those instances in which the inflammation is confined to a single joint, a careful inquiry will generally satisfy the surgeon that it has had a similar origin. Indeed I must confess that, in proportion as I have acquired a more extended experience in my profession, I have found more and more reason to believe that local diseases, in the strict sense of the term, are comparatively rare. Local causes may operate so as to render one organ more liable to disease than another: but everything tends to prove that, in the great majority of cases, there is a morbid condition, either of the circulating fluid, or of the nervous system, antecedent to the manifestation of disease in any particular structure. Moreover, even in those cases in which a disease may be distinctly traced to some kind of mechanical injury, the character which it assumes depends as much on the state of the general health as on the injury itself. Thus we find a sprain of the ankle, in one instance, to be followed by no urgent symptoms, while, in another, a sprain not apparently more severe, is followed by intense inflammation, for the removal of which the most active antiphlogistic treatment is required."

In a great number of instances, the synovial inflammation is attributable to a gouty diathesis, evidenced by the existence of lithates in the urine, and according to Dr. Garrod in the blood; or to rheumatic inflammation, accompanied or caused by the predominance of lactic acid in the system (Prout). And the circumstance that such diseases show themselves in the synovial membranes of joints, rather than in the serous membranes which are nearly allied to them, is to be explained by the constant motion of joints, and generally speaking, by their liability to injury from their exposed positions.

Sir Benjamin insists in the treatment "of the necessity of regarding them as constitutional and not local affections." When the joint is greatly and distressingly distended with serum, it is recommended to make a few minute punctures, and apply an exhausted cupping glass, and as soon as pus is known to have been secreted, to make a free incision into the joint. He then says:—

"If it be a question whether a collection of fluid in a joint be purulent or otherwise, it is prudent, in the first instance, to make a puncture with a grooved needle. If it prove to be purulent, a free opening should then at once be made with a lancet, in a depending situation. It is important that this operation should not be long delayed, lest the matter should make its way out of the joint in other directions, and form irregular and circuitous sinuses among the neighbouring tendons and muscles. It is equally important that the opening should be sufficiently large to allow the matter to flow spontaneously, without it being necessary to have recourse to pressure on the joint. If afterwards there be reason to believe that there is still a lodgment of matter in any part of the joint or among the neighbouring soft parts, the original opening should be dilated, or the surgeon should avail himself of the first opportunity which occurs, of making another opening in a convenient situation; and it will often happen that several such openings will be required before the cure is completed." The employment of exploring needles (says the reviewer) has certainly found its chief champion in the writer of the volume before us, and against so great an authority it is difficult to contend. The practice is, however, in our view, a questionable because a dangerous one; and, as we have many times heard it said by perhaps as great a surgeon as Sir Benjamin, need rarely or never be resorted to by a man of tact and experience. We do not of course mean to say, that there is not often extreme difficulty in diagnosing the nature of a tumour, or the contents of a cyst; but we do mean to say, that by unnecessary exploratory punctures, many a malignant growth has been excited to inflame and increase, when it was in a quiescent state.—*Brit. and For. Med. Chir. Rev.*

Mercury in Syphilis.—The mode of employing mercury in the treatment of syphilitic sores by Mr. B. Cooper, and which was taught him by his uncle, Sir Astley Cooper, is as follows. He applies the common black-wash upon common linen rather than lint, as he supposes the latter to produce very frequently great irritation. He orders two kinds of mercurial pills: one kind consisting of five grains of blue-pill and ¼ grain of opium each, to be taken at bed-time; and five grains of blue-pill only, to be taken in the morning. If the bowels are constipated, the "morning pills" only are to be taken both night and morning; but if they become relaxed, then the "night pills" are to be taken. Mr. Cooper thinks that although iodine or the iodide of potassium may suspend the symptoms for a time, they do not eradicate the poison entirely from the system, or secure the patient from future attacks. A further continuance even of this remedy seems in many instances to increase the violence of the symptoms. In sloughing phagedæna mercury must be withheld; the remedies are the local application of nitric acid and the internal administration of opium.

CASE OF INTESTINAL OBSTRUCTION FROM WORMS.

By Dr. Dunn of Frankfort, Hampshire Co., Virginia, U.S.

On June 19, 1851, I was called in haste to visit an interesting little girl, aged 6, delicate make and constitution, black hair and eyes, nervous temperament, cheerful and sprightly. She has had several attacks of convulsions heretofore, from improper diet and worms irritating the bowels. At these times I have always attended her. Although seriously menaced, she has always partially recovered from these attacks. She was taken some two weeks since with diarrhœa, which is epidemic here, and has been for some weeks. Her parents undertook to treat her with two or three others of their children. She had taken ol. ric. and tinct. opii several times, three doses of calomel, decoct. rad. spigelia, &c., and had passed several worms. I was called in on account of her bowels not moving under the influence of the above medicine, and that she had called their attention to a considerable tumour in the abdomen, tender to the touch, from which colicky pains diffused themselves over the abdomen. Her stomach had become irritable and rejected the medicines, &c., and her bowels had not been moved for thirty hours. On examination, her pulse was quick; not much tension; tongue covered with yellow mucus, white underneath, narrow and pointed, rather red at the edges, not very dry; skin rather dry, and warm abdomen; general intumescence moderate. The tumour above alluded to was situated in the right lumbar and hypochondriac regions, extending from about the head of the colon up under the ribs above in a gentle curve. Its base or large end was below, and it grew smaller as it passed upwards. Its length was six or seven inches, and as thick as my wrist; towards the lower end its surface was irregular and knotty. Its touch gave the idea of something pretty solid, yet elastic, quite tender, though not discoloured from inflammation on the surface. It seemed to be attached to some internal organ; but upon insinuating my fingers under its edge, I found it could be moved with facility. On mature deliberation, taking the patient's former habits into account, my diagnosis was obstipatio, with threatened ileus, from a mass of convoluted worms mechanically blocking up the alimentary canal at or near the ileo-cœcal valve and caput coli, &c. ℞ Hyd. chlorid. gr. iv. every four hours; infus. senna et man. in aq. menth. virid.; decoct. rad. spigel. As much of these articles as the stomach would bear; injections of saltwater between every dose of calomel; sinapism of mustard to the epigastrium; cloths wrung out of hot spirits to the tumour and lower abdomen.

At nine p.m., visited her again; bowels had not moved; she had kept all the medicine given; injection retained without anything else; she had been on the close vessel several times; a little more tension about the abdomen; tumour about as it was. Ordered the same course kept up through the night.

20th, six a.m., visited her again; things pretty much as they were last night; bowels had not moved, although she had taken the medicine freely, retained it, and had several injections; she had been up to the vessel several times; nothing passed save what had been thrown up the bowels; abdomen more tumid; more fever; tongue more contracted and dry; red on the edges and point; not much resistance in pulse, though irritable and quick. ℞ Hyd. chlorid. gr. iv. continued as above; decoct. rad. spigel. continued also; ol. ric. a large spoonful; ol. terebinth. rect. teaspoonful. These articles to be given between each calomel powder; fomentations to the tumour and abdomen continued.

Twelve o'clock, visited her again; found her as I left her in the morning; she had retained all the medicine; been up often to the vessel, but nothing passed except what had been thrown up; tension of the abdomen increased a little; tenderness of the tumour also increased a little; more general uneasiness. I concluded to give her the injection myself, and placed her on her mother's lap, so as to relax the abdomen, with a view to distend the bowels as much as possible with safety. I introduced the point of the instrument, but had scarcely moved the piston, when by an involuntary effort, the bowels moved slightly, upon which I desisted. I found that matter had passed from above the stricture in a small quantity. In a few minutes they moved again more freely, with several lumbrici dead and stiff; in an hour or so they moved the third time still more freely, with a knot of convoluted lumbrici, 29 in number, upon which the urgent symptoms abated considerably. The tumour could still be felt distinctly, although the tension and tenderness had much abated. Ordered the course continued through the evening.

Six p.m., bowels had moved several times, worms passing in every stool. She passed about 65 altogether this afternoon. Ordered the medicine at more distant intervals, six hours.

21st, six a.m., much improved; bowels moved two or three times through the night; worms still passing in every stool. I now substituted the infus. sen. et man. for the ol. ric. and turpentine; the rad. spigel. continued; all general intumescence of the abdomen had now disappeared; the tumour was still to be felt, but very much lessened. Sensibility not much on pressure. Under this course she improved, passing off worms for several days, until she passed upwards of 100. At this time, 27th, she is playing about with the other children as lively and sprightly as ever.

We take the liberty of publishing the subjoined extract from a private letter from Dr. Dunn. We are glad to say that we have received many letters from different parts of the state, showing that the work of organization is going on, and that societies are being formed :—

Dear Sir,—I had the above case under treatment, when a medical friend handed me your May number of the *Stethoscope*. I was struck with the analogy of it to the one published by Dr. Joynes of Accomack county, in the above number. The symptoms much the same; the locality of the obstruction different in his case; the obstruction no doubt was in the ileum-intestinum mem. in the lower part of the same bowel, where it ends in the colon and also in the ascending colon; about the ileo-cœcal valve seemed to be the most solid and tender part of the tumour. As this case has the same bearing as his on those pathological subjects brought up in his observations, you can publish it if you think proper to do so. Verminous diseases are common in this country. Diarrhœa is epidemic here, mild in character, and easily controlled if prudently managed, but assuming a dysenteric shape if trifled with.

I am fully impressed with the importance of state organization, and the other subject touched upon in connexion therewith, in the above number, and hope you will continue to press these subjects on the profession. I have been trying to organize a medical society in this and Hardy counties for some time, and as there is more stir on the subject at this time than usual, I think it will soon be effected.—*Stethoscope, Virginia, U. S.*

Iodine rendered Soluble in Water.—After many attempts to render soluble in water, without the use of iodide of potassium, the small quantities of iodine, in the form of tincture, which are prescribed in draughts, M. Debaugne was led to discover that the addition of an ounce of syrup of orange-peel to a four or six ounce mixture, renders five or six grains of iodine perfectly soluble in this quantity of fluid. In investigating as to which of the constituents of the orange-peel had this effect on the iodine, he came to the conclusion that it was due to the tannin. In order to determine the truth of this supposition, M. Debaugne made several experiments, and had recourse to the addition of a few grains of tannin to water, containing ten, twelve, or even fifteen grains of iodine, precipitated from the tincture when added to it. After a few moments' agitation, the solution became complete, and thus proved that it was by the tannin that the iodine had been rendered soluble. Being unable to explain why this vegetable acid should thus favour the solution of iodine in watery vehicles—an effect not produced even by the most powerful mineral acids—he contents himself with establishing this fact, which appears hitherto to have been unknown. He recommends to practitioners to have recourse to syrup of orange-peel in draughts containing tincture of iodine, and the addition of a few grains of tannic acid in the preparation of iodine injections.—*Jour. de Phar.* and *Ed. Jr.*

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, OCTOBER 1, 1851.

OPERATION OF THE NEW DISPENSARY ACT.

ALTHOUGH this measure has not yet come into operation, not even the appointments under its provisions, up to the moment we write, having been made, the method of carrying it into effect has already been suggested in reference to one important point. In the provision for forming Dispensary Districts by the union of electoral divisions, it does not appear that any power has been reserved for boards of guardians of unions adjoining each other to coöperate for the accomplishment of this object. In other words, it does not appear that electoral divisions on the bounds of one union, however conveniently circumstanced for the formation of a Dispensary District with corresponding divisions in the next, can be united. The following proceedings raise the question, and our opinion, on a cursory view of the act, leads us to conclude that the object, if found desirable, can be effected. In carrying this act into operation, a very rigorous adherence to its words may cause much difficulty, and cavilling at the readings of it which contemplate its real intention, may lead to endless wrangling. The object of all should be to promote its peaceful and beneficial operation by a candid adoption of its obvious intention, rather than any torturing of its details by ingenious legal refinements. We advise our brethren to make up their minds to place as much confidence as possible in the construction put upon it by those entrusted with its execution, and however adverse such may be to their views, to lean to the belief that it is the correct one. Above all things, we warn them against what are called "law opinions," which are always to be had to suit the wants of clients. For ourselves, we wish it to be understood, while yet the executive of this department is unknown, that we are determined to contribute by every means in our power to the just and efficient application of the measure:—

At a meeting of the subscribers to the Annadown dispensary, held on the 15th inst., for the purpose of recommending to the guardians of the Galway and Tuam unions and the commissioners, the district to be appointed for the attendance of the medical gentlemen under the new Medical Charities' Bill, the following resolutions were proposed and unanimously agreed to:—

"That the several electoral divisions hereinafter named, forming part of the Galway union, and the following electoral divisions hereinafter named, forming part of the Tuam union, should form a dispensary district, and that the guardians of the Galway and Tuam unions shall be requested to approve of such arrangement—viz., *Galway Union:* Annadown, Liscananaun, Lackaghbeg, Claregalway. *Tuam Union:* Annadown, Ballinduff, Killower, Kilcooney."

"That from the very efficient manner in which Dr. Keaven, the present dispensary physician, has discharged his duties, he is most strongly recommended by this meeting to the commissioners to be appointed to said dispensary district."

In reference to this the *Galway Vindicator* contains the following editorial comment:—

In our advertising columns will be found a notice of a meeting held at Annadown for the purpose of mapping out a dispensary district under the new Medical Charities' Bill. At the meeting, which was largely and most respectably attended, an unanimous desire was expressed for the appointment of Dr. Keaven as medical officer to the district, and a resolution to that effect was adopted. The subscribers could not have made a better selection, as Dr. Keaven is a gentleman of courteous and bland manners, of affable demeanour, skilled in his profession, and most attentive in the discharge of all his duties. We believe this is the first meeting of the sort which has been held under the new bill, and we trust the commissioners will give the country a proof of their common sense in allowing public opinion, when so unanimously and uninterestedly expressed, to have its proper influence on their counsels, and that they will accede to the wishes of the people of this district by appointing Dr. Keaven their medical officer.

HOMŒOPATHY *v.* ALLOPATHY.

WE copy the following from the columns of a London contemporary, although we do not exactly coincide in the views of the writer. Homœopathy and the absurdities of infinitesimal doses, are proper subjects for reprobation, but denunciations of practitioners who rely on minute doses of very powerful remedies are not so much to be encouraged. We can very well understand why an extremely cautious administration of medicine is not agreeable to the apothecaries of England (the so-called General Practitioners), but if they suppose that educated and conscientious physicians and surgeons are to be bullied into a participation in their system they are mistaken. It is obvious that something of a panic prevails in the drug market; there is what COBBET used to call "a rustling under the straw," which indicates apprehensions of an enemy; and to say the truth, we do not regret it. The advocates of free trade in matters medical have an account to settle with their heretofore rampant opponents, which we hope is on the eve of settlement, and we shall have great pleasure in assisting to strike the balance:—

HOMŒOPATHIC QUACKERY.

In pursuance of the resolution we announced, to publish everything relating to this subject which came distinctly before us, we consider it to be right to bring under the notice of Sir James Clark and Dr. Locock the following extracts taken from one of the quack publications:—

"*Homœopathy in High Places.—To the Editor of the* ———.

SIR,—Knowing that you gladly receive any information indicative of progress in a right direction, I venture to send you copies of two prescriptions that accidentally came into my hands at a watering-place in one of the eastern counties, where a malignant scarlet fever raged with fearfully fatal violence last year.

For Scarlet Fever

Sir James Clark's Prescription.—'Extract of belladonna, five grains; cinnamon-water, two ounces. Number of drops according to patient's age, before breakfast, not exceeding twenty, in about two tablespoonfuls of water.'

Dr. Locock's Prescription (for a boy ten or eleven years old, who was exposed to the infection).—'Extract of belladonna, three grains; cinnamon-water, one ounce and a half; of the solution twenty drops to be taken three times a day.'

Do the allopathic physicians, who prescribe homœopathically, give honour to whom honour is due?—I am, Mr. Editor, A LOVER OF FAIR PLAY."

The following remarks are from the editor of the paper:—

"Most of our readers are fully aware of the fact that the practitioners of the allopathic school ever and anon resort to remedies given on the homœopathic principle—aconite, arnica, and belladonna have been again and again given in this way by many allopathists. The two eminent physicians, mentioned by our correspondent, have distinguished themselves by their gentlemanly forbearance and by their courteous demeanour towards their homœopathic brethren. Neither of them has ever made any difficulty of meeting in consultation, at the request of the patient, any homœopathic practitioner, not for the treatment, but for an opinion of disease. Other eminent men of the 'Faculty' have no less stood aloof from the intolerant bigotry and insolent exclusiveism of a certain class of allopathists."

In all probability Sir James Clark and Dr. Locock will not allow statements so injurious to their reputation to remain unnoticed and unrefuted.—*Lancet.*

THE EDINBURGH QUACKERIES.

Be the cause what it may, it is obvious enough that our friends in "Auld Reekie" have got into a mess. There has been evidently a slight paroxysm of the national malady which, from time to time, disturbs the equilibrium of social ingredients in the "land o' cakes!" The ghosts of Mesmer, Hahnemann, Prince Hohenlohe, and Valentine Greatreakes, have probably been taking advantage of an excursion train to enjoy a tour to the North; and the result has been the ferment to which the following refers. We do not, however, adopt all the bitter things contained in this document. Although we have little respect for the disciples of great quacks, we are not such bigots as to deny some toleration to them. In medicine we must make allowances for the infirmities of human nature as we do with reference to religious aberrations; besides these vagaries provoke discussion on subjects which might otherwise remain untouched. The absurdity of infinitesimal doses suggests an inquiry into the absurdity of heroic doses, and so the cause of medical science is served. Moreover, we like to see men doing, though they may be doing wrong; for of all things in the world we hate that fat contented ignorance which prevails somewhere we care not to mention:—

The members of the Town Council of Edinburgh are the patrons of the University. Most of them are known to be conscientious men, and keenly alive to all that can affect the honour and the usefulness of the institution over which they preside. It appears extraordinary that they should have remained so long unacquainted with the leprosy which has infected some of the professors; or that they should not have summarily driven these persons from the chairs they were polluting, when the fact was discovered. The blame does not, however, rest so much upon the patrons as upon those medical professors of the university who, after years of silent connivance at the abuses which they know to exist, have now stepped out to denounce them, after they had been denounced so loudly in the *Lancet*. The Town Council could not have thought that homœopathy and mesmerism were such dangerous errors, and so much to be condemned, when they publicly saw Dr. Simpson, the President of the College of Physicians and Professor of Midwifery, meeting the homœopathic professor in consultation, and throwing open his house for mesmeric *soirées*. The Town Council must have felt bewildered, and greatly at a loss how to proceed, when they saw Professors Simpson and Syme privately countenancing quackery, and then publicly denouncing it. But for this inconsistent conduct, on the part of the President of the College of Physicians more especially, it is impossible to believe that the rampant quackery in the University and among the population of Edinburgh could ever have reached the present disgraceful position. But it is not homœopathy and mesmerism only which Dr. Simpson has fostered, it is to him that we chiefly owe the infinitely more dangerous and disgusting quackery in midwifery, which rages like a pestilence in London, and in every town and village throughout the empire, and in some of our most distant colonies. On the present occasion, it may be sufficient to enumerate the proceedings to which I allude. To Dr. Simpson we owe the invention of the dangerous weapon called the uterine sound or poker; pessaries which have justly been designated infernal and impaling uterine machines, to cure retroversions which never existed; instruments for pumping the uterus, to excite menstruation; and the proposal to rub its inner surface with lunar caustic, for the same purpose. To him we owe the hysterotome, for slitting open the os uteri, to cure sterility; and to his efforts, more than any other individual, we are indebted for the profligate use of the speculum which has prevailed, and the practice of destroying the os and cervix uteri with caustic potash. To Dr. Simpson we owe the attempt to revive the brutal practice of turning in cases of distortion of the pelvis; of attempting to substitute the Cæsarian operation for the induction of premature labour, as witnessed by the whole world in the famous Cupar case. To him we owe the attempt to subvert the established practice in placental presentation, by extraordinary statistic tables; and lastly, we owe to the genius of the Professor of Midwifery in the University of Edinburgh, the baby-sucker! Are these specimens of what the *Edinburgh Monthly Journal* for this month calls "the simple treatment taught and practised in Edinburgh, and which, if adopted in London, would reduce many practitioners from comfort to starvation"? We may well excuse the members of the Town Council if they are not so dexterous in *Harlequinade* as the university professor.—*Letter of Dr. Irons in Lancet.*

REPUDIATION OF "ANIMAL MAGNETISM" BY PROFESSOR SIMPSON OF EDINBURGH.

It is but fair to afford Professor Simpson an opportunity of disavowing a perception of this phantasm, or any belief in the potency of the spright who personifies the hallucination. It is too serious an imputation as regards a man's mental sanity to be endured:—

To the Editor of the Lancet.

Sir,—During the last few months I have been more than once directly or indirectly alluded to in your leading and other articles in tones of reprehension, and have been broadly accused of committing professional faults which I never committed, and of holding opinions which I never held. Sometimes your editorial accusations have been in the form of extracts from the writings of others; sometimes they have consisted of observations offered by yourself.* I have not of late answered any of these accusations, partly because the task of doing so is always a disagreeable task, and partly because I fear and feel that I am getting too old and callous to care about such things. In your journal of Saturday last there is a renewed attack upon me in an editorial article, in which I am held up by you as a believer in animal magnetism; and at the urgent request of an esteemed London medical friend, upon whose judgment I place very great reliance, I at last unwillingly take up my pen to say that on this, as on various other former occasions, your accusation is erroneous. I do not believe, and never did believe, in animal magnetism. During the last ten or fifteen years I have repeatedly seen experiments made upon the subject, and have repeatedly made them myself. In the course of them I have witnessed very interesting physiological and psychological results, such as the production of deep sleep, fixture and rigidity of muscles, lesions and perversions of sense, &c.; but I have no belief whatever that these effects are the effects of any power, force, agency, or entity, such as is understood by the term animal magnetism, passing from the so-called mesmerizer to the so-called mesmerized. On the contrary, these experiments have firmly convinced me, as they have convinced others who have seen them, that these and other phenomena of the like kind are merely effects produced by the mind of the mesmerized upon his or her own economy; that they are only self-mental acts, if I may so speak, and that they are as independent of any mesmeric influence as the phenomena of common sleep, or common dreaming, or common hysteria, are. If you or any of your readers have, perchance, any desire to know more explicitly my opinions on the subject, you will find them stated at greater length in the May num-

* Thus, for example, two or three months ago you stated, in one of your editorial articles, that an Edinburgh physician (and the allusion was intended to apply to me) had come up from Edinburgh as far as London, to hold a consultation with a homœopathic physician at Brighton, but that I found professional feeling so "hot" upon the subject that I wisely returned. So far was this from being the fact, that I wrote from Edinburgh immediately on receiving the letter from Brighton, and stated that I was engaged to visit professionally, as soon as I could possibly leave Edinburgh, two chronic cases, the one in London and the other in Paris; that I would thus pass and repass near to Brighton, but that I could not meet the practitioner, as he was known to me to be a homœopathist. Let me add, that I believe that professional opinion is "hotter," and in a healthier state upon this subject in Edinburgh than in London. When in London on the occasion referred to, I was told by one of your first surgeons, that he was attending the foot of a noble duke, whilst a celebrated homœopathist was attending to his grace's stomach and constitution. Whatever laxity may have existed on the question, here or elsewhere, in past times, there exists none now in Edinburgh, since the colleges have taken up the subject, and pronounced upon it.

ber of the *Monthly Journal of Medical Science*, in a discussion on the subject of Electro-Biology, before the Edinburgh Medico-Chirurgical Society. In that report it is, *inter alia*, mentioned that (to quote the words of the report) "Dr. Simpson stated that he totally disbelieved in any of the so-called higher phenomena of animal magnetism—as lucidity, transference of the senses, clairvoyance, &c. If a person could see with the tips of his fingers or the pit of his stomach, as was averred, it would be an enormous fact, and would require an enormous amount of proof to substantiate it as a fact. But the evidence adduced was generally of a very imperfect kind, and melted down before accurate inquiry. He had such a conviction of this, that he offered to place in the president's hand £100, which he would give to Dr. Macdonald for the scheme for which he (Dr. M.) was lecturing, if Dr. Macdonald could bring any clairvoyant who could read a line of Shakspeare, or two or three words out of the dictionary which Dr. Simpson would shut up in a box. If there was any truth in clairvoyance, why should not a clairvoyant be able to gain for Dr. Macdonald this sum of money?" Now, to show you the sincerity of my belief, let me put this same proposition in another shape:—I will, if you will allow me, place five such boxes or packets (each of them containing a line of Shakspeare) in your hands, and in the hands of a small committee of medical men, whom you and I shall conjointly agree upon, and who, with you, shall be judges, and make all the necessary arrangements; and I now offer, through you, £500, for the reading of these included five lines by any clairvoyant. Further, as my pen is in my hand, let my name at once, on my part, your fellow-citizens, Dr. Sharpey, Dr. Locock, Dr. Williams, Dr. Todd, and Dr. Carpenter, or any two or more of them, to adjudge the matter with an equal number named by you. Perhaps you will agree with me in thinking, that in settling a question of this nature, such a test and trial is better than any other five hundred arguments.—Yours, &c. J. Y. Simpson.

Edinburgh, Sept. 15, 1851.

P.S.—Is it necessary, after the preceding statement to add, that you are again in error in your reference to the miscalled "mesmeric soirées." The object of the experiments comprised in this designation is to show, that many striking effects can be produced by the influence of the will of an individual, acting on another, independently of any magnetic, mesmeric, or other supposed agency. These experiments are, therefore, directly and entirely opposed to the so-called doctrines of "mesmerism."

THE BRANDING OF DESERTERS BY ARMY SURGEONS.

This arbitrary and illegal exercise of drum-head authority continues to elicit universal reprobation, of which the following from a London contemporary is an example. If persevered in it must be resisted by every lawful means as a gross outrage on our profession and a very obvious usurpation of power by parties prone to such methods of preserving order amongst their subordinates. If necessary the subject will be brought under observation in parliament, and then perhaps the principle which dictates such ordinances may be subjected to a discussion not very convenient or opportune. The subject of military punishments had better receive consideration elsewhere: it is not a very agreeable one for popular discussion:—

If the authorities at the Horse Guards really intend to carry out their monstrous order for branding deserters, by which army surgeons are to be converted into executioners, we hope they have bargained for the steady and unremitting opposition of the entire profession. The order is not only monstrous, but absurd. It is not a year since the Military Order of the Bath was conferred upon the medical department of the army. Future Knight-Commanders will have, according to this order, to begin their career as the allies of the hangman. A new subject must be added to military surgery; students must be taught, not only how to heal wounds, but how to make them, according to the art and mystery of branding—a disgusting proceeding, hitherto carried out by the drummers. We cannot believe that this order will be seriously attempted to be carried into effect. If the attempt be made, we are sure that the surgeons of the army will refuse to be degraded by such an occupation. In this refusal we are confident they will meet the hearty sympathy and support of their civil brethren. It seems incredible that such an order should have been promulgated at all. The practice of branding at all is most barbarous and inhuman, unworthy of the age and country in which we live. Like the odious system of whipping, it should be erased from our criminal code. It is loathsome to contemplate the fact that a clause of an act of parliament exists according to which the flesh of living men is seared by red-hot irons. That act, however, never contemplated that the professors of the art of healing should carry its odious provisions into execution. General Brown, and the parties who have concocted this order, must entertain a very imperfect notion of the sentiments of civil or military surgeons, if they imagine that any force can be found to make them prostitute their noble profession to such a disgusting purpose as that of mangling the bodies of deserters.—*Lancet.*

THE MEDICAL DIRECTORY FOR IRELAND.

We earnestly entreat our brethren throughout the provinces to use their best endeavours to promote the accomplishment of the object contemplated by this publication. They may rely upon it that sooner or later it will prove of value to every individual whose name appears in it. It will become an authentic record of a man's professional *status*, and the only unequivocal evidence of his claims to public confidence by virtue of his qualification; so much so, that the omission of his name from its columns may seriously injure his character. The Almanacks and Directories afford no adequate substitute for such a list, accepting, as the publishers of them do, imperfect evidence of the claims of individuals to the titles they assume; and therefore is it incumbent on every regular member of the medical profession to enable the public to become satisfied of his identity. We feel called on to say so much because we understand that many have failed to respond to the invitation sent them by the publishers to transmit their names for enrolment, and that there is great danger of the list appearing without the names of several persons, to their great detriment. Should this take place, they will have themselves only to blame, and therefore do we thus warn them. It is only fair to the parties who have undertaken this useful work to give them substantial support by ordering a copy of the publication to be supplied in return for the benefit afforded by the insertion of name and titles. Let it not be supposed that we have any, the slightest, interest whatever in the success of this undertaking; we advocate its cause, because by doing so we are convinced that we promote the welfare of our brethren throughout the country.

MILITARY SURGERY.

We are informed that in the ensuing medical session it is the intention of the authorities connected with one of the principal London schools to open a course of lectures specially devoted to Military Surgery, so that this metropolis will in future possess the advantages that Edinburgh and Dublin have enjoyed for some time past. Two gentlemen, we are given to understand, who are in every way qualified for this department, from their long experience and residence abroad, are in treaty with the several public departments, and hope, through the aid of the East India Board of Directors, to be enabled to establish this course of lectures on a permanent basis. It is not their intention to enter on any of the subjects at present available to students at the different colleges and schools, but barely to confine themselves to those subjects which more immediately appertain to the duties of a medical officer on his first joining his regiment, ship, or depôt, on home or foreign stations. These duties very often become at once onerous and anxious, more especially on a foreign station, where he has not only to contend with climate, but with an entirely new class of diseases, and with the majority of which he is in all probability perfectly unacquainted. How few young surgeons hear or see much of what they have

to meet with daily after their arrival in a tropical climate! Our hospitals rarely afford an opportunity of studying any of the diseases incidental to Orientals, or Aboriginal tribes, or even to Europeans long resident in tropical countries. The subject of Climate itself is one requiring much careful consideration in relation to their own health after their arrival, and still more to the large bodies of men under their medical charge then and subsequently. It is not yet decided whether this course of lectures may not better be made a summer or a winter course. On two grounds it appears desirable to adopt the former; first, because, on the matter being put to some of the leading men in the profession, it was objected to its being a winter course—for the reason, namely, that the students are already overworked, and have very little time at their command for any more lectures: and secondly, that the great body of surgeons from the East India Company going to India, leave this country in the autumn; so that they could thus attend the summer course at their leisure, and when not over-pressed from their other studies; and then, again (and this is an important consideration), they would go out fully stocked from these lectures, and be the better prepared to enter upon their duties, and carry their recent theories and deductions into practice at once. It is, then, for the present entirely a matter for the public boards to arrange this point as to a winter or summer course. It should be borne in mind that this course is not intended for all students, but for those who have completed or nearly finished their studies, or who have already passed their examinations; so that it is of little importance, we conceive, whether it be a winter or spring course, so far as advanced students or surgeons are concerned.—*Med. Gaz.*

BIRTHS AND DEATHS IN LONDON,

DURING THE WEEK ENDING SATURDAY, SEPTEMBER 20.

Births.		Deaths.	
Males	742	Males	569
Females	785	Females	528
	1527		1097

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

1851.	Max. T.	Min. T.	Barom.	Rain.
Sunday, Sep. 21st,	66	44	30.018	
Monday, 22nd,	66	45	30.050	
Tuesday, 23rd,	68	54	30.250	.070
Wednesday, 24th,	64	42	30.200	
Thursday, 25th,	67	42.5	29 874	.640
Friday, 26th,	55	34	29.900	.015
Saturday, 27th,	57	35	29.816	

PORTARLINGTON, QUEEN'S COUNTY.

1851.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Sep. 21st,	65	43.5	29.801	62.3	56.7	52.3		NE
22nd,	65	52	29.702	62.1	60	58.6		Calm
23rd,	66	58	29.900	62.8	60.3	58.6	.036	SE
24th,	66	57	29.844	61	58.8	57.5		SE
25th,	67	48	29.630	57.2	51.9	47.1	.800	WNW
26th,	56	38.5	29.627	54.4	48.9	43.3	.001	NW
27th,	56	39	29.524	51.8	47.2	42.3		NW

M. W. HANLON, M.B.

ROYAL OBSERVATORY, GREENWICH.

Mean height of Barometer..... 30.30
" " Thermometer*..... 57.1
Self-registering do.† ..... max. 0.0 min. ..... 33.

* From 12 observations daily—† Sun.

THE REVERSED AND DOUBLE-ACTIONED PATENT TRUSS.

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W. D. is the only Manufacturer of the Instrument. The trade and public institutions will be liberally dealt with.

ROYAL COLLEGE OF SURGEONS.

SCHOOL OF SURGERY.

THE Session 1851–2 will not commence until the 27th of October. Gentlemen, however, residing in Dublin can commence their Dissections immediately on entering their names for the ensuing Winter Course of Practical Anatomy.

UNIVERSITY OF LONDON.

NOTICE is hereby given, that the Second Examination for the Degree of BACHELOR of MEDICINE, for the present year, will commence on Monday, the 3rd of November; and that for the Degree of DOCTOR of MEDICINE on Monday, the 24th of November.

The Certificates required must be transmitted to the Registrar fourteen days before the commencement of the Examination to which they refer.

By order of the Senate,
R. W. ROTHMAN, Registrar.

Somerset House, Sept. 22, 1851.

QUEEN'S COLLEGE, CORK.

FACULTY OF MEDICINE.

SESSION 1851–52.

THE Session will be opened on Wednesday, November the 5th, 1851, at One o'clock.

The Practical Anatomy Department will be opened on the 1st of October.

On Tuesday, the 21st of October, 1851, the Matriculation Examination will be held for the admission of Students.

Six Scholarships, of the value of £20 each, will be awarded to Matriculated Students in Medicine, and in all future years there will be two additional Scholarships of £40 each.

PRIZES.—Prizes will be awarded in each class, to such of the Matriculated Students as exhibit the greatest proficiency.

The Library and the various Museums are open, under certain regulations, to all Students in Medicine.

For more detailed information, application to be made to the Registrar.

D. C. O'CONNOR, Dean of Faculty.
By order of the President,
FRANCIS ALBANI, Registrar.

August 29, 1851.

DISPENSING OF MEDICINE.

G. OLDHAM AND CO.,

PHARMACEUTICAL CHEMISTS AND APOTHECARIES,
From BEWLEY and EVANS',
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BEG to return their grateful acknowledgments to the Medical Profession for the support they have hitherto received, and which they will regard as a fresh motive for exertion. Abstaining altogether from visiting as Apothecaries, except for the application of Leeches, Cupping, and such operations as are performed under medical advice, they will continue to devote themselves exclusively to the duties devolving on the pure Pharmacien.

Having had much experience in Practical Pharmacy, and being resolved to spare neither trouble nor expense in order to have every article of superior quality, they hope by attention, "carefulness," punctuality, and moderation of charges, to commend themselves to the approbation of those who may entrust them with their commands.

☞ *G. O. and Co. invite attention to their present stock of Surgical Instruments, all of which are manufactured on the most modern and improved principles.*

LOUTH COUNTY INFIRMARY.

NOTICE is hereby given, that the Governors of the Louth Infirmary will, on Friday, the 3rd of October next, receive applications, and proceed to appoint two Nurses for the establishment. (A Male Attendant for the Male Patients will be preferred.)

Candidates will be required to send in their recommendations to me on or before Thursday, the 2nd of October next, and to attend personally at the Infirmary at one o'clock on the day of Election.

Signed by order,
ALEXANDER SHEKLETON, Secretary.

Dundalk, 20th September, 1851.

Just published, 8vo, pp. 96, price 2*s.* 6*d.*,

A TREATISE ON CATARACT;

Including the Structure of the Crystalline Lens, the Nature of its Opacities, and the Operation for its Removal by Absorption, with the Fine Needle through the Cornea.

By Arthur Jacob, M.D., F R.C.S.,
Professor of Anatomy and Physiology in the Royal College of Surgeons, and one of the Surgeons of the City of Dublin Hospital.

Also, lately by the same Author, 12mo, price 5*s.*,

THE INFLAMMATIONS OF THE EYEBALL:

Being a Treatise on all the Species and Varieties of Iritis.

Dublin: Fannin and Co., 41, Grafton-street, or the Office of the Medical Press, 15, Molesworth-street. London: John Churchill, Princes-street, Soho.

On First of October, No. XVI., price Six Shillings,

THE

BRITISH AND FOREIGN MEDICO-CHIRURGICAL REVIEW.

ANALYTICAL AND CRITICAL REVIEWS.

1. Dr. Walshe on the Diseases of the Lungs and Heart.
2. Professor Lehmann's Physiological Chemistry.
3. The New Pharmacopœias, &c.
4. Mr. Curling on the Diseases of the Rectum.
5. Odyle, Mesmerism, Electro-Biology, &c.
6. Dr. Arneth's Clinical Midwifery.
7. Drs. Monro and Jarvis on Insanity.
8. Transactions of the American Medical Association.
9. Mr. Tufnell on Aneurism.
10. Drs. Hall and Bennett on Cerebral Pathology.
11. Roberton and Tilt on Menstruation, &c.
12. Dr. Carpenter's Principles of Physiology.
13. Mr. Wharton Jones on the Sense of Vision.

BIBLIOGRAPHICAL NOTICES.

1. Mr. Bishop on Articulate Sounds.
2. Mr. Maclise's Surgical Anatomy.
3. Schultze on the Arteries.
4. Memorials of James Mackness, Esq., M.D.
5. Dr. Sutro on the German Mineral Waters.
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3. State of Lunacy in Ireland.
4. British Lunatic Asylums.
5. Medical Evidence in Cases of Insanity.
6. The Murderer's Confession.
7. Asylums for the Middle Classes.
8. The Last Sentiments of Suicides.
9. The Maniac's Wail.
10. The Proceedings of the Association of Medical Officers of Hospitals for the Insane.
11. Criminal Lunatics.
12. Chancery Lunatics.
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CONTENTS:

Compulsory and Voluntary Education—The School of Pharmacy: Sessions 1851-2—Proposed Board of Examiners for Scotland—Remuneration for Professional Services—The Mineral Waters of Baden-Baden—Examples of Injudicious Prescribing—Sugar in the Urine of a Horse—The Great Exhibition: British Guiana—Abyssinian Remedies for Tape-Worm—Tests for Cinchona Barks—Cinchona Pitaya—The India-Rubber Tree—Meat Biscuit—Discovery of Gold in Australia—Disease of the Grape Vine—Test for Iodides—Action to recover Fees for Chemical Analysis—The Life and Works of Cavendish, &c. &c. Price 1*s.*

Published by John Churchill, Princes-street, Leicester-square; Maclachlan and Stewart, Edinburgh; and Fannin and Co., Dublin.

*** Volume X. may be had in boards, as well as the preceding volumes, price 12*s.* 6*d.* each.

MEDICAL DIRECTORY FOR IRELAND.

A Circular has now been issued to every known Member of the Profession practising in Ireland, containing Interrogatories as to Name, Address, Qualifications, &c., for insertion in the Directory, which will be published in January, 1852. Any gentleman who may not have received one, is requested to intimate the same, without delay, to the Editors, 4, Adam-street, Adelphi, London.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

SCHOOL OF SURGERY.

The Winter Session, 1851-52, will commence on Monday, October 27.

Anatomy and Physiology—Dr. Jacob.
Descriptive Anatomy—Dr. Hart and Dr. Macdonnell.
Surgery—Mr. Porter and Mr. Hargrave.
Practice of Medicine—Dr. Benson.
Chemistry—Dr. Barker.
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Dissections by the Professors of Anatomy and the Demonstrators.

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Materia Medica—Mr. Williams.
Botany—Dr. A. Mitchell.
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Practical Chemistry—Dr. Barker.

The Fee for each of the above Courses is Two Guineas.

For further information apply to any of the Professors, or to the Registrar. By order,

W. Boylan, Registrar.

CITY OF DUBLIN HOSPITAL.

The Course of Practical, Medical, and Surgical Instruction in this Hospital will commence on Monday, the 27th of October. The Clinical Lectures will be delivered on three days in each week, during the Session, by Dr. Jacob, Dr. Benson, Mr. Hargrave, Mr. Williams, Dr. Geoghegan, and Mr. Tufnell; and on Diseases peculiar to Women and Children, by Dr. Beatty.

Dr. Jacob's Clinical Lectures on DISEASES of the EYE, illustrated by the Cases in the Hospital, are open to the Pupils in attendance.

Sir Henry Marsh, Sir Philip Crampton, Dr. Apjohn, Mr. Porter, and Mr. Cusack, give their assistance in cases requiring consultation.

The certificates of attendance are received as qualification by all the Colleges, Halls, and Boards.

DISEASES OF THE EYE.

DR. JACOB will deliver a full Course of Lectures on the Anatomy, Physiology, and Optical Mechanism of the Eye, during the ensuing Session, in the College of Surgeons, and also a separate Course on its Pathology and Diseases, with the Operations required in their Treatment, in the City of Dublin Hospital.

Printed by Thomas Dees, at 15, Molesworth-street, and published there every Wednesday morning, for the Proprietor, Arthur Jacob, M.D., 23, Ely-place, in the City of Dublin. London: John Churchill, 46, Princes-street, Soho.

Wednesday, October 1, 1851.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

VOL. XXVI. NO. 666. DUBLIN: WEDNESDAY, OCTOBER 8, 1851. PRICE SIXPENCE, STAMPED.

HOSPITAL REPORTS.

St. Vincent's Hospital.—Cases of Encephaloid Disease. By O'B. Bellingham, M.D.—
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HOSPITAL REPORTS.

ST. VINCENT'S HOSPITAL.

CASES OF ENCEPHALOID DISEASE.

Case of Encephaloid Growth, developed in the Cavity of the Chest, compressing the Superior Cava, and causing Anasarca of the upper part of the Body—Farre's Tubercle of the Liver.

Thomas Whelan, aged 52, admitted into St. Vincent's Hospital, under Dr. Bellingham, July 20, 1850, on the recommendation of Dr. Leeson. He was always a healthy man until about nine weeks ago, when, after exposure to cold, he was attacked with "pains in his bones." A little more than five weeks ago he noticed a swelling in the region of the liver, which subsequently increased in size, and his breathing became much affected; and while suffering from the pains, he says a swelling, which is now visible, formed suddenly, during his sleep, over the sternal extremity of the left clavicle. About five weeks ago he noticed a tumour above the right clavicle, and he has suffered since from difficulty in swallowing. He has laboured under dyspnœa in a severe form for the last eight weeks, but latterly it has much increased; he cannot lie upon either side; lies constantly upon the back, and says he has been obliged to do so for the last eight weeks.

On examination, a tumour is felt in the region of the left lobe of the liver, which is hard to the feel and is painful on pressure. Another tumour, having a harder feel, is seen above the right clavicle, flattened upon the surface, and of large size. In the situation of the sternal extremity of the left clavicle, a rounded, softer tumour is felt, and this extremity of the clavicle is protruded forwards. The face, neck, and left arm are swollen, particularly the latter, which is œdematous; the former are congested, with enlarged veins, and when he sits up the face assumes a more dusky hue. Enlarged and tortuous veins are seen along the chest and abdomen, the mammary inosculating with the epigastric. He suffers greatly from dyspnœa; the respiration is loud and noisy, and on placing the stethoscope upon any part of the chest, above or below, or even beyond the region of the chest, a loud sibilous and sonorous râle is audible with both inspiration and expiration, giving the sensation as if the large bronchial tubes were compressed by some foreign substance; the pulse in the right wrist is small and feeble, in the left it cannot be felt; he says he met with an injury some years before in that arm, when the artery of that side was cut across. He lies constantly on the back, with the head raised; he cannot lie upon either side, or sit up, as his breathing becomes then more difficult, and his face becomes purple. He complains also of numbness along the nates and back of right thigh, reaching to the calf of the leg, which he has had for a month. He suffers also from difficulty of swallowing solids; can swallow liquids readily.

The patient lived only a few days after his admission, and died July 23rd. On examination, both arms were œdematous, and the face and neck were swollen, while the lower extremities were emaciated; the swelling in the region of the liver was found to be formed by a large white, flattened, cancerous tubercle seated in its tissue, which had softened in the centre; two smaller and similar tumours were also found in other parts of the liver. The swelling above the right clavicle was of the same nature as the tubercle in the liver; on tracing it, it was found to extend under the clavicle into the thorax, where it formed an irregular nodulated mass of encephaloid growth, being connected in front closely to the posterior part of the upper bone of the sternum; below, with the upper portion of the pericardium, and extending backwards to the spine, to which it was adherent above. The superior cava was surrounded and compressed by the morbid growth, which also pressed upon the trachea, œsophagus, and the divisions of the trachea. The right pleura contained a large amount of serum, recently effused, which had compressed the lung. Another tumour, of a similar nature, on the left side, surrounded the descending aorta, and had contracted adhesions with the diaphragm and with the lower lobe of the left lung. A smaller and similar tumour was connected with the pancreas.

On examination of a portion with the microscope by Dr. Carte, numerous cancer cells were seen in it.

Case of sudden Development of Encephaloid Disease in several distinct situations.

Charles Clarke, a carpenter, ætat. 54, admitted into St. Vincent's Hospital, under Dr. Bellingham, February 11th, 1851. He states that he always enjoyed good health until his present illness; had not had occasion for any medical treatment for forty years previously. Five weeks ago he observed a swelling in the left groin, which commenced, he says, as a small kernel, and when first noticed was only the size of a pigeon's egg; it has gradually increased since. About the same time he observed a swelling in the left axilla, which, by means of poulticing, &c., he says, disappeared. Soon afterwards a swelling in the right groin was observed, similar to that on the other side. Three weeks ago another swelling appeared in the right axilla, which has rapidly enlarged, and from which he has suffered very severe pain, extending to the elbow. A tumour is also observed on the right side of the face; and several smaller ones on the neck and under the chin.

On examination, the patient has an anxious expression of countenance. He says he has suffered very great pain during the last three weeks, referred to the right shoulder and arm, extending to the elbow. A very large tumour occupies the right axilla, which extends from the clavicle to the nipple, and protrudes the right scapula backwards; its surface is smooth, it is hard to the touch, and the surface is marked by veins. The arm and hand on this side are swollen and œdematous. In the left axilla several hard, rounded, and apparently enlarged glands are to be felt. In the neck and under the chin, on each side, are several others, like marbles, under the skin; and on the right side of the face, in front of the ear, a larger one, about the size of a duck's egg, but of a somewhat different shape, is seen. In each groin very large tumours are seen, which have the same feel and appearance as the tumour in the axilla; that on the right side has a purple livid colour. Nothing abnormal is observed in the testis or penis.

February 27th. The tumour on the right side of the chest has increased in size; its surface towards the axilla presents a bluish tinge, and it rises now above the right clavicle. The tumour on the side of the face has increased very rapidly, and is now the size of an orange, and its surface has a deeply livid hue. He suffers considerable pain in it. The right arm is now œdematous, and to move it he is obliged to raise it with the other hand. He does not suffer pain from the inguinal tumours. He is more emaciated.

28th. The patient wished to return home, and left the hospital this day. He was seen a few days afterwards; the skin upon the tumour on the side of the face had given way, and a bloody serum exuded from it.

Case of Encephaloid Disease of the Knee-joint.

Henry White, ætat. 59, in the grocery business, admitted into St. Vincent's Hospital, under Dr. Bellingham, April 16, 1850, labouring under disease of the left knee-joint. He states that in September, 1848, he fell in the street in consequence of striking his foot against a stone, his left knee twisted or turned under him, and he came to the ground upon the right shoulder. He suffered very severe pain at the time, and was confined to his bed for nearly two months in consequence. The joint remained stiff afterwards, but still he was able to go about. At Christmas last he received a blow a little above the knee, and he has suffered more or less pain since.

On his admission, the knee was swollen, had a globular shape, the skin not discoloured, the ham filled up. The part was painful when pressed upon, or when moved, more particularly towards the outside of the patella; it had an elastic feel towards the inside of the patella. He was unable to walk; the knee was semiflexed; the limb above and below the joint was emaciated. He was suffering from some constitutional disturbance; the tongue was red, and he had lost flesh. The countenance had an anxious expression, but nothing apparently indicating malignant disease.

After a time the integuments upon the outer side of the patella assumed a red colour, and there was a feeling of fluctuation at this part with pointing. The patient lay inclined towards the left side with the knee semiflexed. He complained of frequent starting of the limb, particularly when asleep, the pain of which was so severe as to awake him. On introducing a grooved needle at the point where the feeling of fluctuation was best marked, nothing but blood appeared.

Subsequently the limb became swollen above and below the joint; the surface of the tumour was marked with blue veins; it increased in size; the pains became more severe, the patient more emaciated, and he was occasionally delirious at night. About the end of May he was delirious also during the day, the fœces were passed involuntarily, and the patient died June 5th.

Post-mortem examination.—Body much emaciated; integuments covering knee pale, without any appearance of blue veins. On removing the integument covering the joint towards the inside of the patella, much subcutaneous fat came into view, and it was readily detached: on the outside it was very adherent and thinned. On making a vertical incision on the inside of the patella, from the tibia towards the femur, the knife penetrated through a great thickness of substance without opening into the joint, which cut like soft cartilage, and presented all the appearance of carcinoma. On the outside of the patella a similar incision cut through a considerable depth of a substance resembling a mixture of brain and blood. The cavity of the joint was almost obliterated. The lower extremity of the femur was completely disorganized and broken up. The popliteal vein was plugged up with a firm coagulum. The veins of the nerve here were much injected and tortuous. Some enlarged glands could be felt in the groin below Poupart's ligament on that side. All the organs in the abdomen were healthy. The left lobe of the liver had the nutmeg appearance, and a single small round tubercle, the size of the kernel of a hazel nut, was found in it. Some small tubercles were found in the lungs of apparently a similar character, and upon the pleura and the diaphragm many small elevations were seen. The heart was enlarged and flabby.

PROCEEDINGS OF SOCIETIES.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Dr. Begbie, President, in the chair.

ENCEPHALOID DISEASE OF LUNG.

Dr. Douglas laid before the society a preparation showing the effects of an encephaloid tumour in the upper and front part of the chest. Dr. D. first pointed out the seat of the tumour under the upper part of the sternum, extending to the left so as to occupy in part the left subclavian and mammary regions, firmly adherent to the parietes, and dipping between the pericardium and left lung; the contiguous part of which had become involved in the cancerous mass—specks of pulmonary tissue still appearing in the tumour at some depth from its surface, and infiltration of cancerous matter having occurred in the lung, beyond the more marked boundary of the tumour. In the upper part of the sac of the pericardium, to the left, the tumour presented several irregular nodulations, not as yet fungoid. In the recent state of the parts, the pericardium was distended by a large quantity of blood and serum; the tumour and left lung adhered, except at the lower part behind, where the sac of the pleura contained about a pint of serum; there were evidences of general bronchitis; the head of the pancreas contained a dense scirrhous tumour, as large as a hen's egg; emaciation was great; and there was considerable anasarca of the left upper extremity, and left side of the chest. The left carotid and subclavian veins were, at their origin, inextricably involved in the tumour; and they contained firm imperfectly decolorised coagula, which appeared to plug them up.

Dr. Douglas said he would not detain the society with a detailed history of the case; and, in the observations he

had to make, would confine himself to certain of the physical signs, which in thoracic tumours are variable and obscure, and which, nevertheless, constitute the chief data from which a diagnosis is to be formed. In the present case, however, the general or rational symptoms had afforded indirect but important information. Hæmoptysis had occurred at a very early date, above a year before the patient applied for relief, with cough and difficult breathing when she exerted herself; for a long period, also, she had suffered from fixed pain high up between the scapulæ, and deep-seated; at the same time the general effects on the rest of her system had been slight, contrasting with the severity and duration of the symptoms referrible to the organs of respiration; her pulse had not exceeded 100; and she had had no perspirations. From her own account, she had experienced more or less distress for two years before the symptoms became urgent, and two years and a half before her death. The chief difficulty in diagnosis had been to determine that the case was not one of chronic pleuro-pneumonia, with pulmonary tubercle; and the physical signs did not throw much light on this difficulty; while the early hæmoptysis. and the absence of these cachectic states of the system which accompany the diseases usually causing hæmoptysis, afforded only negative evidence of the nature of the case. Of the physical signs, Dr. D. drew attention to the absence of several which have been considered to be distinctive of such cases—the varicose state of the superficial mammary and epigastric veins; it was difficult to explain the want of this condition, and it would be found to be less invariably present than has been supposed. Dr. D. referred to the occurrence of distension and even varix of the superficial mammary veins in some cardiac diseases in which dilatation preponderates.

The jelly-like expectoration described in cases of pulmonary cancer, had not existed, probably owing to the extra-pulmonic origin of the tumour. The sounds of respiration had not been suppressed to any extent; harsh mucous rattles having existed in the subclavian region. Two of the most direct signs in the case had been the existence of a pulsation more forcible and extended than occurs in other forms of pulmonary consolidation, and the diminished vibration of the voice, which is for the most part increased by consolidation, and by compression from pleural effusion—cancerous consolidation, however, always causing diminished vibration in the part, and deep-seated tumours in compressing the bronchial tubes, certain aneurisms, for example, inducing suppression of the vibration throughout the side of the chest. In conclusion, Dr. D. directed attention to the following as the leading peculiarities of the case in its diagnosis:—The early occurrence of hæmoptysis and other local symptoms—the *general* effects of the disease, especially the want of frequency of the pulse and of perspiration being disproportionately slight; the peculiarities of the inter-scapular pain; the only physical signs of value being the *position* of dull percussion with pulsation and diminished vocal vibration.

CANCER OF THE LIVER IN A DOMESTIC FOWL.

Dr. W. T. Gairdner exhibited a specimen of disease of the liver in a duck, accompanied by enlargement of the absorbent glands about the gizzard and commencement of the intestine. The liver was much enlarged, and presented, both on the surface and on section, many distinct tumours strikingly resembling the tubercles of Farre in the human liver. They bore a similar average proportion to the bulk of the organ, being generally about three-eighths of an inch, or half an inch in diameter; they were more or less accurately globular, but most of them, where they appeared on the surface, were either flattened, or had a cup-shaped depression. They were on section like the firmer varieties of Farre's tubercle, in which partial drying up of the cancerous matter has taken place; the colour of a grayish white at the circumference, and ochrey tint towards the centre; the different tints being marked off from one another by irregular lines concentrically disposed. The microscopic appearances could not be satisfactorily made out, as the preparation had been placed in spirit some time before an opportunity of examining it was obtained.

URINARY DEPOSIT OF URATE OF SODA.

Dr. Gairdner also showed a specimen of urinary deposit, having the microscopic characters ascribed by Dr. G. Bird to urate of soda, but occurring in the urine of a patient suffering from pneumonia, and not taking any form of soda as a remedy. This circumstance justified doubts as to the nature of the deposit, which had not yet been submitted to analysis.

ARTIFICIAL NOSE.

Dr. W. A. Roberts exhibited a model of an artificial nose and palate. He stated that, at the request of Dr. C. Bell, he had attempted to construct an artificial nose and palate for a patient of his who had entirely lost the nose and a portion of the palate. After many attempts, he had at last succeeded by employing gutta percha.

The first step was to take an impression of the parts of the face with warm wax, and casting this with plaster of Paris, an accurate mould of the part desired was got. To this a nose of common wax was shaped and fitted; this wax nose was then carefully imbedded in plaster, the wax was melted out, and thus a counter mould was formed. He then got some whitened gutta percha, passed it through a pair of jewellers' rollers to bring it to the desired thickness of about a shilling; a piece large enough was first heated in warm water, then gently pressed into the counter mould; when cold, a form was given to it exactly the same as the wax model; this being carefully fitted to the face, a silver wire was attached to it on the inner side by means of a piece of heated gutta percha, the end of the wire was turned to a small ring to which a piece of fine sponge was sewn, sufficiently long to pass over the deficient portion of the palate. The palate, as usual, was made of gold, with a piece of sponge attached to the ridge, passing through the opening into the base of the lost nose. The nose was firmly held in its place by being pushed back close to the face, the palate being then put into its place, the sponge of the palate being in front of that of the nose held it in its place, the one supporting the other. The upper portion of the nose was held firmly to the face by means of spectacles having an elastic band going round the head. The nose was carefully coloured to suit the heightened spots and shades of the face, and when seen at a few feet distant, was hardly observable. The patient wore these helps till his death. The sponge was found to be of great comfort, by absorbing any discharge that occurred.

CASE OF MALIGNANT DISEASE OF STOMACH.

By Dr. Wilson.

The details of the following case are, I regret to say, so imperfect in many respects, that I should not have thought of submitting them to the society had I not been requested to do so by Dr. Gairdner, considering the case interesting in some respects in a pathological point of view.

The patient, an unmarried female servant, aged 63, had for upwards of twenty years suffered from dyspeptic symptoms—viz., more or less pain in the stomach, anorexia, and pyrosis. These abated considerably about two years ago, but within the last six months had become greatly aggravated, especially the pain at the stomach, leading her to hold her hands firmly over it with the hope of relief; she had also some difficulty of swallowing, and the attempt to do so often brought on vomiting, consisting partly of the food and a quantity of tough mucus of a slightly greenish hue. At the time I first saw her—viz., about three months ago—these symptoms continued, and led me to infer ulceration of the stomach in the vicinity of the cardia, and that most probably of a malignant character. The patient did not present much of the peculiar hue of malignant disease, and there was no tumour to be felt externally; the liver also was normal in size; the urine was not coagulable by heat, and the other functions were normal—heart, lungs, &c. The patient had some pills of aloes and iron to regulate the bowels, which were very constipated, Prussic acid, naphtha, and creosote, as also a blister, none

of which, however, succeeded in allaying the vomiting, which gradually subsided spontaneously, apparently from want of material, as the appetite completely disappeared, and she consequently became more and more emaciated, till she died on the 11th of June. A post-mortem examination was made on the 13th. Notwithstanding the emaciation, there was nearly an inch of fat beneath the abdominal integuments. On laying open the abdomen, there was observed a small tumour about the size of a nut, situated on the lesser curvature of the stomach; on attempting to remove the latter organ it gave way, and in doing so, displayed a mass of ulceration in the vicinity of the cardia. This was removed for examination, along with the uterus and ovaries, and was submitted to Dr. Gairdner. The spleen was healthy; the liver presented a nutmeg appearance when cut into. There was also a large mass situated along the spine, supposed to be of a cancerous nature, surrounding the spine, extending from the ninth or tenth joint to the lower curvature, and matting the vessels, &c., in that situation; the relations of which I now regret I did not examine more particularly. The kidneys were large, and rather congested; the lungs were healthy; the heart was loaded with fat.

The parts examined by Dr. Gairdner were the uterus, a portion of the stomach, and some of the adhering absorbent glands. The uterus presented a number of small fibrous tumours in its wall, producing considerable deformity of the organ; some of them had evidently undergone to a great extent the calcareous degeneration common in such growths. Several of the tumours, not exceeding the size of a pea, projected immediately beneath the peritoneum; one, which was equal in bulk to a small walnut, was attached to the exterior of the fundus uteri, by a pedicle three-quarters of an inch in length, and lay in the peritoneal cavity, free from adhesions, but considerably congested on its exterior. Two of the tumours were in the cellular tissue, in the neighbourhood of the neck and body of the uterus; they were evidently of long standing, being completely calcified; but whether they had originally arisen in this part of the wall (which was a rare situation for such tumours), or in the fundus, it was not possible to form a conjecture, as they were totally detached from the uterine wall. The cervix and os appeared to have been normal, but were injured in removal; the ovaries and Fallopian tubes were healthy.

The portion of stomach removed presented no distinctly cancerous appearance; the attached glands were large, soft, friable, and contained a whitish creamy juice which showed large and highly granular nucleated cells under the microscope. Though these were not characteristic of a cancerous structure, yet it is impossible, viewing these facts in connexion with the enormous tumour recorded by Dr. Wilson in his account of the dissection, to doubt that these glands formed the appendages of an encephaloid mass overlying the vertebræ.

In this point of view, Dr. Gairdner observed that the case was interesting, as showing how very little tendency these fibrous tumours have to undergo any malignant degeneration, since they were found in the present instance to exist in every stage of development and of transformation into calcareous matter, without the least trace of cancerous structure in or around them. Cruveilhier, indeed, believed that the fibrous tumour of the uterus, or of any other part, conferred a comparative immunity from cancer of the same organ, and that these tumours themselves never underwent this degeneration. Dr. Gairdner, however, had seen, in the museums both of London and Edinburgh, specimens opposed to this doctrine, in which the uterus, manifestly cancerous, contained also fibrous tumours, and these were undergoing at some points, fusion into the mass of cancerous tissue.

CASE OF ANEURISM OF THE THORACIC AORTA, WITH OBSERVATIONS ON THE PROPRIETY OF PERFORMING TRACHEOTOMY IN SOME CASES OF ANEURISM.

Dr. W. T. Gairdner read a case of aortic aneurism, which presented the following peculiarities:—The sac, about the size of a walnut, arose from the back part of the arch, which was but slightly dilated; the tumour pressed upon the left recurrent nerve, and had in this way determined frequent attacks of orthopnœa, with laryngeal obstruction; at the same time that there was no evidence nor appearance of serious pressure upon the air-passages. The aneurism had opened into the trachea, but without important hæmorrhage; nothing but a tinge of the expectoration had resulted, the sac being full of coagulum. There was no physical sign of the presence of a tumour, and the aneurism remained undiscovered till the patient's death, which occurred, not from hæmorrhage, but from spasmodic suffocation. Tracheotomy was projected from the first, and repeatedly urged, but the patient would not submit to it until he was moribund, when accumulation in the bronchi had taken place to such an extent as to render it unavailing.

Dr. Gairdner discussed several points in the pathology and diagnosis of this case, and concluded by observing that the state of the parts as found after death, fully justified the attempt to relieve the patient of his distressing symptoms by tracheotomy. He argued that, there was distinct evidence of the frequent termination of aneurisms in this situation by spasmodic laryngeal suffocation; and under such circumstances, if it was ascertained that the lower air-passages were tolerably free from impediment, he thought that tracheotomy was not only justifiable, but imperatively demanded as a means of prolonging life. That the operation of tracheotomy might have the effect of prolonging existence, even in aneurisms more advanced, and circumstances far more desperate than the present, was proved by a case recorded in the *Lancet* for 1844, in which Mr. Judd performed it upon a patient in articulo mortis, with the effect of prolonging life thirteen days, although a large aneurism of the aorta had been pressing upon, and had burst into the trachea, causing hæmorrhage to the extent of thirteen ounces. And although few would be inclined to covet an opportunity of following this practice under the like circumstances, the case was instructive as pointing out how much might be done for the relief of those in whom the symptoms were chiefly or exclusively laryngeal. At all events, as the propriety of tracheotomy in aneurism was not, so far as he knew, formally recognized by any authority, and as in several well known works it appeared to be discouraged, or even viewed as unjustifiable, Dr. Gairdner had thought it his duty to lay the subject before the society, with the view of eliciting the opinions of members present.

Dr. Seller thought that the presence of an aneurism should in general counter-indicate the operation. In this particular case, however, had Dr. Gairdner been allowed to act at an earlier period, the life of the patient would in all probability have been prolonged. But he repeated his conviction that tracheotomy, though justifiable in this case, was not applicable in cases of aneurism in general.

Drs. Keiller and Andrew, who had had the care of the patient before Dr. Gairdner took charge of the case, had detected no physical sign of aneurism, and quite concurred in the propriety of performing tracheotomy.

Professor Miller concurred in the main with the statements of Dr. Gairdner, and thought that he had laid an important as well as interesting communication before the society. Cases of aortic aneurism, with reference to the performance of tracheotomy, seemed to be divisible into two classes. 1. Those wherein the tumour was so circumstanced in situation and bulk as to compress the air-passage, narrowing its calibre, and producing a permanent obstruction to breathing. In those the dyspnœa would be continuous; liable, it may be, to aggravations and remissions, but never wholly absent; and, in most examples also, diagnosis both as to the existence of aneurism and of such mechanical interference with the air-passage, would not be very difficult to the experienced and careful observer. In such cases he would be inclined to refrain from operation, anticipating little or no benefit from it, even of a temporary kind: and fearful lest, by obvious failure, the

department of operative surgery should be brought into discredit. Into this class the melancholy case of the late Mr. Liston, alluded to by Dr. G., evidently came; the windpipe compressed, the breathing continuously laborious, and no likelihood of satisfactory relief from artificial opening of the windpipe. The case quoted by Dr. G. from the *Lancet* might seem to oppose this opinion. But he (Professor Miller) felt inclined to regard that case as quite an exceptional one. The man could breathe only through a small tube or catheter thrust down from the wound past the aneurismal swelling; and that tube—so small, so liable to displacement, so liable to obstruction, so certain to cause advance of ulceration in the part of the tumour on which it lay—seemed to him too miserable and slender a tenure of existence to warrant its being had recourse to with any hope of success. It was only surprising that through such a precarious access to the lungs, the man continued to live so long. 2. The second class included those cases in which the tumour, not so large as to compress and narrow the air-passage, is yet so circumstanced as to affect the larynx dangerously; as in Dr. Gairdner's case, irritating or compressing the recurrent branch of the eighth nerve, so as to excite paroxysmal attacks of intense laryngeal dyspnœa, similar in their nature to those of laryngismus stridulus. These tumours, from their small size and deep locality, would be difficult of detection; and yet there were means, too, as Dr. G. had shown, both positive and negative, by which their existence might be at least strongly suspected. And, under such circumstances, he (Professor Miller) would have no hesitation in saying, as his own belief, that—provided the paroxysms of dyspnœa were such as to threaten instant extinction of life—he would have recourse to tracheotomy at a comparatively early period of the case, not waiting till the patient was in *articulo mortis*; and for the following reasons:—The operation in itself was not formidable, not difficult of performance, and not dangerous to life. By having recourse to it, he would relieve the patient at once from intense agony and suffering. Besides, at comparatively little cost, he would prolong existence—for hours, weeks, or months; and all well knew how vastly important even a comparatively short period of reprieve might be found to be under such circumstances. Further, it was not wholly utopian to suppose that such relief and prolongation of life might, in some rare cases, contribute towards the actual occurrence of spontaneous cure. In listening to the details of the post-mortem examination in Dr. Gairdner's case, one could not fail to be struck with the near approach made in that case to cure. The small aneurism was almost entirely filled with clot, and the oval aperture by which it communicated with the aorta was almost wholly obstructed by a mass of fibrin. Very little more might have silenced the tumour. And that little might have been greatly contributed to by the relief of respiration afforded by tracheotomy timeously performed; while, on the other hand, the oft-recurring attacks of dyspnœa, with the attendant excitement and distress of the patient, could not fail not only to oppose all attempts at spontaneous cure, but also to hurry on the fatal advance of the tumour. Hitherto his creed had been—(he had taught it in his class, and published it in his System of Surgery)—in regard to the performance of tracheotomy in connexion with aortic aneurism, that the operation should not be had recourse to, the cause of the suffering being apparently beyond relief by tracheal wound. But now he was bound to say, that he saw reason to alter that opinion, and to hold that, while the rule of non-interference still held good in the first class of cases which he had specified, in the second there was not only a warrant but a call to operate, with the hope of certainly relieving suffering and prolonging life, and with the chance of even contributing towards the occurrence of spontaneous cure. There might be a third class of cases (as suggested by Dr. Gairdner) in which pressure on the windpipe was slight, but yet with a certain degree of contraction of its calibre, and in which *paroxysmal* laryngeal dyspnœa was also urgent. In such circumstances he would hold that the latter part of the case, or major, would rule the former part, or minor; and that, therefore (more especially if urged to it by the patient), he would be inclined to operate, though, of course, with a less favourable prognosis than when no compression and contraction of the windpipe existed. On the whole, he considered that Dr. Gairdner had made an important contribution to practical surgery; extending its operative interference to a class of cases—few in number, doubtless, and not holding out much hope of permanent benefit—hitherto supposed by many to be excluded from its range. It was the province and duty of the surgeon, as well as the physician, to palliate by every reasonable means where he cannot cure; and if unable to save life, at least to protract and soothe its closing day.

After some remarks by Dr. D. Maclagan,

Dr. W. T Gairdner said that he had alluded to Mr. Liston's case as conclusively showing that an aneurism of the aortic arch might remain without physical signs, or, at all events, might present an extremely obscure diagnosis, up to a period when it had threatened life by one or other of its secondary accidents. The present case, as well as others, proved that spasmodic dyspnœa, a frequent cause of death in aneurism in this situation, might occur and prove fatal while the air-passages were exempt from pressure; and while the larynx, involved through its nerves, was the sole cause of dangerous symptoms. In such a case, the practitioner was surely not warranted in making the probable or certain fatality of the disease an excuse for non-interference, especially when the operation was one not in itself dangerous, and almost certain to secure to the patient not only a comparative immunity from distressing symptoms, but a longer lease of life and a slower progress of his disease. Nothing was more likely to accelerate the increase and fatal result of an aneurismal tumour than the violent inspiratory and other efforts which accompanied the paroxysms of stridulous breathing in these cases; and if these paroxysms could be entirely removed in many cases of aneurism by so simple a proceeding as tracheotomy, it would surely be allowed that this operation presented a fair claim to be admitted into the legitimate treatment of such cases; and to be resorted to, not unwilling and as a last resource, but *as early as it could be ascertained that laryngeal symptoms were the source of the more immediate danger*. No doubt the operation became less and less eligible in proportion as *other* sources of danger became imminent; but so long as these did not reduce the laryngeal symptoms to a manifestly secondary importance, Dr. G. did not feel that he would be justified in refusing to a *willing* patient, *after due explanation*, the chance of life and comparative comfort for an additional day or hour. The amount of pressure of aneurism on the air-passages could always be estimated by careful stethoscopic examination with considerable precision; as though other sources of danger might remain unknown, the fact ought not to be made an argument against interference for the removal of the palpable and imminent hazard. And if these rules of conduct were sound when an aneurism was *known* to exist, they were all the more evidently so in the case where such a tumour was only suspected, or where, as in the present case, the suspicion had been allowed on the strength of negative evidence, to drop too hastily from the mind.

An authority so justly and so universally known as Dr. Watson, had stated that no man with a stethoscope in his hand, and the power to use it properly, ought to be seduced into the error of performing tracheotomy in a case of aortic aneurism. If the principles adopted by him (Dr. G.) were correct, there was here an opinion extremely calculated to mislead; and no doubt there were many physicians who would be alarmed at the idea of opening the trachea, not for a laryngeal, but for a thoracic disease. For his own part, Dr. G. had no desire to screen himself from criticism, if it was thought that by any reasonable precaution, a correct and secure diagnosis might have been formed in the present case; but on general, and not on

personal, grounds, he thought that a different bias ought to be given to the practical precepts current on this subject, and that practitioners should neither be taught to be too sure of the diagnosis of thoracic aneurisms, nor too apprehensive of the performance of tracheotomy.

CLINICAL MICROSCOPE.

Dr. W. T. Gairdner showed a very convenient and generally useful microscope which he had recently had constructed by Mr. James Bryson, and had already employed sufficiently to be convinced of its great superiority, for most purposes of the practitioner, to all the portable and pocket-instruments now in use. It consists of a simple but very carefully ground Coddington lens of small size, and magnifying about 180 diameters, set in a convenient handle and adjusted to a shallow cylinder of silver, which at one end embraces and surrounds the setting of the lens, and at the other bears a small plate of glass for the object, which may, if necessary, be covered by another glass. The instrument is raised to the eye opposite a moderately strong light, and the object is focalised by a screw fixed in the handle, and bearing on the spring by which the silver cylinder is kept close to the lens. The instrument can be managed conveniently with one hand; and as it is considerably shorter, and not much thicker, than an ordinary pencil-case, it may easily be adapted, if requisite, for the pocket. It distinguishes readily all the ordinary urinary deposits, and, to a practised eye, suffices in ordinary cases for the examination of blood, pus, and most of the elements of the tissues; although for delicate observations a higher power is of course requisite. Perhaps the greatest recommendation of this instrument is the ease and comfort with which it can be used; the examination of a fluid being at once effected by dipping the glazed end of the silver cylinder into it, or placing a drop on the outer surface of the glass; then on shaking off the superfluous moisture, and raising the instuument to the eye (at the same time using the focal adjustment), the fluid is seen to float down the glass, bearing constantly renewed objects over the field of the lens, and enabling a rapid and effective survey of the contents of the fluid to be made in much less time than it could be done by a compound microscope with a large field, even if ready on the spot for action.

UNCONTROLLABLE SEXUAL APPETITE IN A CHILD FIVE YEARS OLD.

By J. Haines, M.D., of Keobuk (British America).

Permit me through your journal to make known to the medical profession my experience and observations of an extraordinary case, hoping that the subject of my remarks may not prove unprofitable or devoid of interest:—The patient is a female, a little over five years of age, very fair complexion, light coloured hair, blue eyes, veins deep blue and very superficial, general contour good, and naturally a sprightly, interesting, and affectionate child. While absent from her parents on a visit to see her relatives, living in the State of Kentucky, more than a year since (then not being quite four years of age), she says the children of a neighbouring family taught her this habit. Her story is, "a family lived near to us, where there were several little boys and girls; they all practised this habit frequently every day, and taught it to me. At first it gave me pain, and I did not like to do it."

From the best information I can get, her progress was rapid, and since the habit has become confirmed, she has indulged daily, and oftentimes to great excess; from that time to the present, she has frequently exhibited symptoms of mental derangement.

March 23, 1851, I was consulted as to the best mode of affording relief. Having had some experience in trying to manage patients addicted to this destructive habit, I at once expressed to the parents my [illegible] of the result, and apprised them of the difficulties to be encountered.

A thorough examination was made. Pressure over the region of the ovaries elicited no pain, and no unnatural or extraordinary development of the genitals or mammary glands existed. The vagina was explored (and has been frequently since); no ascarides, pruritus, or any other source of excitement could be detected; the general health was good; the bowels were regular; digestion perfect; pulse 75 and 80; the patient never has been much sick.

From 23rd of March to May 20th, nauseates, anodynes, cold hip-bath, hip-bath with sulph. potass., cauterization of the clitoris, blistering of the genitals, mercurial alteratives, mechanical and moral restraint, &c. &c., were studiously administered, and failed to produce any mitigation of the propensity. During this time she was confined to a low diet, also took freely, at one time, anthelmintics, producing the expulsion of four worms (ascaris lumbricoides).

At times when the labia majora, minora, and clitoris were an entire raw surface from the application of blisters, caustic or antimonial ointment, she would frequently steal the opportunity to manipulate, and would gratify her desire though the pain or soreness were very great. Often she would cause considerable hæmorrhage from the raw surfaces. When long prevented (say for one or two days), by close watching and restraint, she would become almost frantic, thrusting her fingers into the nostrils, causing her nose to bleed, pull at her hair, pinch her ears and hands, especially between the fingers. A dark areola beneath the eyes, talking incessantly, unusual acuteness of audition, aversion to encounter the gaze of any one when spoken to, inability to concentrate the mind on any subject other than such as is connected in some way with this self-gratification, ever deceitful in the extreme, are the principal diagnostic indications.

Her general health is remarkably good; digestive powers strong; even when emesia is produced as often as five or six times a day, she will eat heartily in the intervals if allowed; the elimination by the kidneys is normal; her manners, mode of indulging, appearance when experiencing the effect of self indulgence, and her advances and deportment towards the male sex near her own age, leave no doubt as to the particular nature of this morbid passion.

Despairing of managing my patient successfully, and having availed myself of all the medical advice I could get from my professional brethren, on the 26th of April I addressed a communication to Dr. Allen, superintendent of the Lunatic Asylum, Kentucky, requesting the privilege of placing her in the care of that excellent institution. Owing to the "crowds of patients in the wards" at the time, this unfortunate child could not be received. For the valuable suggestions on the treatment of such cases contained in Dr. Allen's kind reply, I tender him my sincere thanks. All treatment was suspended from the 20th to the 31st of May, when I again, at the earnest solicitation of the parents, recommenced treating her.

From 31st of May to the 15th of June, I endeavoured to control her by operating on the moral faculties alone. For a few days I think her mind improved, the dark ring below the eyes disappeared, and she was less inclined to converse with others, but when alone talks constantly to herself.

On the 15th and 16th being professionally engaged, so as to preclude my giving her that attention to which she was accustomed, I discovered she looked much worse, areola about the eyes much darker than usual, her face flushed, and she was nervous, excited, and shy. On examination I found the genitals very red and swollen. She confessed to having indulged some ten or fifteen times the day previous, said she could not count more. On June 17th, she was put on nauseates and anodynes, also same day, cauterized the clitoris freely, which inflamed and became exceedingly painful; yet up to this time (June 21st) she has managed to gratify her passion several times, although the antimony (used as a nauseate) and anodynes have been administered daily.

When first detected in this habit she used her hands. They being confined, her legs were crossed; they next being retained apart, she acquired such control over the abdominal, perineal, and gluteal muscles, as to answer all

necessary purposes in the gratification, either lying, standing, or sitting. The mucous surface of the labia becomes quite moist or "wet," to use her own language, at each excitement.

At my first interview with this child, she expressed an anxious desire to be freed from this habit, said she prayed daily for relief, but at present appears quite unconcerned about it. The circumstances in this instance being such as to preclude the possibility of exercising moral restraint, or of obtaining assistance from her own endeavours, make the result of any treatment extremely problematical; in proportion to the morbid increase of her passion seems to be the decline of moral power. Reason being dethroned, moral and intellectual chaos reigns, where once it shone beautiful in juvenile simplicity.

Remarks.—The erotic influence on the physical organism is so perfect, and when abused, so powerful, as to be capable of germinating disease of every organ of the body. There are few diseases to which flesh is heir that may not be developed by this species of dissipation. The nervous centres are usually the first to take on diseased action where no predisposition exists in other organs. Radiating from these centres, we have partial or general paralysis, tetanus, incontinence of urine, chorea, epilepsy, apoplexy, caries of the spine, melancholy, vertigo, loss of sight, emaciation, dementia, idiocy, &c. If we are to credit writers upon this subject, almost the entire catalogue of diseases known to the scientific pathologist are liable to arise from this species of dissipation, and an accurate knowledge of its connexion with constitutional and local disease, it is of the utmost importance in arriving at a correct prognosis.—*Western Medico-Chirurgical Journal* and *British-American Journal.*

We feel some reluctance in giving publicity to this very remarkable example of precocious development of this function, from an apprehension that by so doing discussions may arise of a nature very different from those which scientific inquiry suggest; but the subject is one which cannot be overlooked by the physiologist, however illsuited to more general inquiry. The use made of the facts which experience proves really result from a study of this subject, has undoubtedly deterred many practitioners from taking part in the discussion of it; few men being willing to appear in any way engaged as the infamous parties are who disseminate obscene advertisements. The necessity of an adequate acquaintance with such source of formidable disease, however, renders a guarded allusion to it necessary, and therefore do we place this example on medical record.

TÆNIA SOLIUM—RELAPSE AFTER THE USE OF THE KOUSSO.

Under the care of Dr. Wilson.

Case 1. Harriet W——, a dark good-looking girl, aged 16, was admitted into Queen's ward, September 10, 1851, under the care of Dr. Wilson. This patient has been living for some years at Portobello-terrace, Bayswater, and has been troubled with the tape-worm for a long period. About four months ago, she took a full dose of turpentine, which had the desired effect; the patient passed a worm which measured nine feet in length. She then had a little rest, but she soon began again to pass fragments of the worm, and she now entered the hospital in order to get rid of the parasite altogether.

The girl presented the usual symptoms of tape-worm, and Dr. Wilson prescribed a dose of kousso to be taken on the second morning after admission. It was taken fasting, and the effect was produced in a very short time. The patient soon evacuated a worm measuring about three feet in length, but the head was not noticed to be attached to it. The kousso used in this instance, and in the two cases which we subjoin, was procured at Mr. Savory's in Bond-street.

Case 2. James A——, aged 21, a dark and robust-looking young man, and a shoemaker by trade, was admitted September 10, 1851, into Grosvenor ward, under the care of Dr. Wilson. The patient is a native of Eaton, but has lately resided at Northampton. One year and a half ago, he first began passing fragments of the worm; these used to be expelled unknown to the patient, as he was sometimes surprised to find them about him. He took large doses of turpentine, but these did not promote the expulsion of the worm. At last, when at Windsor about ten weeks ago, he applied to the dispensary, where he was administered a dose of the patent kousso. This medicine caused the evacuation of a worm, seventeen or eighteen feet long; and after this relief he soon gained flesh, and the knawing sensation at the pit of the stomach, and a peculiar debility and nervousness, left him. This favourable state of things did not, however, last long, fragments were again passed, and he now sought relief in this hospital. Dr. Wilson ordered five grains of calomel at bedtime, and castor oil in the morning, for the first day; and on the subsequent one the patient took six drachms of kousso while fasting. Some hours afterwards he was given infusion of senna with sulphate of magnesia, and though the stools were abundant, no appearance of the worm was noticed in them, except a few scattered fragments. Thus it might be surmised that the kousso failed in this case to have the usual effect.

Case 3. John G——, a short dark man of sanguineo-nervous temperament, and a tailor by trade, was admitted into Grosvenor ward, September 10, 1851, under the care of Dr. Wilson. The patient has always resided at Slough, is married, and of temperate habits. About four years ago he began to notice joints of the tape-worm, which he used to find about his legs and his shoes as he walked along; his principal symptoms were sinking at the pit of the stomach, and a voracious appetite. About eight months before admission, the patient took a dose of the kousso at the same dispensary of Windsor as the man mentioned in the preceding case; this brought away a worm twenty-seven feet in length, and this evacuating gave him much relief. He had now rest for nine weeks, when he began passing joints again, and this circumstance induced him to come to London. The patient was then admitted into this hospital under the care of Dr. Wilson. He took the kousso again, and this caused the evacuation of a tænia of the same length as the first. The man soon returned home, and perceived no symptoms of the worm until a few days before this, his second admission, when the joints appeared again as heretofore. Two days after his second entrance into the hospital, he took the usual dose of kousso, the bowels having been cleared with castor oil on the preceding day, and as it did not act for five hours, infusion of senna and sulphate of magnesia were administered; patient then passed a worm of a very great length. Here we have, then, three cases of relapse, the first (a girl) after taking turpentine, and the two others, in spite of regular doses of the patent kousso. These facts may justly be considered of great value, because a remedy can never take a firm footing, and cannot be implicitly trusted unless the patients who have used it have been watched for some time afterwards.

The third case is the more valuable as the patient has now taken the kousso three times—once at Windsor, and twice under Dr. Wilson. As to the second case, it remains of course a question whether there really exists a worm, or whether the dose of the medicine was not sufficiently large. Nor is the case of the young girl devoid of interest, for it affords a proof that, as far as the expulsion of the tænia is concerned, turpentine and the kousso act pretty well in the same manner. We heartily could have wished, for the benefit of the afflicted, that the Abyssinian remedy had had the property of radically curing the disease; it should, however, be mentioned, that of all patients whose cases we have from time to time reported, none have, to our knowledge, applied again for admission into the hospitals where the remedy had originally been administered.—*Lancet.*

TOPICAL APPLICATION OF CHLOROFORM.

By Dr. Rauch of Burlington, Iowa, United States.

While I was attending the clinical lectures at the Pennsylvania Hospital during the winter of 1848 and 1849, the attention of the class was called by Professor Wood, who was then the attending physician, to a case of facial neuralgia, which had proved rebellious to the ordinary remedies. In this case, the Professor prescribed the topical application of chloroform, with the most decided relief to the patient, at the same time stating that he had been led to do so by the favourable report of Dr. Hays, who had made use of the application in a similar case with the most happy results. This was the first time I witnessed the external application of chloroform for the relief of neuralgia. During the summer of 1849, I had various opportunities to test its merits in relieving pain of that character, the results of which were satisfactory.

From that time until the present, I have almost daily made similar applications, with nearly the same result. In some instances the relief did not prove permanent, but all that was necessary in such cases was a repetition of the application. Generally speaking, I found that it gave relief to all headaches not dependent upon a derangement of the *primæ viæ*, and to all pains not very deep-seated. When first applied (so as to prevent its evaporation), it produces a cooling sensation, followed by a feeling of warmth, which is gradually increased to a sense of burning and smarting, which, however, is easily bearable. It produces redness of the part to which it is applied, which is speedily dissipated upon the removal of the cloth, leaving the skin harsh and disagreeable.

Owing to the sudden evaporation of the chloroform, its transient effect, and the roughness and harshness of the skin that were produced by its application, the idea of incorporating it with some other substance that would obviate these objections to its external application occurred to me. In olive oil, I found this desideratum. To effect a more minute union of the oil and chloroform, I added aqua ammoniæ, which produced a beautiful milky white emulsion, nearly similar to the volatile liniment, but not so consistent and white. The addition of the aqua ammoniæ seems to add to the efficacy of the chloroform, at least its counter-irritant effect is increased by it. So far, all succeeded admirably, and it only remained for me to give it a trial; an opportunity offered in the person of an "old lady," upon whom I had operated for cataract, who, in consequence of being compelled to remain in a recumbent position, after a few days complained of a severe pain in the small of her back. A woollen cloth was saturated with the liniment, and applied by means of friction; in a few moments the pain ceased and never returned.

Besides the advantages already stated of this preparation, it is not so expensive as the chloroform alone, and according to the result of my experience it is more efficacious, giving relief sooner, and its effects are not so volatile. The proportions in which I employed the different ingredients at first were equal, but afterward I graduated them, according to the effect desired. When I desired a powerfully counter-irritant effect I increased the quantity of ammonia and chloroform, and diminished the oil, and *vice versa*. In some instances I have been deceived as to its results, owing to the chloroform being of an inferior quality, and the aqua ammoniæ of not sufficient strength. Care must also be taken that the oil is not rancid, as it may nauseate, especially when it is applied to allay nausea and irritability of stomach. I applied it by means of a woollen cloth, folded in such a manner that the internal folds were completely saturated with the liniment, while the external were dry, thus preventing its evaporation. Oil silk cloth has been recommended by Dr. Hays to be placed over the saturated cloth, when chloroform alone was applied, but this is not always at hand, thus making the cloth prepared in the manner stated preferable. Immediately after the cloth has been saturated with the liniment, it is to be applied. At first it necessarily feels cool, followed in a few moments by a sense of warmth, which increases until it smarts and burns so severely that it can with difficulty be borne, continuing to increase for the space of about ten minutes, when it gradually diminishes, and is followed by a pleasing coolness, and, if there was pain in the part, with relief of it. When the application is found to cause more pain than is agreeable to the patient, it can be removed, or its position changed. Upon removal of the cloth, the part is found red, and in many instances vesication takes place. When it is desirable to produce mere rubefaction, it is sufficient to apply it by friction, or to allow the cloth to remain but a short time, as vesication will take place if allowed to exhaust its strength. This is not always the case, as it will depend to what part of the body, and to whom it is applied, the skin being more delicate in some than in others. If the pain should continue, it will be necessary to repeat the application. It will be seen that it combines a rubefacient and powerfully counter-irritant effect with an anodyne. Where a speedy effect is desired, it is far more beneficial than either a sinapism or blister, and is easier of application, especially in children, where great difficulty is experienced in retaining a sinapism or blister a sufficient length of time to produce the desired effect, in consequence of their screams and endeavours to remove them. The relief of the pain, and the slight inhalation of the chloroform escaping from the cloth, produce such a pleasing sensation, that I have often seen patients fall asleep immediately after its application.—*Amer. Jour.*

PECULIAR AFFECTION OF THE SHOULDER-JOINT.

By Sir B. C. Brodie, Bart.

Sir Benjamin describes a most tedious and annoying affection of this joint, seeming to depend in many instances on a chronic inflammation of the substance of the deltoid muscle, or of the bursa under the deltoid, and to be greatly benefited by the employment of counter-irritation and the iodide of potassium:—"The cases here referred to occur more frequently in private than in hospital practice; and (whether it be accidentally or not I do not know) it certainly has happened that I have met with it more frequently in the female than in the male sex. The patient complains of pain, which however is referred not so much to the joint itself as to the arm a little below it, near the insertion of the deltoid muscle. At first the pain is trifling, but it soon becomes severe and constant. The patient describes it as a *wearing* pain, of which she is constantly reminded. It is aggravated by every motion of the limb, and by pressing the articulating surfaces against each other. Not only is there no perceptible enlargement of the shoulder, but after some time, in consequence of the want of use and wasting of the deltoid muscle, it seems to be actually reduced in size. It is not long before the mobility of the joint is impaired, becoming gradually more and more limited. When the patient attempts to raise the elbow from her side, it is observed that the scapula is elevated at the same time with the humerus. She is unable to raise her hand to her face, nor can she rotate the limb so as to place it behind her. When the progress of the disease is stopped at an early period, the mobility of the joint may be restored; but otherwise, although the pain and all other symptoms of the disease have subsided, the joint remains stiff, and to all appearance completely anchylosed. Whatever motion the arm is capable of, under these circumstances, depends not on the humerus, but on the scapula; and it is remarkable to what an extent the scapula, or rather the muscles belonging to it, will accommodate themselves to this new state of things, so as to make up for the deficient motion of the shoulder. It certainly is seldom that this disease terminates in abscess of the joint, when proper attention has been paid to the treatment of it, nor has this happened in any case in which I have had the opportunity of closely observing its progress. I have, however, seen cases of abscess with ulceration of the cartilages, and complete destruction of the shoulder-joint, in which I conclude that, if I had been consulted at an early period, I should have found the symptoms to correspond with those which I have

just described. Whether it be from this, or from any other disease, that the joint of the shoulder is brought to such an extreme state of disorganization, one result is, that it is liable to dislocation, or, more properly, to sub-luxation in the direction forwards. In one case, in which I had the opportunity of examining the parts after death, I found the anterior margin of the glenoid cavity of the scapula destroyed by ulceration, the head of the humerus permanently resting on the ulcerated surface. In another case, in the living person, I found the dislocation to be only occasional, the head of the bone slipping forward so as to make a visible projection in certain motions of the arm, and in certain other motions returning to its natural situation. I may take this opportunity of noticing another circumstance, which, though not of much interest in pathology, is of some importance in practice. An abscess originating in the shoulder-joint sometimes presents a peculiar appearance, when it is making its way to the surface. A dissection, which I once had the opportunity of making, will explain at once the nature and the cause of this peculiarity. The abscess taking the course of the tendon of the long head of the *biceps flexor cubiti* muscle, had suddenly emerged from the joint at the lower end of the bicipital groove of the humerus: then, having taken a direction forward, on the anterior edge of the deltoid muscle, had presented itself under the integuments, having a spherical form, so that it might have been mistaken for an encysted tumour. I met with one case, in which this mistake respecting an abscess of this kind, was actually made by a surgeon of considerable experience, who proposed the removal of the tumour by the knife."—*Brit. and For. Med. Chir. Rev.*

THE SWEATING-SICKNESS AT CASTANDET (LANDES.)

By Dr. Dupouy.

In the month of April, 1849, an alarming rumour spread through the canton of Grenade, that a new disease, rapid in its progress and fatal in its results, had appeared in the commune of Castandet. This commune contains a population of from a thousand to twelve hundred souls. It is situated on a tolerably raised plateau; its soil is argillaceous and impermeable; it presents here and there small valleys, formed between hills of but slight elevation. The inhabitants are scattered over the district. The greater number are potters; they live almost like savages, their huts being always full of smoke from the fire, which is made in one corner without a fire-place. Their general want of observance of hygienic rules is in harmony with this state of living.

The panic was not without foundation. In the first three days twelve persons died, and several of these, within the first twelve hours of the appearance of the disease. The following is a sketch of the symptoms that were observed:

All complained of headache, and a feeling of soreness in the limbs; all were covered with a profuse sweat; all had a full and frequent pulse; all complained of a feeling of præcordial constriction, which gave place to the most painful anxiety. Occasionally this sense of oppression was felt in the epigastrium. All experienced thirst; the tongue was moist and red. In a large number an eruption was observed, variable as to its invasion, form, course, duration, intensity, and termination; it appeared on the face, neck, and chest, and on the inside of the arms and thighs. These were the essential or characteristic symptoms by which it was known that the disease was sweating-sickness: besides these, there were various accessory symptoms. Frequently the patient was seized without any premonitory signs; generally a rigor took place, most frequently at night or late in the day. The two extremes of childhood and old age seem to have been exempt from its attacks. Nearly all the patients were from 25 to 30 years of age. Seven-tenths of the patients were females. The duration of the disease varied from four to eight or nine days, according as the cases presented or did not present the eruption. The maximum intensity of the epidemic was exhibited at its first invasion, for the deaths occurred on the first, second, and third days. On the fourth day upwards of a hundred and fifty persons were attacked, in a population of a thousand or twelve hundred souls. The epidemic was confined to the commune of Castandet, with the exception of twelve persons who were attacked in the adjoining commune of Maurin. In the commune which it had chosen as its especial seat, it did not attack indiscriminately, but observed a course from east to west. It appeared (so to speak) like the sudden outburst of a waterspout: scarcely were five days passed from its first manifestation, and it had ceased.

To return now to the consideration of its characteristic symptoms. The *sweat* was constantly observed; it appeared with the fever. In some it was so profuse as to soak the bed linen; in others it only kept the surface of the body damp. In all it had an undefinable odour, the stronger the more abundant the sweat. The *eruption* was not so constant as the sweat, but was generally in proportion to the abundance of the latter. Only one case of confluent eruption was seen without the sweating, and that was in the case of a pregnant woman. In general the eruption appeared on the first day; in some on the second or third day. In a few cases it failed to appear, and the patients died. In a large number of cases spots resembling measles also appeared. There were generally seen minute vesicles of the size of millet seeds, white, opaque, sometimes purulent; so that by many persons it was named *white variola*. Four or five days after their appearance they lost their transparency, dried, and fell off as small pellicles. In some the period of desquamation was wanting; this was observed in those cases attended by the rubeoloid rash.

The chief point in the treatment was to favour the production of perspiration. Bleeding was tried with success at the first, but only at first. Quinine was of no service. Dr. Dupouy regards the disease as *sui generis*, and not an epiphenomenon in the course of another disease, according to Chomel's view: in the course of the epidemic now under notice, no symptoms of any other malady could be discovered.—*Med. Gaz.*

EXPERIMENTS ON DECAPITATED CRIMINALS.

By M. Duval.

M. Duval, from his position as teacher of anatomy at Brest, enjoys frequent opportunities of examining the bodies of culprits executed by the guillotine. The theatre of anatomy is so near the platform that the bodies are received within five minutes of decapitation. Among the facts which he has ascertained are many which bear upon points in physiology, still *sub judice*. The following are the results of the first examination recorded in the *Gazette Médicale* of July 12th: A man was decapitated for murder, and the corpse was brought to the table in less than five minutes. The first thing which attracted notice was that the divided extremities of the carotid arteries were projected in successive jerks, at the same time ejecting small quantities of blood. The jugular veins bled continuously. No reflex action could be induced by any pinching, or other mechanical irritation. After devoting a quarter of an hour to the opening of the abdomen, the chest was laid open, and the heart was seen beating with great distinctness; the left auricle, in particular, exhibited strong and perfectly regular action forty-four times in the minute, and continued to do so for an hour. Before the chest was opened galvanism was applied to the spinal marrow, and immediately caused movements of expiration and inspiration, accompanied by a hoarse noise in the larynx. After opening the chest galvanism was applied to the intercostal muscles, and caused the ribs to approach each other in a notable manner. The stomach was full of food; but none escaped after its removal, in consequence of the rigid contraction of the cardiac and pyloric orifices. The bile was dark green, and of a gummy consistence. The spleen was empty and wrinkled, and could not be made to contract under galvanic action; but the ureter contracted manifestly. The spermatic vesicles were filled with a liquid fluid, containing living spermatozoa. In another case the pupils were contracted by galvanizing the third pair of nerves in the cranium.—*Prov. Jr.*

REPORT OF THE ACTING-COMMITTEE OF PHYSICIANS AND SURGEONS OF THE IRISH DISPENSARIES AND FEVER HOSPITALS.

The session of parliament having closed, and the Medical Charities' Bill, as far as it relates to dispensaries, having become the law of the land, the acting-committee are of opinion that the proper time has arrived for circulating a report of their proceedings. Immediately after their appointment by the general meeting in January last, they at once engaged in, and have since incessantly pursued, every measure which appeared calculated to advance the early enactment of the Medical Charities' Bill, with such amendments as were likely to conduce to its efficiency, and to promote at once the interests of the sick poor and the ratepayers, as well as of the medical attendants of the existing hospitals and dispensaries, and the medical profession at large. The boon conferred by it on the indigent is obvious; and we have no hesitation in expressing the belief that, if carried out in a liberal, and consequently effective manner, it will prove equally advantageous to the community at large, not only by providing them with competent medical and surgical advice in each district, but also, in a merely economical point of view, as the most effective barrier against destitution and a consequent increase of the poor-rates.

Another object kept prominently in view has been to oppose, as far as possible, every projected alteration in the bill tending to interfere with its utility, or the just claims of the medical profession. Amongst the alterations successfully opposed may be specified the attempt, in the first instance, made to render the licence of the Apothecaries' Company a legal qualification under the bill for an appointment to a medical charity; and when this was abandoned as hopeless, a further attempt to carry an amendment, rendering it imperative that no surgeon should be eligible to take charge of a dispensary or hospital without the additional qualification of an apothecary's licence. The absurdity of this proposal is obvious, as it would have gone to disqualify the great majority of the fellows and licentiates of all the colleges of surgeons in the empire from holding office in a medical charity, although fully competent for every medical appointment in the army, navy, and East India Company. The question of qualification has, therefore, been judiciously left to the determination of the commissioners.

Amongst various amendments, successfully advocated by the committee, may be enumerated the transfer of the right of electing the medical attendants of dispensaries from the boards of guardians to the local managing committees—an alteration which, we believe, has received the unanimous approval of the existing governors of these institutions. Another important amendment, which appears due to the declared opinions of the medical profession, was the expulsion of a clause contained in the bill, as originally drafted, rendering compulsory the attendance of all salaried medical officers at coroners' inquests to give professional evidence without any remuneration.

The committee, anxious to guard against the possibility of any local bias, further felt it their duty to exert their utmost influence against a notice of amendment to transfer the right of fixing the salaries from the central board to the boards of guardians; but although they have not succeeded in this to the full extent, their object has been substantially obtained by the insertion of a clause in the eighth section of the act, fully empowering the commissioners, from time to time, not only to *determine the number of medical attendants necessary for any district, but also regulate the amount of the salaries, as well as the time and mode of payment;* thus constituting a court of appeal, with ample powers to investigate and redress any case of hardship that may be brought to their notice.

It is also important to know, that the commissioners take under the bill full powers for altering, if necessary, the dispensary districts formed by the boards of guardians, as well as the exclusive right of framing all the general rules and regulations for the government of these institutions. And this complete controlling power of the commissioners which pervades the bill is of the more consequence, because provision is made for adding to their number a Medical Commissioner, coördinate in power and authority with the other commissioners, and for the appointment of an adequate number of inspectors, who must also be members of the medical profession, thus constituting together a staff, not only fully competent, both by previous experience and peculiar professional knowledge to decide on and fairly appreciate the necessary duties to be performed by the medical officers, but what is of equal importance, armed with full powers to carry out the provisions of the new law.

When it is further remembered that the vexatious uncertainty of the last fifteen years is now terminated, and a certain and equitable mode of supporting the dispensaries substituted for one unjust in principle, and every day becoming more precarious, the committee are of opinion that they have just grounds for congratulating their professional brethren on the Medical Charities' Bill having at last become the law of the land. The only remaining section of the act which it is necessary specifically to allude to, is that which provides for the rights of the present medical officers. The most earnest attempts of the committee were made to have it rendered more stringent and precise; however, as they have good grounds for believing that it will be acted on by the commissioners in a liberal and considerate spirit, they rely implicitly on them for carrying out, in accordance with the ninth resolution adopted at our general meeting, the suggestions which it was not considered expedient to insert in express terms in the bill, and that thus all individual cases of hardship shall be, as far as possible, avoided.

Turning from the subject of the dispensaries, the committee have to express their deep regret, that, owing to a persevering, and in their opinion, a very imprudent opposition, which they do not think it necessary at present more particularly to allude to, the only alternative left to Sir William Somerville was either to relinquish for the present that part of the bill which would have provided for the poor *a sufficient amount and a fair distribution of hospital relief;* or, owing to the advanced period of the session, to see the entire measure fall to the ground. The opposition which rendered this result necessary is the more to be deprecated, as an amendment moved at any earlier period by Sir Robert Ferguson for the exclusion of the hospitals was strenuously opposed by Sir William Somerville, and defeated in the Committee of the House of Commons by a majority of more than three to one—only twenty of the Irish members having voted in favour of it. In the difficult position in which the Chief Secretary for Ireland was then placed, the committee are of opinion that he exercised a sound discretion in passing one moiety of the bill, and they repose the fullest confidence in the intention which he announced in parliament of completing the legislation on the subject, by bringing forward, in the ensuing session, a bill which will at once *relieve the ratepayer from an unfair taxation,* and *provide for the sick poor a sufficient and fairly distributed amount of hospital relief.* They, therefore, feel, that in unanimously passing a vote of thanks to the right honourable gentleman at their last meeting, they were only paying him an imperfect but well-deserved tribute for his zeal and perseverance in endeavouring to pass the bill in its integrity, as well as for his courteous attention to all reasonable suggestions made for its improvement, and for his general support of the honour and interests of the medical profession. The committee, at the same time, felt happy in having an opportunity of expressing their acknowledgment of the services of such members of parliament as zealously supported the bill.

The committee further tendered their best thanks to the Council of the Royal College of Surgeons in Ireland for their earnest and general support of the measure, and especially for their ready compliance, on several occasions, with their request, in sending over to London Dr. Maunsell, the efficient Secretary to the Council, whose very

prompt and valuable services, as reported to us by our secretary, in promoting the objects we had in view, are well deserving of the most grateful acknowledgments of the profession; and, finally, the committee tendered their best thanks to Dr. Knox for his energetic and unremitting exertions to promote the interests entrusted to his care, both as their honorary secretary and as their accredited agent in London, whither he proceeded, at their unanimous request, as soon as it appeared that his presence was desirable, and where he remained, at every inconvenience, as long as the committee considered his services necessary.

The committee having witnessed the success of the measure, towards which their unceasing exertions have been directed, as far as it relates to the dispensaries, feel that the common object for which the profession combined will not have been attained until the hospitals, now in a very precarious position, shall also have been the subject of satisfactory legislation. And as unanimity of purpose is indispensable to any beneficial results, they think themselves called on to express the opinion, that the hospital physicians having made common cause with and assisted, as far as in their power, their dispensary brethren in securing their objects, the latter are bound in honour to support them in return in their efforts to have the hospitals placed in an equally satisfactory position. Even if this were not a sufficient motive for continued and combined exertion, it is scarcely necessary to remind the medical attendants of the dispensaries how deeply their interests are *still* involved in the mode of bringing the bill, already passed, into practical operation, *especially with reference to the re-arrangement of the districts, the regulation of the salaries, and the framing of those general rules by which the amount and nature of the duties to be performed will be accurately defined.*

The committee have every confidence that all fair and reasonable claims on the part of the medical profession, if brought forward and explained in that temperate and conciliating manner which they fully anticipate, and which they take the liberty of earnestly recommending, will receive a favourable consideration on the part of the boards of guardians, in the first instance, and subsequently of the central commissioners, and that the law will consequently be carried out with that willingness which shall ensure its success, in providing certain and efficient medical relief for all classes of the community who have any reasonable claim for obtaining it at the public expense. With these two leading and important objects in view,—viz., the promotion of the effective and satisfactory working of the dispensary law just passed, and the enactment of an equally efficient and equitable hospital amendment bill, the committee, if duly supported by such of their brethren as are interested in the matter, are willing for some time longer to continue their best exertions, in which they have been assisted, on many occasions, by the county secretaries, to whose valuable suggestions on various points they have given all due consideration, and whose services they feel happy to acknowledge; and although the duties which they undertook have at times proved very laborious, especially on the part of the chairman, treasurer, and secretary, they feel amply repaid in contributing, in any degree, to the final adjustment of questions of such importance, not only to their own profession, but to the community at large.—Signed on behalf of the Meeting of Committee,

WILLIAM KINGSLEY, M.D., Chairman.
ALEXANDER KNOX, M.D., Secretary.
J. MORRISON, M.D., Treasurer.

OLIVE OIL IN INTERNAL STRANGULATION.—M. Delotz mentions in the *Revue Medico-Chirurgicale* two cases of intestinal obstruction, in both of which stercoraceous vomiting had ensued. In the first case the patient appeared in an absolutely hopeless condition, when M. Delotz induced him to swallow two pints of olive oil in two successive draughts. To his great surprise the bowels acted a few hours after, and the man recovered. The second case was apparently one of simple constipation, not depending on mechanical obstruction.

STUDENTS' NUMBER OF THE MEDICAL PRESS.

THE STUDENTS' NUMBER will be published on WEDNESDAY, the 29th of OCTOBER. Regulations of Universities, Colleges, and other Institutions for Medical and Surgical Education, properly authenticated, should be transmitted to our Office *without delay*, in order to secure a proper and careful analysis of them. Advertisements of Lectures and Hospitals, Books, Surgical Instruments, and Medicines, should be forwarded in sufficient time to secure a proper arrangement of them.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, OCTOBER 8, 1851.

THE MEDICAL COMMISSIONER.

THIS functionary may probably take his seat at the Poor-law Board before this reaches our readers; or if not, the next *Gazette* must relieve us from suspense. At the moment we write, we regret to find that, notwithstanding the removal of formidable obstacles, any hesitation exists as to the selection, narrowed as the choice now obviously is. All along we have refrained from making any suggestion respecting the claims of candidates, lest we should be considered advocates of any one of them; restricting our efforts to the achievement of the more important result, the welfare of the medical profession in this country. We have not objected to this man or favoured that; we have simply, in intelligible language, remonstrated against any proceeding which might place an unworthy or incompetent person in such a position. We have asked for a man of *respectable* character to fill the office, and prayed that in professional rank he should be the equal at least of those over whom he is to exercise authority. This surely is not too much to seek for; seeing that without such qualification the confidence and cordial coöperation of our body never can be secured. We are not very strenuous advocates for an undue exercise of patronage in favour of what is called "gentility" in Ireland; neither are we tinctured with any prejudice against men who have risen by their own exertions, but we have an instinctive dislike of meanness of character, and despise heartily those who are indebted to questionable practices for their elevation; above all things, holding in contempt impostors who assume the mask of politics to achieve their objects, and who rely on base services for promotion. Honest political partizans we have no fear of, be their views what they may; such men go wrong sometimes, or perhaps often, but not always, as does the political trader, who can do nothing without "agitation" or intrigue. Then we ask, too, that the person placed in authority over the physicians and surgeons of Ireland shall be a physician or surgeon by education and practice; rejecting with scorn the assumption that the possession of a parchment diploma is to be accepted as evidence of medical or surgical character. The act distinctly provides that the Commissioner shall be "*a physician or surgeon of not less than ten years' standing*," and to that provision they who make this appointment are bound to adhere; not interpreting it according to the mere letter, but honestly adopting its obvious spirit and true object. A physician or surgeon of ten years' standing clearly means a true physician or surgeon, who has been practising medicine or surgery for ten years; a physician or surgeon who has acquired by experience an adequate knowledge of the duties, habits, and feelings of physicians and surgeons.

The act, however, does not, in words, provide that the Commissioner shall be a man of high mind and acknowledged integrity, with a proper sense of justice and impartiality to govern his conduct; that has been provided for by a reliance on the discrimination and regard for high moral qualities possessed by the Minister who makes the appointment. On him devolves the duty of executing this implied provision, and for its effectual execution he must be held responsible. If it should so happen that his choice becomes limited to a selection of one of but two candidates, he will surely name the most worthy, regardless of less imperative obligations. To prefer a pettifogger or a trickster, of confused mind and feeble understanding, to a straightforward man of adequate intellect and ability, would be a downright breach of trust. We argue, however, as if we had some misgivings as to the course about to be pursued, but we really see no reason for apprehension respecting this matter beyond common rumour, and the feverish anxiety universally displayed to see it set at rest. We have no hesitation in stating, that if ever the members of our profession were unanimous, it is now, in the firm resolution to accept the practical interpretation of this act as evidence of the intentions of persons in power respecting them. Upon this, our belief is, will depend the success or failure of the measure.

SURGICAL EDUCATION.

"October comes but once a year, and when it comes it brings," if not "good cheer," at least good advice respecting the means of obtaining it. As surely as Michaelmas geese fly to London, so surely do the journals abound with sage opinions as to the best method of providing for them. In other words, the period of resumption of surgical study naturally enough suggests discussion respecting the methods of conducting it. Matter-of-fact friends may in their simplicity ask, however, what Michaelmas geese have to do with such an inquiry, and it is only right to inform them, that so our unfledged brethren are facetiously designated in the London market, and so do such prolusions as the following preface directions respecting the "cramming" or "stuffing" of them:—

> The evil of "grinding" has been long known to exist, but the extent to which it is actually carried is probably not known to any one board of examiners. Let a man be ever so industrious, let him attend lectures and hospital practice with exemplary assiduity, and have a mind well stored with professional knowledge, still, as a rule, he dreads to encounter hall, college, or university, unless he has undergone that preliminary "stuffing" which the regular routine of hall, college, and university questions has rendered absolutely necessary. . . . . What is the cause of this evil, and what is the remedy? We agree with a correspondent in thinking that the principal cause is to be found in the fact that all men, however learned or experienced, have their crotchets in scientific matters, and these crotchets *will* protrude themselves when their owners are called upon to test the knowledge of junior candidates. Our boards of examiners, if we except that of the Royal College of Physicians which annually undergoes a partial change, are permanent. In the course of time, an examiner thus occupying a permanent office must make known his opinions and peculiar views; he may be effectually gauged by sharp-witted men, both as to the nature of his questions and the answers which will be most satisfactory to him. It was remarked of the late Professor Daniell, when Examiner of the University of London, that although nominally instituting an examination in chemistry, his questions always bore on chemical philosophy, and the voltaic pile. In consequence of this there was a very great demand for his book just before the examinations took place. The same principle holds in other cases; and one unfortunate result of this system is, that the anatomy, physiology, botany, medicine, and chemistry taught in the schools, are measured and valued only as they meet the requirements or the peculiar views of the members of our examining boards. The object of the student is to pass his examination: he cannot do this without looking to the peculiar views of his examiners. Thus, then, the mode of teaching must bend to the style of examinations for the time being, or the anxious student has no other alternative than to resort to the grinder. There must be something defective in a system which leads to such results; for professors of the branches of medical science, who do not occupy examinerships, cannot be expected to surrender their independent views, which, in some instances, may be based on sound experience and observation, to doctrines probably in some cases derived from reading, or second-hand information. We do not say that it is necessarily so, but it by no means follows that because a man, through talent, accident, or good fortune, occupies an examinership, he is thenceforth to be regarded as an absolute oracle in the science in which he professes to examine, and to control the opinions of others who may have been engaged for an equally long, or even longer, period in the practical study of the subject.—*Med. Gaz.*

Of the "evil of *grinding*" we are quite as well aware as our contemporary, but out of this evil may perhaps be extracted good. We denounce the thing, and pray for its total eradication, not recollecting that we may be decrying its use because of its abuse. "*Grinding*" is an evil, a deplorable and a disgraceful one, when substituted, as it undoubtedly is, by some, for every other method of instruction; but honest, judicious examinations, conducted with a view to the student's progressive instruction, as well as the creditable demonstration of his abilities at an examination, is a very different affair. From time immemorial instruction by question has been adopted in elementary schools and universities, while in the schools of medicine and surgery it has been neglected, if not proscribed, until absolute necessity created the contraband trade now complained of. One solitary examination after four years study, is all the surgical colleges provide, and is it any wonder that the student calls for more. In the College of Surgeons of Ireland some years ago an attempt was made to correct this evil, but it was defeated, openly and contumaciously defeated, because it threatened to subvert the system upon which this same "grinding" is founded. At the moment we write attempts are being made to diminish this evil, and if rumour tells truth the attempt has raised a storm of clamour and threat in which revelations of a most startling character get wind. Not merely revelations as to the effect of the illegitimate mingling of the "grinding" and "certificate" system, but of ominous coalitions little calculated to uphold the fair fame of Dublin. These rumours we assume to be exaggerations, convinced that the leading surgeons of this city will never sanction arrangements which may compromise the character of its educational institutions. Great sacrifices have been made to place the Court of Examiners of the College above all suspicion; teachers have been rendered ineligible for the duty, lest a leaning to their pupils should sway their decisions, and stringent oaths, tests, and pledges have been prescribed. Any proceeding, therefore, which threatens to cause a whisper of suspicion as to the possibility of complicated combinations influencing any member of such a body must be jealously scrutinized; and therefore do we venture on these illustrations of the text which suggests our observations. "Grinding," sordid grinding, grinding above all, substituted for the anatomical lectures and demonstrations which the regulations of colleges contemplate, we denounce; but honest legitimate examination, auxiliary to the instruction given in the lecture-rooms and hospitals, we uphold, however such may prove injurious to the pecuniary interests of any individual.

We have not space for comment on another resource in

surgical education, the use of which has also been well nigh forbidden by its abuse. The annexed extract tells of its operation in London. The abuse obviously is the perversion of so valuable and praiseworthy a method to the vile purpose of decoying the student; and strange to say, it is practised more by the Colleges and Universities than by the working Schools. Is it not as clear as the sun at noon day, that certain institutions are openly and unblushingly giving salaries to medical students to sit out lectures, under the flimsy disguise of prizes, "exhibitions," scholarships, and such like dodges. Where is it all to end?

The "prize system" is fraught with much evil, and in many instances is a "mockery, a delusion, and a snare." The object of study is the efficient treatment of disease at the bedside, and this is to be obtained by the strictest attention to what has been called the demonstrative part of teaching. The prizeman in one branch, or even in many, may be really a very ill-educated man, so far as the practice of his profession is concerned; whilst he may for ever have ruined his health by a struggle for foolish distinctions, a certificate, or a medal. The examinations for these "distinctions" are so conducted in our schools of medicine as to afford no kind of test of the practical knowledge of the candidate; and hence a student, with nothing but a retentive memory, may carry off a prize even of the highest kind, and have owed his success, not to any practical knowledge of the subject in which he has been examined, but to a knowledge obtained from books. It is notorious that prizemen generally are not superior practitioners, and they are too frequently liable to the observation of a celebrated divine, regarding a learned but somewhat stupid brother preacher—"Sir, he has so many books upon his head, that they press upon his brain." We may illustrate the evils of the prize system by an instance which some years since came under our notice. The gold medal in the Practice of Physic of one of the largest metropolitan schools, was awarded to a student whose capacity was by no means of a high order, and whose general knowledge was lamentably deficient; he knew little of anatomy and physiology, and was unacquainted with the rudiments of chemistry. He had determined, however, to obtain the gold medal in the Practice of Physic—the highest honour in the school. Accordingly he learned by heart, *verbatim et literatim*, the published lectures of his teacher. When his papers were presented for examination, it was at first supposed that he must have had a book with him in the room appointed for writing the essay; but this was found not to be the case. The medal was awarded to him, and he left the school with a "high honour," but ignorant of every branch of his profession. Let the student, then, not be lured from the legitimate path of study by the geegaws and frivolities of medals and certificates. He has a high, a noble, and a most responsible position to fill amongst his fellow-men; and we warn him against the remorse that may attend the recollection of hours misspent in the acquirement of imaginary distinction, at the expense of those really practical pursuits, the following of which, ardently and consistently, is as essential to his own success and reputation, as it is to the safety and welfare of his patients.—*Lancet.*

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1851.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Sep. 28th,	64.5	39	30.008	
Monday,	29th,	64	46	29.400	.120
Tuesday,	30th,	56.5	47.5	29.270	.690
Wednesday,	Oct. 1st,	59	46	28.800	.890
Thursday,	2nd,	55	38	29.000	.470
Friday,	3rd,	64	42	29.450	.200
Saturday,	4th,	64	43	29.400	.245

PORTARLINGTON, QUEEN'S COUNTY.

1851.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Sep. 28th,	57	39.5	29.700	53.4	49.1	44.9		NW
29th,	58	40	29.085	53.1	52	51.4		SW
30th,	57	51	28.835	55.2	50.4	45.8		W
Oct. 1st,	58	48.5	28.570	52.7	51.6	50.6	.236	SW
2nd,	54	49	28.683	48.4	47.5	46.6	.102	WSW
3rd,	56	41.5	29.167	54.1	51.2	48.5	.144	WSW
4th,	57.5	43	29.129	53.4	50.6	48.1	.246	WSW

ROYAL OBSERVATORY, GREENWICH.

Mean height of Barometer..... 29.77
" " Thermometer*..... 54.8
Self-registering do.† ..... max. 0.0 min. 35.2

* From 12 observations daily—† Sun.

Rain, in inches, 15 : sum of the daily observations taken at nine o'clock.

TO THE MEDICAL PROFESSION.

JOHN GEORGE BOILEAU AND CO.,

Appeal with confidence to the Medical Profession for support in the undertaking they have so lately commenced. When we began business many of our friends transferred a portion of their orders and some entirely to us, many of whom were connected with public institutions. Now since the recent change with regard to the Medical Charities of this country, of course any public institutions we have supplied must necessarily revert to the contractor for medicines to the Union Workhouse of the district in which each Dispensary is situate. By this alteration we do not lose any amount of business, but merely the pleasure of commercially transacting with those who so kindly patronized us. Many of the Workhouses have lately been open for contract, and indeed unexpectedly we have been declared successful contractors for some of them. The Dispensaries in their district, we presume, we shall have the pleasure of supplying. We use the words "unexpectedly declared successful contractors," for the lists we tendered were priced uniformly low, with a fair remunerative profit attached to each article, and not some few articles priced considerably under cost to catch the eye as a decoy. We thank the Medical Officers who perused our lists, and gave them their favourable consideration and approbation. In addition to our business we have attached a new and voluminous branch—namely, "Druggists' Sundries and Medical Appliances," consisting of Glass Bottles of every size, Glass Measures, Trusses, Pill Boxes, &c , &c., and for these articles we also solicit your orders. We are always supplied not only with the British Chemicals, but also with the German and French of finest description, and shall esteem any commands you may kindly favour us with.

Wholesale Druggists and Manufacturing Chemists,
Importers of German Leeches,
26, MARY'S-ABBEY, DUBLIN.

Sole Wholesale Agents for White's Saccharined Hydrate of Magnesia, In bottles, 1s. *each.*

NOTICE TO THE MEDICAL PROFESSION IN IRELAND.

THOSE Medical Gentlemen who have not yet filled up and returned the Circular for the insertion of their Names, Qualifications, &c., in the forthcoming Medical Directory for Ireland, are requested to do so without further delay, as names cannot be received later than the end of this month. Any gentleman who may not have received a Circular is requested to intimate the same to the Editors, 4, Adam-street, Adelphi, London.

STRAND ROAD DISPENSARY, CORK.

AT a Meeting of the Friends and Subscribers, held on the 18th of September, the following expression of feeling embodied in a letter, signed by five hundred persons of all classes, was handed to the Chairman, and unanimously adopted:—

To the Chairman of the Meeting.

SIR,—We, the undersigned Inhabitants, residing within the district of the Strand Road Dispensary, having learned that an act of parliament has recently passed, and is now about to come into operation in reference to the Dispensaries of Ireland, by reason of which an alteration is likely to be made in the management of those Institutions, avail ourselves of the opportunity of this day's meeting to record the very high opinion we entertain of Dr. Charles Armstrong's skill, kindness, and attention to this important charity. A sense of public duty, as well as a regard for the sick poor, urge us to request that in any alteration which may take place under the new bill, this district will not be deprived of the able, zealous, and indefatigable exertions of Dr. Armstrong, towards whom we believe there exists throughout the district but one feeling, that of high respect and admiration.

[Here follow the signatures.]

September 22, 1851.

BALLIBAY DISPENSARY.

At a numerously attended Meeting of the Subscribers, held in the Market-house, on Tuesday, the 30th of September,

Thomas Lucas, Esq., in the chair,

It was proposed by the Rev. Elias Tardy, Rector of Aghnamullen, seconded by John Oulton, Esq., and carried by acclamation:—That the following Address be presented to Joseph Robinson, Esq., L.R.C.S.I., and L.K.Q.C.P., &c.

ADDRESS.

We, the Subscribers to the Ballibay Dispensary, are desirous of recording, which we do with feelings of the utmost gratification, our testimony to the medical skill and humane manner in which you have discharged the duties of medical officer to this institution for the last five years—years of unexampled severity, when famine, cholera, fever, and other severe diseases were experienced in this unhappy land by all classes under the inscrutable visitation of the Most High.

We cannot let this opportunity pass, as the last we may have as Subscribers to the Dispensary, in consequence of the medical charities being about to come under the poor-law system, without expressing our assurance of the high respect and esteem we personally entertain towards you, and trust that in the alteration which is now about to take place, we shall continue to enjoy your invaluable medical services in this locality.

(Signed) Thomas Lucas, Chairman.
John Dunbar, Secretary.

REPLY.

Gentlemen,—It is with feelings of the utmost gratification that I have read the very complimentary Address which your Secretary has just handed me, and although I fear that those compliments are much overdrawn, I cannot but feel exceedingly gratified that my humble exertions in my professional capacity have met with such warm approbation from you. Even when I look back upon the disease and suffering I have been witness to, and think of the labour I have undergone while Medical Attendant of your Dispensary, I feel that your eulogiums have amply compensated me for both.

As the connexion between us is, I am sorry to say, soon to terminate, I beg to return you my most sincere thanks for the support and good feeling you have always evinced towards me, and throughout life will ever bear in grateful remembrance the kindness I have experienced in the outset of my profession from you and the inhabitants of this neighbourhood.—Your obliged servant,

Joseph Robinson.

To the Subscribers to Ballibay Dispensary.

MOUNTRATH DISPENSARY.

At a General Meeting of the Subscribers to the Mountrath Dispensary, held on Tuesday, the 30th of September,

The Very Rev. the Dean of Clonfert in the chair,

The following Resolutions were proposed and unanimously agreed to:—

"That on the act of parliament for the regulation of Dispensaries coming into operation on the 1st day of October, and as under the provisions of that act, the Subscribers will then have to surrender the management of the Mountrath Dispensary to the Poor-law Guardians, we feel it a duty that we owe to Dr. Smith, to express in the strongest manner our sense, not only of his high qualifications, but also of his laborious exertions in behalf of the sick poor of this extensive district, and of the unremitting care and attention which he bestowed upon them; and while we would thus convey to Dr. Smith our unanimous approval of his skill and care, we desire, at the same time, to record an expression of the pleasure with which we look forward to his continued connexion with this district, and the gratification which we have in thinking that our poor shall still be permitted, under other management, to have the benefit of his valuable services."

"That we consider the establishment of District Hospitals, as contemplated under the Medical Bill introduced by Sir William Somerville last session of parliament, is calculated to afford a greater facility of administering a prompt and extended system of relief to the poor than there now exists, and that while we confidently look forward to his renewing his exertions in the ensuing session of parliament to complete a measure for the establishment of these hospitals, we give him our best thanks for his able and efficient advocacy of a permanent and effective system of relief for the sick poor of this country."

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PATHOLOGICAL AND PRACTICAL OBSERVATIONS ON STRICTURES, AND SOME OTHER DISEASES OF THE URINARY ORGANS.

By Francis Rynd, Esq., A.M., M.R.I.A.,
Fellow and Member of Council of the Royal College of Surgeons in Ireland;
Surgeon to the Meath Hospital and County Dublin Infirmary;
Her Majesty's Medical Superintendent of Convicts in Ireland;
Member of the Royal Medical Society of Edinburgh, of the Pathological Society of Edinburgh, of the Pathological Society, &c. &c.

"In this treatise the causes, nature, and symptoms of stricture are explained; and its consequences, including disease of the bladder, retention of urine, and abscesses in the perinæum, described. The treatment, both local and constitutional, is laid down; and the management of the catheter and bougie fully detailed. Disease of the prostate gland is also investigated, and its treatment considered. It contains in brief space, and at a moderate price, much valuable and instructive matter touching a subject which no surgeon can overlook. To us it appears a useful addition to our stock of information on this subject, and creditable to Irish surgery."—*Medical Press.*

"No volume was ever more correctly named according to its contents than that which is now before us, the diseases of which it treats are described from nature, the views which it propounds are based on pathological science, and the treatment recommended is derived from an extensive practical acquaintance with the almost endless forms under which diseases of the urinary organs present themselves to the surgeon. We know of no work that presents such comprehensive or such admirable rules on the subject of treatment."—*London Medical Gazette.*

"The book is very carefully written, and may be consulted with advantage by those who are desirous of refreshing their knowledge, as also by the student."—*London Journal of Medicine.*

"The subject of fistula in perineo and its complications are treated of in this book in a remarkably clear and judicious manner. The remarks, &c., may be read with profit by all reflecting surgeons. It is, without doubt, an able and thoughtful production, and has our cordial recommendation as one of the best of the modern contributions to this branch of surgery."—*British and Foreign Medico-Chirurgical Review.*

"There is much that is good, both as regards the matter contained, and the manner in which the work is written. The remarks upon forcibly penetrating an impermeable stricture in retention, are excellent. There is much sound and valuable matter in this book."—*Lancet.*

"The practical precepts with which it is replete will amply remunerate the reader for the time expended in its study. We again repeat it as our deliberate opinion that these 'Pathological and Practical Observations on Stricture' reflect great credit upon the Author."—*Dublin Quarterly Journal of Medical Science.*

"We have been much pleased with the perusal of this work; it is full of sound practical research, and contains much that will prove valuable to the surgeon." *Medical Times.*

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ROYAL COLLEGE OF SURGEONS.

SCHOOL OF SURGERY.

THE Session 1851–2 will not commence until the 27th of October. Gentlemen, however, residing in Dublin can commence their Dissections immediately on entering their names for the ensuing Winter Course of Practical Anatomy.

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The Clinical Lectures will be delivered by Dr. Jacob, Dr. Benson, Dr. Beatty, Mr. Hargrave, Mr. Williams, Dr. Geoghegan, and Mr. Tufnell.

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Summer Courses of Anatomy, Midwifery, Chemistry, Materia Medica, and Botany, begin in May.

Botany—Mr. Bell.
Fee for each Class, £2 2s.

Classes for French, Drawing, and German are also taught in the University.

Certificates of attendance on the above courses are received by the Universities of Oxford, Cambridge, London, Aberdeen, and St. Andrew's; by all the Royal Colleges of Surgeons in Great Britain and Ireland; by the Faculty of Physicians and Surgeons in Glasgow; and by the Army, Navy, and East India Boards; and the Apothecaries' Company.

Students attending the Medical Classes have the opportunity of witnessing the practice of the following hospitals:—viz., Lying-in Hospital, 10s. 6d. for six months; Eye Infirmary, £2 2s. for six months; Royal Infirmary, £8 8s. for two years, including Medical and Surgical Clinical Lectures, which are delivered four times weekly. The patients admitted to the Eye Infirmary average 900 annually; those admitted to the Royal Infirmary, nearly 3000; besides 6000 out-patients, treated at the Dispensary. Average number of surgical operations 120 annually.

The Dissecting-room is free to those attending either of the above Courses of Anatomy, and attached to it there have been opened a Reading-room and Museum for the use of the Anatomical Students.

The new and extensive Laboratory of the Institution, fitted up expressly for gentlemen desirous of pursuing Practical and Analytical Chemistry, is open daily from eleven till four o'clock. No charge for apparatus and materials in the class for Practical Medical Chemistry.

The University Museum, a splendid collection of specimens of Natural History, including more particularly those of Zoology, Mineralogy, and Antiquities, is open to all Students attending the University.

A valuable Medical Library is also attached to the Medical School.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

SCHOOL OF SURGERY.

THE Winter Session, 1851–52, will commence on Monday, October 27.

Anatomy and Physiology—Dr. Jacob.
Descriptive Anatomy—Dr. Hart and Dr. Macdonnell.
Surgery—Mr. Porter and Mr. Hargrave.
Practice of Medicine—Dr. Benson.
Chemistry—Dr. Barker.
Midwifery—Dr. Beatty.
Comparative Anatomy—Dr. Jacob.
Dissections by the Professors of Anatomy and the Demonstrators—Dr. Leeson, Mr. Labatt, Mr. T. D. Hargrave, Mr. Malcolmson, and Mr. Morgan.

THE SUMMER SESSION WILL COMMENCE THE 3RD OF MAY.

Materia Medica—Mr. Williams.
Botany—Dr. A. Mitchell.
Medical Jurisprudence—Dr. Geoghegan.
Practical Chemistry—Dr. Barker.
The Fee for each of the above Courses is Two Guineas.

For further information apply to any of the Professors, or to the Registrar. By order,

W. BOYLAN, Registrar.

MEATH HOSPITAL AND COUNTY OF DUBLIN INFIRMARY.

THE Winter Session commenced on the 1st of October. The usual courses of Clinical Instruction will commence on the first Monday in November, and will be continued through the session by the Physicians and Surgeons of the Institution.

Arrangements have been made to prevent the hours of attendance and lectures from interfering with any other place of instruction in Dublin.

The Medical and Surgical Clinical Instruction will be carried on on the alternate days—Mondays, Wednesdays, and Fridays for SURGICAL; and Tuesdays, Thursdays, and Saturdays for MEDICAL Instruction.

Operations, unless in cases of emergency, will only be performed on the days of Surgical Instruction.

A Surgical Registry of all cases admitted into the hospital is carefully preserved, and is open to the inspection of the pupils. A dispensary is attached to the hospital, in which the pupils are allowed to perform all the minor operations in Surgery, under the guidance of the attending Surgeons. From 200 to 300 patients are prescribed for and relieved in the dispensary daily.

The following premiums are to be awarded, as usual, at the close of the session:—

1. The Clinical Medical Premiums.
2. The Clinical Surgical Premiums.
3. The Stethoscope Prizes.

Of these there are two in each class to be awarded according to the order of merit.

The situation of Resident Pupil is open to pupils as well as apprentices of the hospital.

Special recommendatory certificates are given to such gentlemen as have filled the situation of Clinical Practising Assistants in the hospital for at least four months to the satisfaction of the medical officers.

Certificates of attendance on this hospital are acknowledged all over the empire.

The hospital is only a few minutes walk from the College of Surgeons.

The Medical Clinical Instruction is given by Dr. Stokes, Regius Professor of the Theory and Practice of Physic, Trinity College, Dublin, &c.; and Dr. Lees, Fellow of the College of Physicians, Lecturer on the Practice of Physic, Examiner in Medicine to the Queen's University in Ireland, &c.

The Surgical by Sir P. Crampton; Mr. G. Porter, A.M., F.R.C.S.I., &c.; Mr. Porter, A.M., Professor of Surgery, Royal College of Surgeons, &c.; Mr. Collis, A.M., F.R.C.S.I.; Mr. Smyly, A.M., F.R.C.S.I., &c.; and Mr. Rynd, A.M., F.R.C.S.I., &c. &c.

A Course of Lectures on Operative Surgery will be delivered in the course of the Sessions by Sir Philip Crampton.

For further particulars apply to Francis Rynd, Esq., Secretary, No. 19, Ely-place, or at the Hospital.

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CASES IN SURGERY.

GUNSHOT WOUND IN LEFT AXILLA.

LIGATURE OF LEFT SUBCLAVIAN AND SUBSEQUENT LIGATURES OF BRACHIAL AND SUBSCAPULAR ARTERIES.

By John Watson, M.D., Surgeon to New York Hospital.

On November 25, 1850, Post Van Pelt of Paterson, New Jersey, boy, aged 14, of good constitution, was accidentally shot in the left axilla. The shot, to the number of twelve or fifteen, entered the axilla nearly at a right angle with the trunk of the body, and separately made but little external laceration. I first saw the patient three-quarters of an hour after the receipt of injury. There had been profuse arterial hæmorrhage which had ceased spontaneously.

Appearance of patient.—Skin cold, pale, and shrunken; pulse in sound extremity feeble and intermitting, and no perceptible pulse in injured arm. Cold applications and an anodyne at night. 26th. Patient has passed a comfortable night; pulse in the sound arm 120, and if not deceived by the pulsation of my own fingers, I detect a slight pulsation at the wrist of the injured extremity; the whole shoulder, arm, and vicinity of wound are much swollen. Cold dressings continued. 28th. Pulse 100; pulsation in the injured arm increasing slightly in regularity and fulness; and the swelling has somewhat subsided; the patient complains of no pain. Continue cold dressings. 29th. Much about the same; bowels opened by enema.

Dec. 3rd. Patient improving; the swelling has nearly subsided; the wound is suppurating; the pulse on sound side soft, and beats at 110; circulation in injured extremity becoming more regular each day; the patient complains of pain in hand and forearm. Ordered poultice of linseed meal to wound. 4th. Having left patient's house but a few steps, I was called back, and found considerable arterial hæmorrhage, which was controlled at once by pressure over the subclavian artery. During the next thirty-six hours, the hæmorrhage recurred five or six times, some four or five pints of blood being lost, which hæmorrhages always yielded to compression on subclavian artery. Cold dressings ordered to be reapplied. 5th. Pulse on the sound arm 120, and hard, and faint pulsation in the injured arm; I noticed a small tumour forming in axilla of injured side, which proved to be a false aneurism; tumour increasing rapidly, by night being as large as a goose's egg. On consultation, it was decided to ligature the subclavian artery. 6th. Having requested the aid of Dr. Watson, he proceeded to ligature the subclavian artery beyond the scaleni, while the patient was under the influence of ether. At this time the pulse at the wrist was imperceptible, but the aneurismal swelling in the axilla beat strongly. The steps of the operation need not be detailed further than to say that, before securing the subclavian, the external jugular vein, and a small ascending vessel, probably a branch from the acromial artery, required the application of a ligature, and that very little blood was lost. I visited the patient four hours after the operation, and found the aneurismal tumour and the swelling in the arm sensibly diminished, and no pulsation to be perceived; pulse in sound arm 120; patient in good spirits. 8th. Aneurismal tumour burst and discharged a quantity of coagula and semi-fluid blood.—9th. Removed the outer dressings from wound made in operation; there was some discharge of grumous blood from this, and no indication of union; pulse about 130, and hard, with a jerking feel; bowels moved by enema. 12th. Patient again improving; pulse better; respiration good, and less excitement about the vessels of the neck; there was a venous hæmorrhage to-day from the incision above the clavicle, which ceased spontaneously, and did not return. 15th. Again removed dressings; wound looks healthy; the ligatures on the superficial vessels and the main ligature remain firm; pulse 110, and softer. 18th. Both wounds suppurating finely; strong hopes of patient; four hours after my first visit a profuse hæmorrhage occurred; the flow having ceased, its point of issue could not be ascertained, nor could I decide as to whether it was venous or arterial. 19th. The hæmorrhage again occurred; it was now clearly arterial, and from the original seat of injury in the axilla. It ceased spontaneously. Pulse 120, and jerking. 20th. Dr. Watson, being summoned from New York, arrived just in time to witness a third recur-

rence of the arterial hæmorrhage, which was tremendous. Not being able to control it by pressure, and the case admitting no delay for the administration of ether, he made an incision two and a half inches in length below the clavicle in the course of the subclavian artery, and through the pectoral muscles into cavity made by injury in axilla. The seat of hæmorrhage not being readily discovered, the cavity was stuffed with pieces of sponge, and an incision about three inches long made in arm over brachial artery, which was found open, but flaccid and dry. It was then tied. The sponges were next carefully removed, piece by piece, and we discovered that the repeated hæmorrhages *subsequent* to the ligature of the subclavian were not from the lacerated brachial artery on the distal side, but from the channel of communication between the posterior scapular and subscapular arteries; which latter, with its accompanying nerve, lay gaping and much enlarged at the bottom of the cavity. The subscapular artery, which was still bleeding, was finally secured. The axillary artery was found to have been much disorganized by the original injury. A number of shot, lying loose, were scraped out with the other contents of cavity, which now remained dry. Patient lost by this last hæmorrhage nearly two quarts of blood without inducing syncope. After the operation bandages were placed on the lower extremities, and stimulants administered with the view of supporting the circulation and inducing a vigorous reaction. 21st. Patient gradually sinking; stimulants freely and frequently administered. 22nd. Patient died this morning, having never rallied from the last profuse bleeding. Previous to death the arm showed symptoms of gangrene.

Autopsy.—The post-mortem examination was confined, by request of the friends of the patient, to the incision above the clavicle. The ligature on the subclavian artery was found loose, and the vessel obliterated some distance each way. (The superficial ligatures had come away previously on the 20th.) Union had taken place to a large extent at the seat of the operation, although there was a sinus along the course of the artery, terminating at the original seat of injury in axilla; arm extensively gangrenous.

Remarks.—This case presents analogous features to one of Dr. Mott's, with the exception of the difficulties arising subsequent to the ligature of the subclavian artery—difficulties caused by the enormous sloughing process in the original wound. We would not have been justified in enlarging the wound, and tying both ends of the injured axillary artery, and the result of the case shows that such a procedure would have been of no service. The diagnosis was at first difficult, both as to vessel and extent to which the vessel was injured. Certainly the indications pointed out the axillary artery; but might not the injury of a minor vessel, with the profuse hæmorrhage and shock to the system, have produced the same symptoms? Again, hæmorrhage had ceased upon my seeing patient, and pulse returned in a few hours (but feebly and intermittingly indeed). And would ligatures upon both ends of bleeding vessel have prevented the terrible disorganization of the parts?

It will be perceived that the secondary hæmorrhage prior to the operation took place on the 4th of December, eight days after the receipt of injury; and one day intervened between the first hæmorrhage and the ligature of the subclavian. This delay was unavoidable. It will also be remarked that, during all these repeated bleedings, even up to the last operation, the pulse varied but little; and the patient's strength, courage, and spirits remained good. Both operations were performed under great deficiency of light, so much so that the last required the aid of a candle. The venous hæmorrhage, mentioned as occurring on the 12th, probably arose from the divided end of the external jugular, from loosening of the ligature.

Guthrie says that, "when there is a wounded artery which has been duly secured above and below the wound, or when there is an artery in a state from which it may be feared blood may flow, from any or whatsoever cause, the patient should never be allowed to stir from the recumbent position until the external wound has healed;" a precept which was most religiously observed in this case. The last hæmorrhages were brought on by the slight exertions made in micturating.

The "operation" on the subclavian ought to be considered successful, so far as that vessel was concerned, the patient being carried off by causes not altogether unforeseen, but unavoidable and totally unconnected with the ligaturing of the vessel. Dr. Watson says, "he regrets we did not resort to transfusion of blood immediately after checking the flow at the last operation." It certainly was worthy of trial, but I have some doubts as to the benefits that would have been derived from it; for the circulation having been but feeble in the injured arm from the day of the injury, and that circulation being still further diminished by last operation, leaving only the small acromial and the capillary circulation for the nourishment of the arm, gangrene was to be expected, and it did make its appearance; to check which, had the patient survived, would probably have required amputation at the shoulder joint.—*Amer. Jr.*

INFIRMARY REPORTS.

DENBIGHSHIRE INFIRMARY.

(Cases under the care of Richard Lloyd Williams, M.D.)

TUMOUR OF THE ORBIT.

On the 7th of October, Mary Williams was admitted as an in-patient of the Denbighshire Infirmary. The eyeball protruded extensively, and her sufferings were very great, both on the orbit as well as through the head to the occiput. Her general health was very little impaired. After giving the patient a few days to recover the effects of her journey, and administering to her some house aperient medicine, I had a consultation with my colleagues, and it was agreed that an operation should be attempted for the relief of this formidable disease. I determined to make an incision through the upper eyelid, so as to expose the tumour, and to be guided by appearances. If I found the eyeball involved in the disease, I proposed to remove the whole mass. Chloroform was judiciously administered to the patient by my friend Mr. Turner. Upon making an incision along the whole of the eyelid covering the tumour, and making a careful examination of the parts, I was gratified to find the eyeball totally free from disease. The tumour I found occupied the whole of the orbit, even to its very bottom. It firmly adhered to the eyeball on its lower, and to the orbit on its upper, side. My friend Mr. Chambers steadily held a tenaculum which I had passed through the tumour, and gradually drew it out, whilst I carefully dissected it from its attachments above and below. Notwithstanding the effect of chloroform, there was a good deal of writhing during this process, and the sac was ruptured, and its contents escaped. With the aid of a hook, and a pair of crooked scissors, used for the operation of squinting, I succeeded in clearing away the whole of the adhering sac from the bottom of the orbit. Although there was a good deal of hæmorrhage during the operation, it nearly ceased before I had completed it. The exterior wound was brought together by four or five sutures, and lint dipped in cold water applied. An opiate was given, but immediately rejected. The patient suffered considerable pain in the eyeball and head for eight or ten hours, when she became perfectly easy, and more free from suffering than she had been for months. The external wound healed by the first intention.

I removed the ligature at the end of four or five days, and upon gently raising the eyelid I was gratified to find the eye perfectly healthy, and the vision very slightly impaired, and it gradually recovered so as to be quite as good as that of the other eye before she left the infirmary, which she did at the end of a month from the date of her admission. The only deformity remaining at the time of her discharge was a little falling of the eyelid, produced by the extreme distension and protrusion of the eyeball previous to the operation, and which I am willing to hope

time will remove. I have since heard that all deformity has disappeared, and the patient remains perfectly well.

COMPLICATION OF HERNIA, HYDROCELE, AND SCIRRHOUS TESTICLE.

This case is more remarkable on account of the complication of diseases existing in the same scrotum simultaneously, than from any particular feature in either.

Roger Davies, aged 70, was admitted into the Denbighshire Infirmary, on account of strangulated scrotal hernia, which was reduced by the taxis, with the aid of tobacco injections. After the reduction of the hernia the patient was perfectly free from pain, but the bulk of the scrotum remained very considerable. There was evident fluctuation, and upon introducing a trocar a large quantity of dark-coloured serum was discharged. Notwithstanding the reduction of the hernia and the evacuation of the fluid from the tunica vaginalis, a hard mass still remained, which, upon examination, proved to be a scirrhous testicle. He was a fine old fellow, and upon my observing that his troubles were not at an end, and that his testicle was diseased, he said,—"Then pray take it off and make a good job of me." This was immediately done, and in the course of a few weeks the old man was rewarded for his courage and discharged quite well.

UNUNITED FRACTURE TREATED BY EXCISING THE ENDS OF THE BONES.

Cadwalader Lloyd, admitted Jan. 20. The history he gave was, that he had been thrown from a horse, who had kicked him severely while on the ground, some months previous to his admission. After a trial of pressure, friction of the extremities of the bones, &c., I determined upon cutting down upon the fracture, and sawing off the ends of the bones. A pretty free incision was made in the posterior portion of the arm, so as to avoid the bloodvessels and nerves which traverse the inner part of the humerus. I found the upper portion of the fracture completely embedded in, and firmly adhering to, the fibres of the triceps muscle. The spiral nerve was avoided by a spatula, held so as to keep it out of the way of injury. The inferior portion of the fractured bone was firmly fixed in the body of the biceps muscle. It required much caution to dissect the spiculated portions of the bones from the fibres of muscles to which they firmly adhered. This, however, was accomplished, with the loss of only a few drops of blood. The extremities of the bones were sawn off and the parts brought into complete apposition. Splints were applied.

My patient was allowed to get out of bed and try the strength of the arm towards the end of April, when the bones were found perfectly and firmly united, and he was soon afterwards discharged cured. During the following summer I heard that he could use the arm with as much strength as ever he had done.—*Prov. Jour.*

DISPENSARY REPORTS.

STRAND ROAD DISPENSARY, CORK.

MEDICAL REPORT.

To the Governors and Subscribers.

My Lords and Gentlemen,—Within the past year, there were entered on the books 3866 patients. During spring, fever prevailed throughout the district, particularly in the neighbourhood of the barracks, the general character of which, however, was not severe nor protracted: 75 cases were sent to the fever hospital—a circumstance that tended considerably to check the spread of this annual epidemic. The value of fever hospitals is so paramount that I beg to repeat what I said on this subject in my last report—viz., "310 fever patients were entered on the books, 41 of whom were sent to hospital, and here I cannot dwell too strongly on the prudence of immediately removing to hospital all cases of *contagious* fever, with the view of at once arresting the spread of disease. I met some striking instances, where, from want of early removal, fever spread, not only amongst members of the same family, but extended itself to that of others in the neighbourhood. Fever also not unfrequently finds its way into the houses of the rich from those of the poor, a *fatal* case of which came within my cognizance not long since."

26 cases of midwifery received assistance, some of which were of a *serious* nature.

Several children were vaccinated, particularly within the last two months, as some cases of small-pox have lately made their appearance. In one family, four were attacked by this frightful disease, none of whom had been vaccinated. The disease did not spread, which is attributable to the fact, of all in the neighbourhood having had the cow-pock.

The four children attacked by the small-pox lately came into the district from a distant locality.

The ophthalmic applicants have been increasingly numerous. A species of eye disease, termed "purulent ophthalmia," which, within the last year, has prevailed in some of the union workhouses so alarmingly as to have required the interference of government, has also appeared amongst us; in a few instances, so severely as to have attacked entire families. Without the assistance derived from the dispensary, many of these would have lost their sight. The disease is much mitigated.

A considerable number afflicted with deafness and other affections of the ears have sought relief, many of whom have been permanently cured.

Two remarkable cases of lock-jaw, termed "tetanus," arising from slight wounds, occurred at Hyde Park, in the persons of very fine and intelligent boys (brothers), one 14, the other 12 years old. The latter was not seen till four days after the occurrence of alarming symptoms, which terminated fatally; the latter was seen early and recovered.

At present measles are very prevalent, and though great numbers of children and a few adults have been attacked, the disease hitherto has proved fatal in but few instances.

15 cases of *common* cholera occurred since the commencement of autumn, one of the most severe being a man named Levey, gardener to General Turner, from whose family immediate and kind assistance was throughout administered. All terminated favourably.

I am happy at having so suitable an occasion of expressing my gratitude to the medical gentlemen of the North Infirmary, through whose kindness I was enabled to procure hospital relief for persons who could not be treated as dispensary patients with any reasonable hopes of success. To Dr. Finn I feel greatly indebted. I am also much obliged to Dr. Lloyd of the South Infirmary. To the instrumentality of these hospitals, I can trace the preservation of some useful lives.

The peculiar value which dispensaries possess over all other medical charities consists in paying domiciliary visits, 1360 constituting the average made within the last year.

The district commences at Silver Spring on the east, and extends to Ship-street and Audley-place on the west, including Silver Spring, Ballinamought, Cahirgoll, Mayfield, Ashburton, Glenwood, Barrackton, the three Glanmire Roads, St. Luke's, and Audley-place.

The great amount of labour in connexion with this dispensary arises, in a great measure, from the large population of the district, as well as from the fact, that the medical attendant discharges the duties of *physician, surgeon, accoucheur, and apothecary*, without assistance from *any* source. No doubt, the last census furnishes an alarming decrease in the general population of Ireland; exceptions to this, however, occur in some isolated localities, such as cities, large towns, and their immediate vicinities, into which, from obvious reasons, numbers of persons have flocked. The district of the Strand Road Dispensary forms one exception, for by reference to the police authorities, it is shown that its population now is greater than it was in 1841.

The Medical Charities' Bill being now law for ever severs you from the future management of the dispensary. In taking my leave of you, therefore, I would be insensible to all refined feeling did I not speak most gratefully of the kind consideration I have met from all in discharge of my arduous duties, and in terms of admiration for the sympa-

thy I have seen so continually evinced by many towards the sick poor. The benefits of this dispensary are long since placed beyond dispute. The Roman Catholic clergymen, whose calling brings them in constant connexion with the people, bear ample testimony to this fact. To these gentlemen I feel greatly indebted, not alone for their uniform kindness to me on all occasions, but for the very flattering manner in which they have so frequently spoken of my labours.

I have the honour to remain, my lords and gentlemen, your very obedient servant,

CHARLES ARMSTRONG, M.D., Surgeon.

September 18, 1851.

CASES OF INJURY OF THE HEAD.

By Mr. IKIN of Leeds.

IT has often been stated, when speaking or writing on accidents to the head, and their various symptoms, that discharge of blood from the ears is a symptom that indicates fracture of the base of the cranium. That this is often the case is doubtless correct, but that it is so invariably may be justly questioned.

Case 1.—Mr. R——, aged 25, a healthy, fine young man, was thrown out of his gig by his horse running away and dashing against a heap of stones. He was taken up insensible and carried home. He continued unconscious for some hours; his face was much bruised and cut, and the scalp severely wounded by the sharp edges of stone he had fallen against; there was a discharge of blood from both ears, which continued in small quantities for two or three days. Fracture of the skull was suspected at first, but could not be detected. On recovering the shock he complained of misty vision, had great intolerance of light, pain in the head, and vomited from time to time during the night following the accident. The next day the symptoms of reaction were such as to call for bleeding with two dozen leeches, the application of mustard cataplasms to the back of the neck, the administration of an effective purgative, and an antimonial saline. He was kept in a dark room, and perfectly quiet for about ten days, and at the end of a fortnight all alarming symptoms subsided, and in three weeks he was discharged, with the caution to apply to me on the slightest return of the sickness, dimness of vision, or pain in the head. With the exception of ordering an occasional aperient, he did not require further treatment, as the wounds healed kindly, and, I must add, he attended most strictly to my injunctions as to his diet and the avoidance of stimulants, &c.

Case 2.—Mr. ——, a cavalry officer, a tall, stout young man, weighing between thirteen and fourteen stone, was thrown out of a tilbury, by his horse taking fright and running against the gate-post of the barrack-yard; he was thrown out, and pitched on his head and shoulder. The result was concussion of the brain, contusion of the shoulder-joint, and fracture of the clavicle. The concussion of the brain displayed itself by insensibility, which did not, however, continue above half an hour, and during the evening the pulse rose to near a hundred, and he became hot, irritable, and restless. He was now bled in the arm, took a purgative, and had his feet put into hot water mixed with mustard. The clavicle was not bandaged till next day, as from the swelling and pain in the shoulder it required fomentation for some time, and it was not desirable to apply bandages till some hours had elapsed. For two or three days the head symptoms continued alarming—pain, intolerance of light, &c. These, however, gradually subsided, and no danger was apprehended, and I discontinued seeing him, though he was still under the care of the surgeon of the regiment, absent at the time I first saw him. I heard afterwards that he was an imprudent young man, and difficult to manage, though he completely recovered, it was thought, from the effects of his accident, but that about nine months after it, he got leave of absence to visit his relations at Devonport, took a short trip by sea, was violently sea-sick, and died comatose from the effects a few days after landing. We may fairly infer that serious injury had happened to the brain from his fall, and that the congestion and straining from the sea-sickness acted upon a material already injured and shaken by the previous concussion. I never heard whether a post-mortem examination took place or not.

Case 3.—A gentleman riding home one dark night at a good pace, came suddenly upon some sheep resting on the road; his horse fell, and the rider was thrown with considerable violence on his head; he was removed to a cottage at the roadside, and I was sent for. I found him cold, totally insensible, pupils dilated, pulse scarcely perceptible, a wound of the scalp just above and behind the ear; there was a discharge of bloody froth from his mouth, and his appearance was altogether most deathly and alarming. His limbs were not injured. A warm cordial was given, or rather poured down the throat, ammonia applied to the nose, gentle friction made on the feet and legs, and the body wrapped in a warm blanket. The propriety of moving him was the difficulty to my mind, but after reflection, and waiting till the body was warm and the pulse had returned, I decided it would be safer to run the risk of an immediate removal than defer it till reaction was fairly established, and the shaking of a carriage would be more acutely felt; he was therefore removed to his residence, about five miles distant. At the expiration of six hours he became conscious, but the pain in his head, the tendency to sleep, and to speak incoherently, vomiting, intolerance of noise or light, or being touched in any way, continued for above forty-eight hours, and some of these symptoms for four or five days. He was bled with leeches, freely purged, and as soon as the vomiting discontinued, took antimonial salines. In the way of food he had little or nothing for the first week, nor did he ask for anything except a drink of tea or toast and water. The head symptoms gradually subsided, though his recovery was tedious and his restoration to health not perfect for above two years from the time of the accident, as the frequent return during that time of attacks of sickness, headache, and irritability plainly indicated; perfect quiet, leeches, aperients, and counter-irritation had to be resorted to from time to time. Ultimately, every unfavourable symptom subsided, and he is now apparently a strong man.

The long duration and the frequent return of these head symptoms for so long a period after the accident, induce me to think that this was something more than a case of simple concussion. We know, from experience and from the publication of many striking cases, that injuries to the head, blows, falls, &c., though apparently recovered from, may and do often produce some lesion of the cerebrum, which, though it may lie comparatively dormant for years, ultimately brings on a fatal attack, and on examination of the brain after death, morbid thickening of its coverings, abscess, effusion, a blood or apoplectic cyst, or softening of its structure, may be found to exist.

Case 4.—Mr. G——, on taking a fence of post and rails, while hunting, fell on his head and his horse upon him. He was insensible, and continued so for above an hour—cold, almost pulseless. He had received a blow from the horse on his head, as well as the shake from the fall: the blow of the horse's shoe was to be seen on his scalp, for it had cut through his hunting-cap, which had doubtless saved his life. I let him remain on the ground some time, just supporting his head a little, wrapping his body and feet in a coat some one was kind enough to lend, untied his neck-cloth, and then poured gently a little wine into his throat, but found it was useless, as he made no effort to swallow. After a lapse of near an hour, we got a carriage, and removed him to the nearest residence, when he was put to bed, wrapped in hot blankets, and was able to take a little negus. Not being willing to remain at a stranger's, though he would have had every comfort and necessary attendance, I removed him, in an easy carriage, some seven or eight miles, to the friend's house where he was visiting. During his removal, he fainted twice, and took a little brandy-and-water. He passed a sleepless night, full of pain, and could scarcely move, as his shoulder was much contused, and his

sides tender to the touch; indeed, I suspected, though I could not satisfactorily ascertain, that one or two of his ribs were broken, for he could not bear a minute examination of them, and I was more uneasy about the head symptoms than anything else. Next day he was bled freely with leeches, took a purgative and a saline, and was kept in a dark room, on the lowest possible diet. For two or three days he saw objects either double or indistinctly, and his hearing was painfully acute, with a sensation of a "whizzing in his ear;" but at the expiration of a week all these symptoms had left him, and he was comparatively well, with the exception of his inability to dress himself, from his contused shoulder and the bruised state of the muscles of his arm and back. He left for the south at the end of the week, as he was obliged, from his engagements, to do so, not of course perfectly well, but sufficiently recovered to travel. I heard afterwards, that about a year after his visit in Yorkshire, he took what was described to me as a form of low fever, and that he died after a short illness. I never have been able to hear the precise particulars or symptoms of his fatal illness, or whether a post-mortem examination was made.—*Lancet.*

INCOMPETENCY OF FEMALES OF NEW HOLLAND TO PROCREATE WITH NATIVE MALES AFTER HAVING BORNE CHIDREN BY A EUROPEAN.

By T. R. H. Thomson, M.D., Surgeon R.N.

The very just remark of Locke—"All that is to be found in books is not built upon a true foundation," was forcibly recalled to my mind of late, by noticing that some of our physiological and medico-legal writers have copied into their works, almost without comment, the very extraordinary statement made by Count Strzlecki in his Physical History of New South Wales (published 1845), to the effect, that when once a female of the aboriginal tribes of Australia has borne a child to a European or white, she ceases entirely to reproduce with males of her own race. A statement so utterly inconsistent with all the known facts connected with the history of the human race, induced me in 1849, during my sojourn in New South Wales, to make particular inquiries, both from natives and settlers of acknowledged observation and veracity.

On informing some of the Broken Bay and Hunter River blacks that such had been reported of their "gins," or women, they scouted the idea altogether, assuring me that it had occurred repeatedly for native women to bear children to their husbands after having cohabited with, and borne *copper-coloured* children to Europeans. Indeed, their accompanying remarks were not at all flattering either to the distinguished traveller who originated, or to myself who then reported, the anomaly. Among the settlers to whom I referred the matter, nearly all expressed themselves surprised at the statement; one of them (Mr. Coulson), whose knowledge of the Moreton Bay natives was very considerable, repudiated altogether this new feature in the history of the aborigines, averring that he had seen it happen several times among the King Bar tribe, the Lady Plains tribe, and Logan Plains tribe, for "gins," or native women, to have black children to their native males, after having had copper-coloured children to squatters or settlers. And to confirm this, a gentleman (Mr. Hayes) who recently returned from New South Wales, after living fourteen years near the Bogan and Mole tribes on the Macquarrie River, and who is now residing near me here (in the Isle of Man), informs me that Count Strzlecki's statement is erroneous, and could only have been imposed on him by some ill-informed or designing persons. He states that a black "gin," at his station on the Macquarrie River, had a copper-coloured child by the European servant of a neighbouring settler; and that this "gin" afterwards joined her native husband and tribe, and had a perfectly black child, without any European trace. And he (Mr. H.) saw both the elder or copper-coloured child by the European, and the younger or black child by the native father, with their mother, not more than six months ago, at his station. He says, moreover, that he would have no difficulty in adding several similar cases, which had come under his notice; but such a startling fact had never reached him, or he would have collected abundance of evidence to refute it.

That the native woman should sometimes become sterile after a period of concubinage with a European is not denied; nor is it to be wondered at, when we take into consideration the change of life which follows on placing herself under the roof of the white settler. From living in a state of nature, with irregular and uncertain diet, exposed to every vicissitude of climate, with no other protection than a few opossum skins, or a roll of bark, or of the "tulka," she enters on a more regular life, partakes of regular meals, and sleeps no longer exposed. But even with this alteration for the better, she does not bear to the white man more prolifically than she would to her native husband; on the contrary, her fecundity appears to decrease,—for on partaking of the white man's comforts, she is a recipient of his vices; she passes much of her time in a half-inebriated state, smoking tobacco and drinking ardent spirits whenever they can be procured. Indeed, it is well known, that among the chief inducements for the native female to remain with a European, are the rum and tobacco with which she is supplied *ad libitum*. Can we then wonder, if, after some years spent in a manner which must militate against her capabilities for procreating, more than her previous rude mode of life, she returns to her tribe with a broken constitution, and probably past the usual term of life for conception (they seldom bear children after thirty years of age) to prove in such instances sterile?

We readily admit that wherever our settlers are commingled with the aborigines in Australia, the native race disappears, and partly from the infecundity of the females. This, however, does not arise from any deviation of Nature's laws, as is attempted to be proven; but because the European, wherever he takes his civilization, takes with him his vices also; and the miserable energy stricken aborigines (scarcely ever sober), noticed by the traveller so commonly around the settlements in the bush, afford too striking evidence of the cause of decline in the native tribes.

Nor must we omit to mention another and sad feature to account for the rapid decrease of the aboriginal population—infanticide; which is now well ascertained to be very prevalent among them, and which is not likely to be diminished by their connexion with the white people—nay, we would suspect the reverse. The "gin," or native female, knows that her white paramour is anxious, rather than otherwise, to preserve the half-caste offspring, and she has no duties which prevent her attending to such; but when she rejoins her tribe, in addition to all her other labours, she must, if she procreates, be further burdened with her children; and it is to be feared that one great reason of their decline is the destruction of the helpless offspring, merely to avoid the trouble which they involve.

As well might Count Strzlecki, or any other authority, refer to the cause he assigns, the gradual disappearance of some of the South American tribes, after Pizzaro's invasion; or of the North American tribes since the United States have sent their hardy pioneers into the far west, as do so in the case of the aborigines of Australia.

We all know that many tribes of both North and South American Indians are extinct; and that among other causes of their decline there may have been some influencing their fecundity. But the principal causes have been, the altered habits, the diseases, the enervating and depraving vices, which the European has taken with him in his pretended civilization. That the various races of mankind can commingle and procreate with each other, without losing the capability of reproducing with their peculiar division of the species, is abundantly proven wherever the white man has turned his steps. Let it be North or South America, India, Africa, Japan, China, or Polynesia, the traveller will now find the half-caste mulatto, the Creole, the *medio-brancho*,—too often the elder brother of the jet black, the brown or olive, thorough bred children, to confirm what is now confidently asserted, to hold good of the aborigines of New Holland.—*Edin. Monthly Jour.*

PALPABLE SIGNS OF SOLID INDURATIONS AND ENLARGEMENTS IN THE ABDOMEN.

By C. J. B. Williams, M.D., F.R.S.

Solid bodies of flattened shape are met with in the abdominal walls, beneath the integuments, or between the abdominal muscles and peritoneum. In the former situation they can be felt to move freely on the muscles. When attached to the abdominal peritoneum, they remain fixed during the movements of respiration, which would carry them a little up and down were they attached to the abdominal viscera—indurated patches in the situations, I have known both of a caco-plastic, and of a malignant nature; the latter being distinguished by its penetrating through several tissues, and presenting nodular irregularities.

A *thickened state of the coats of the intestines* is of common occurrence, and in most cases of chronic diarrhœa can be detected by careful palpation in the region of the cæcum, or segmoid flexure. The thickening results from a low inflammation of a subacute kind, and is usually attended with occasional attacks of diarrhœa or dysentery. In feeling for these intestinal thickenings, some variation of manipulation may be necessary in different parts of the abdomen. The cæcum is usually quite superficial and prominent, and its thickening may be detected by gentle pressure, meeting with more resistance than is felt on the opposite side, while percussion elicits a hollow sound. The ascending and transverse parts of the colon lie deeper and require deeper pressure to test their resistance, which is to be distinguished—that of an enlarged liver, by being sonorous on percussion—the thickened segmoid flexure is distinguished by deep rotatory pressure, when it will roll under the fingers like a large curved cord.

The same tactile exploration will detect thickening of malignant nature, which is distinguished from inflammatory deposit, in assuming the form of a circumscribed tumour; both from being developed as nodular masses, and from the disposition to involve and agglutinate contiguous tissues.

Malignant disease of the stomach, when affecting the pyloric end, and involving the duodenum, colon, and pancreas, in most cases forms a tumour, which may be felt in the epigastric region. The tumour often pulsates, from the motion of the subjacent aorta; but the pulse is in one direction only, and not diastolic, or enlarging at each beat as in aneurism. The tumour is distinguished from the liver by being deeper seated. Scirrhus of the cardia cannot be detected by touch.

Solid massive tumours in the abdomen, as those of the liver or spleen, present certain characters in common. The *liver* may enlarge in every direction, and in most cases may be detected by palpation, as well as by percussion and inspection. The most common mode of enlargement is downwards, with more or less fulness, when it may be felt by its resistance as compared with the opposite side; and in extreme cases, the lower margin may be felt to be distinctly as a rounded ridge. It is important to take notice of the degrees of induration of enlarged liver. The soft enlargements are in many cases tractable under remedial measures; especially, those which increase and liquefy the biliary secretion. In some cases of indurated liver, benefit may also be derived from the same means. In these we do not feel the granular and uneven surface as in the more formidable kinds of cirrhosis. Neither do we find the failing appetite, increasing jaundice, breathlessness, fluttering pulse, and the ominous arcus senilis, which are indications leaving no hope of real recovery.

Cancerous tubera of the liver are often very palpable, and are known by being rounded, flattened, or umbilicated with central depressions.

The *spleen* lying deeper than the liver requires deeper pressure for the appreciation of alterations in its size—the fingers must also be passed obliquely upwards, and to the left. When greatly enlarged, it comes into contact with the walls of the abdomen under the whole margin of the left ribs, from the spine to the epigastrium; it occupies the whole lumbar, iliac, and hypochondriac regions, and may extend even across the mesial line. In all these localities, it is felt as a heavy solid body, generally smooth and even on its surface, except on the right outline which is often uneven.

The *kidneys*, from their deep situations, are not so easily made the subject of tactile examination. For this purpose, it is necessary to displace the superjacent intestines, by a rotatory pressure of the hands. In making this (as all abdominal: Ed.) examinations, it is often necessary to divert the patient's attention, in order to prevent the contraction of the abdominal muscles.

Bulky enlargements of the kidneys are readily detected in the lumbar region, and in front. Cysts in the kidney, and its expansion by the purulent products of chronic pyelitis, may thus be distinguished. Malignant disease is recognized as a tumour, which has the additional diagnostic symptom of hæmaturia.—*London Journal of Medicine.*

COD-LIVER OIL IN JAIL CACHEXIA.

By Caleb Rose, Esq., F.R.C.S.

From the extensive trial which has been given to cod-liver oil, the profession is now able to form an opinion of the value of this medicine in certain diseases; and the author believes he is right in stating that those who have had large experience in the use of the oil esteem it a medicine of great utility. The diseases in which cod-liver oil has been found most beneficial are those which are termed scrofulous, and the author has found it so useful in a particular form of scrofula, that he has thought it might not be uninteresting to record the result of his experience in this form of disease. The form of scrofula to which he alludes is that to which prisoners are liable who have been for some considerable time confined in prison. Dr. Baly, in a very interesting article in the Medico-Chirurgical Transactions, has shown that amongst prisoners who undergo a long term of imprisonment there is a high rate of mortality from tubercular diseases. In the last seven years the author has seen several cases of this scrofulous cachexia amongst the prisoners confined in the prison at Swaffham; and it appears to him to be different to the ordinary forms of scrofula met with in general practice. The men who have been the subjects of it have not been robust at the time of their entrance into the prison, but they were not at this time apparently suffering from scrofula or any other disease. They had all been in prison six months before symptoms of scrofula appeared; most of them eight months; and their term of imprisonment was twelve months, and in one case, the author believes, two years. The symptoms of the disease are these:—The man is observed to look paler and thinner than usual; he is very much depressed in spirits; has no appetite for his food; sleeps badly at night, and at that time, also, frequently has profuse perspirations; there is slight diarrhœa; the pulse is quick, irritable, and feeble. With those symptoms, the author has in every case found some of the cervical glands more or less enlarged, and, moreover, they continue to enlarge very rapidly. In the first five years three of the men died in prison, two of very rapid phthisis (one of them of sudden and large hæmoptysis), the third of tubercular peritonitis. The others who were seriously affected with this scrofula were discharged from prison before their proper time, and, I have since learned, recovered speedily after their liberation. Those who suffered in a minor degree were carried on to the end of their term of imprisonment by care and indulgence. Rather more than two years since we began to treat these cases with cod-liver oil, and with the best effects. As soon as a prisoner begins to show that marked deterioration of general health which is so likely to end in the development of scrofula, he is put upon the oil; and in every case the author has seen the man gain colour and flesh, and become restored to health. The two men who first took the oil had the cervical glands much enlarged (in one of them suppurating), and as they had still to remain some months longer in prison, it was thought that they must have been discharged before the end of their term; however, after taking the oil a month they improved steadily, and eventually left the prison at their proper time, in as good health

as when they entered it. Since these two cases there have not been any so bad, as the oil has been administered in good time to those men who have shown that deterioration of health, which appears to be the commencement of scrofula; and certainly their health has apparently been entirely restored by this valuable medicine.—*Prov. Med. Jr.*

INJUDICIOUS PRESCRIBING.

The following remarks are made with a view of calling the attention of the medical profession to a few essential points which are often not duly considered while writing prescriptions. Some of the errors and contradictions are, doubtless, the result of inadvertence, which may have arisen from interruption by the patient, inquiries from the attendant, and other causes, which need not form part of this communication.

Therapeutical agents of great value are sometimes produced at the expense of decomposition, which at first may not seem desirable; it shows, therefore, a want of justice to criticise too severely the formula a practitioner may choose to adopt, but there are instances when an advantage of this kind is not gained; to such, then, my allusions will for the most part apply.

The prescriptions selected have been received to be dispensed, and in each case come under my own observation:

℞ Liq. ammon. acet., ʒij.
Sp. ammon. arom., ʒj.
Sp. æther. nit., ʒj.
Acid. sulph. dilut., ʒij. Mft. guttæ.

In this mixture there is a solution of ammonia with sulphuric acid, a combination which could afford but little relief in any variety of disease.

℞ Ext. taraxaci, ʒij.
Sp. ammon. arom., ʒiv.
Inf. rosæ co., ʒvss.
Sodæ carb., ʒij. Mft. Mist.

The above objection may here again be urged, while the variation of colour obtained by the manipulation of different individuals, might create serious apprehension of an error being committed.

℞ Magnes. sulph., ʒj.
Antim. pot. tart., gr. j.
Inf. rosæ co., ʒvj. Misce.

We now have emetic tartar with an acid and the astringent matter of rose leaves; a decomposition of the salt necessarily follows, and its efficacy is, to a great extent, impaired.

℞ Unguent hydrarg., ℈j.
Aloes. barbad., ℈iiss.
Sodæ carb., ℈j. Mft. ope sp. nitri dulcis massa, in pil. xxiv. dividend.

This formula is peculiar in two respects. An interview with the medical gentleman was not practicable, as he resided at a distance. Under the circumstances, pil. hydrarg. was employed, but more recent prescriptions have been sent in which the ointment has been persisted in, so the deviation would, perhaps, not have been sanctioned. If this form of mercury is considered eligible for internal use, it would be better to leave the choice of an excipient to the dispenser.

℞ Acid tannic, gr. xxiv.
Infus. cuspariæ, ʒvij.
Syr. mori, ʒss.
Tinct. aurant., ʒiij.
Zingib., ʒj.
Opii, Mxviij ft. Mist.

Inf. cuspariæ cannot be considered a good vehicle for the administration of tannin, tannate of cusparin being formed, and an inelegant appearance given to the medicine.

℞ Morphiæ acet., gr. iss.
Tinct. scillæ, ʒj.
Syr. tolut. ʒiij.
Sodæ biboracis, ʒss.
Mist. acaciæ, ʒj. M.

On adding borax in the above proportion, the gum is instantly precipitated, and the whole mixture reduced to a condition unfit for the purpose intended.—*Mr. Andrews in Phar. Jr.*

GENERAL REMARKS ON THE DIAGNOSIS OF TUMOURS OF THE NECK.

By Dr. P. Redfern.

This always presents great difficulties when the tumours are of large size, only slightly painful, and fluctuate indistinctly. If a complete and accurate history of the case cannot be obtained, more than a general diagnosis may be impossible; but when the precise position of the tumour at its commencement can be made out, when its relations to the larynx and trachea, and its mobility in regard to them and the surrounding parts when it was of small size, can be ascertained, together with the rapidity and manner of its growth, there will be little difficulty in arriving at a satisfactory conclusion.

A *tumour* developed in the substance of *the thyroid body* presents itself in the front of the neck, is usually larger on one side than the other, is firmly connected with the larynx and trachea, moves freely with the larynx in deglutition, and when it is displaced laterally by manipulation. The other features vary with the nature of the tumour.

In ordinary bronchocele (hypertrophy) the swelling is soft, projecting, elastic; without fluctuation, pain or tenderness on pressure; it occurs usually in early life, in the female sex, and in particular districts of country; it is simple in its nature throughout, and presents no tendency to degeneration or change of structure; it in no way interferes with respiration or deglutition, nor does it affect the patient's health or comfort until it becomes of very large size, when difficulty of respiration and deglutition, with frequent headaches, occasion the greatest distress, and may end in the death of the sufferer.

In *cystic disease of the thyroid* the nature of the tumour becomes manifest, sooner or later, by the presence of fluctuation in one or more cysts, by a glairy, serous, or serosanguineous fluid escaping readily along a grooved needle when introduced, the fluid containing no cellular formations when examined microscopically, or having such a structure as is inconsistent with the idea of the existence of cancer—by the formation of the tumour taking place at or after the middle of life—by its slow and painless growth, and by the slight inconvenience it occasions as long as its size is not very great.

In cancerous disease of the thyroid (usually scirrhus) the tumour appears between 45 and 65 years of age, is of great and uniform density, and generally painful; it is developed rapidly, and may attain a large size in the course of a few months; it accompanies the larynx in its movements, but shortly limits their extent by attaching the organ to the surrounding parts; it occasions great difficulty of deglutition and respiration from an early period; hoarseness, cough, and spasmodic action of the muscles of the larynx and pharynx come on and increase in their intensity—the distress and anxiety of the patient, his sallow complexion and emaciation, marking him out as the subject of a steadily advancing and destructive malady.

In *medullary cancer of the thyroid* the surface of the tumour may be even and tense, or indistinct fluctuation may be perceived, the other characters, depending on the steady infiltration of the surrounding textures, distinguishing the disease from other tumours of the same part.

Enchondromatous tumours are to be recognized by their great density, the slowness of their growth, and the absence of any signs of the extension of the affection to the surrounding parts, and of general evidence of the existence of malignant disease.

The diagnosis of *tumours of the neck, not connected with the thyroid body*, is to be established by reference to the general characters which distinguish them in other situations, every particular of their history and mode of growth being carefully ascertained as essential points, and sufficient care being exercised lest the presence of a quantity of coagulable fluid, in the interior of a cancerous tumour, lead to the belief that it is of a cystic character.—*Ed. M. Jr.*

TREATMENT OF DIARRHŒA BY SULPHURIC ACID.

Case 1.—John G——, No. 6, Belgrave-buildings, aged 48, was seized on Sunday evening, the 24th of August, with violent vomiting and purging, attended with great pain in the bowels. Pulse weak, skin cold, and countenance very pallid. Ordered to bed, and to take half a drachm of diluted sulphuric acid (P.L.) in ten drachms of water. When I called at his house early on Monday morning, his wife informed me that he was quite well, and had gone to work.

Case 2.—Charles P—— was desired to come to me on Friday, the 29th of August, by the Rev. Mr. Brown of Halkin-street. He was labouring under diarrhœa, which had been going on for some weeks. Gave him one dose similar to the above, and told him to come the next day if not relieved. He did not call until Sunday morning, when he stated there had been no action of the bowels since he swallowed the acid. Has not called again.

Case 3.—Charles B——, aged 22, came to my house on Sunday evening, the 31st of August. Complained of vomiting and purging. The diarrhœa had been going on for four days. Gave him half a drachm of the acid in water, with orders to come again if necessary. Up to the time of writing this account I have not heard from him.

Case 4.—Ellen J——, aged 24, of No. 8, Eaton-court, consulted me on the 4th of September. Had diarrhœa thirty hours, with considerable pain in the bowels, and nausea; had twelve motions during the last four hours. She had a mixture, with two drachms of the acid in six ounces of water, with directions to take three tablespoonfuls directly, and two tablespoonfuls after every loose stool.

5th. Had five motions in the last twenty-four hours; free from pain and nausea. Medicine to be continued.

6th. Bowels regular. Discharged cured.

Case 5.—Elizabeth W——, aged 40, living at No. 5, Belgrave-buildings, came to me on the 4th of September. Diarrhœa two days, with griping pains; vomiting and headache. Ordered her the acid as in the other cases.

5th. Much relieved. 6th. Cured.

Case 6.—Thomas L——, aged 7, of No. 8, Eaton-court, was seen by me on the 4th of September. Had diarrhœa two days. Prescribed for him diluted sulphuric acid, twenty-five minims; water, four ounces. Mix. One large spoonful to be taken after every loose stool. He took three doses, and is perfectly well.

Case 7.—J. W——, aged 40, residing at No. 8, Belgrave-buildings, had vomiting and purging of a severe nature, attended with pain in the bowels. These symptoms yielded to half a drachm of the acid.

Case 8.—During the night of Saturday last, I was called out of bed to a lady in Wilton-street, whom I have attended for many years. I found her in a state of great agony, suffering from violent spasms in the bowels, constant vomiting, great prostration, with diarrhœa of three days' standing. I gave her half a drachm of the diluted acid in water, and sat at her bedside for two hours, when I left her, free from pain and sickness.

I saw her on Sunday morning at ten. There had been no vomiting; neither had she had one motion since she had taken the acid, but she complained of nausea. Ordered her twenty minims of the acid. I saw her in the evening at seven. There had been one comfortable evacuation; pulse improved; tongue clean; nausea subsided.

At my morning visit, I was consulted by her daughter, a young lady, aged 17, who was (after I had left her mother in the night) attacked with vomiting and purging, attended with griping pains. I gave her twenty minims of the acid, with directions to repeat it if necessary. At my visit at seven in the evening, I found the vomiting had quite ceased, and there had been no action of the bowels after taking the above dose. The patient was free from pain.

Monday morning: mother and daughter perfectly free from diarrhœa, pain, vomiting, and nausea. Directed the acid to be discontinued.—*Mr. Griffiths in Lancet.*

TREATMENT OF ANEURISM BY GALVANO-PUNCTURE.

A case of popliteal aneurism has lately been treated at the Hospital St. Pierre, at Brussels, by M. Seutin, chief surgeon to the hospital. The patient who is aged 31, and debilitated by syphilis, was first seen when the tumour in the ham was the size of a hen's egg; in nine months' time it grew to be as large as the head of a fœtus of six months. Galvano-puncture was tried by the consent of the whole hospital staff; and after three very painful operations, each averaging half an hour, and giving intense pain, M. Seutin was obliged to tie the femoral artery, as the galvano-puncture had not yielded any favourable results, and the patient did not wish to submit to it again.

The ligature came off on the tenth day after the deligation of the vessel, and the wound was quite cicatrized at the patient's residence (he had insisted upon leaving the hospital) on the twenty-sixth day. The man now began, in spite of repeated warnings, to walk about, and went several times up and down stairs. Inflammatory symptoms soon set up in the sac; the latter suppurated, and the skin over it became so thin that the tumour was opened with the lancet, and purulent matter and grumous blood evacuated. Seven days afterwards the patient had an attack of hæmorrhage; his life was saved by timely compression of the femoral vessel; but M. Seutin thought that hæmorrhage would certainly recur if the artery were not tied in the ham. The sac was therefore largely laid open; but when the end of the vessel was found, it was so weak that pieces of it remained in the dressing forceps with which it was seized. M. Seutin, therefore, cauterized it with the hot wire; the wound in the ham now gradually closed, and the patient was quite well six weeks after the laying open of the sac. Galvano-puncture does not seem to have been a favourable forerunner to the ligature.—*Presse Médicale Belge.*

REVIEWS AND NOTICES OF BOOKS.

ON THE PREVENTION AND CURE OF SPINAL CURVATURES, AND DEFORMITIES OF THE CHEST AND LIMBS; being the result of many years' experience. By Mrs. Godfrey. London. 1851. 8vo. pp. 90.

It is somewhat a novelty to be called upon to notice in the pages of a medical periodical a professional treatise from the pen of a female, and we feel ourselves placed in rather an embarrassing position in having to pronounce an opinion upon the merits of a medical work written by one of the gentler sex.

In the preface to the treatise, Mrs. Godfrey states her reasons for coming before the public as an author:—

"The writer of this little work has frequently and earnestly been requested to lay before the public her plan of treatment for spinal curvatures, and other deformities of the body; and long ere this would have been prompted by her desire of lessening, in some degree, the amount of human suffering, to comply with the request but for the following reasons—namely, the desire for increased knowledge and experience, the want of time, in consequence of constant attention to patients, and the hope that some one more suitable for so important a work would undertake it. But though many able works on spinal and other deformities have been published, in which she has seen much to admire, and much that has served to confirm her own views of the subject, she has hitherto met with none to which she could refer the reader for a knowledge of the treatment which, after long experience, she has found to be the most successful, and therefore now ventures to recommend."

We are next informed how it happened that the author came to make spinal deformities her study:—

"My attention was first directed to this subject by the circumstance that patients who came to consult my husband for affections of the spine, &c., frequently requested me to be present during their examination, or to examine them myself previously to their seeing him. Among these there were

some who, suffering greatly from spinal curvature, entreated that something might be attempted for them; and the distress which they manifested awakened in me an anxious concern to discover if possible a remedy or relief for so painful a malady."

Having determined "to study the anatomy of the human frame in order to ascertain the situation of the nerves and muscles," the author tells us, with great *naiveté*, of her delight when she discovered "that every muscle terminated in a tendon," and that "each tendon was inserted into a bone," "as this discovery gave her a clear idea of the plan of treatment to be adopted, and was the lever of her hopes."

Mrs. Godfrey's style is rather discursive, and the treatise is deficient in both index and table of contents; we gather, however, from a perusal of the first part, that she relies principally in the treatment of spinal curvature and other deformities upon frictions with animal oil, combined with other manipulations and regulated exercises; she does not employ mechanical supports or machinery, with some slight exceptions, and she objects to the constant recumbent posture. Perhaps, however, her views respecting spinal deformity and its treatment will be best illustrated by quoting one of the cases which she adduces in support of her views:—

"A lady, 26 years of age, was brought to me with an extensive lateral curvature of the spine. Her body was perceived to lose its balance when she was about 14 years of age. . . . . The spine had three curves, one above the left shoulder, from the first dorsal to the fifth; on the right side there was another, from the fifth dorsal to the eleventh; and on the left side the curve extended from the first lumbar to the fifth. The first, second, and third dorsal ribs were elevated two inches above the top of the shoulder, the corresponding ribs on the right side being inverted in proportion to the convex on the left. Through the extensive curve at the right shoulder, five of the dorsal ribs were raised up over those which had sunk down, causing the blade of the shoulder to be raised up nearly horizontally over them; thus pushing the head of the bone of the arm, and twisting the arm round, so as to make the first finger rest on the side, with the hand turned to the front of the body. The supports had pressed against the side of the elevated ribs, and forced them back over the curved joints, creating the appearance of a second spine, raised five inches above the column. The intercostal muscles were exceedingly congested through the expansion of the ribs.

In proportion to the enlargement of the right side, the muscles on the left were attenuated, the ribs inverted, and the point of the shoulder was sunk into a deep hollow. The left lumbar curve had produced a convexity of the short ribs, and displaced them; the points of two were forced up under the angle of the long ribs; the other three were pushed down upon the pelvis, and the muscles between the ribs were so thickened as to feel like a hard bony substance; the ribs were elevated three inches above their natural position. On the right side there was a corresponding hollow, and the angle of the long ribs could not be felt. The intercostal muscles of the short ribs were entirely depressed, so that the whole of the hand could be laid in the hollow without being seen. There was a corresponding displacement of the bones of the chest; on the left side there was a deep hollow, on the right, an elevation of four of the ribs; and while the right clavicle was inverted, the left was elevated. The patient who, while standing, was of the middle size, appeared when sitting no taller than a child of seven years of age.

My first impression was that nothing could be done, but after a little consideration I was led to hope, from the success of other cases, that a longer period of time being given, with adaptation of treatment, some relief might be afforded. The promise to make the attempt greatly cheered the patient. Her supports were removed; but from the use of them the muscles had become so weakened, that when she came to me the following day without them, she was obliged to be placed in the recumbent posture in her carriage. Her debility being so great, the friction and exercises were proceeded with very gradually; her strength, however, daily increased, and after a month she was able to employ a considerable part of every hour before dinner, and an hour in the evening, in various exercises. . . . . By the end of three months, the ribs on the right side so approximated, that a bag of skin, which would have held a pint of liquid, hung loosely down, having lost its elasticity through its having been so long stretched by the expansion of the ribs. The exercises, however, soon brought back its contractile powers, and the muscles on the left side grew so fast, and so expanded the ribs, that she could feel the point of the shoulder, which she had not done for some years previous. In proportion to the growth of this side was the diminution of the size of the other; the shoulder had returned to its right place, allowing room for the arm to fall into its proper position. In three months more the shoulders were both low, and sloping; the neck had resumed its natural appearance, the enlargement over the left hip was much lessened, and the spine much stronger; the middle curve had straightened two inches, and each of the others one inch. Her appearance now, with a thin shawl over the shoulders, was almost natural. In consequence of domestic affliction she was compelled to return home. After a few months she came back to me again, and continued altogether two years. At the end of this time the back was nearly straight, each curve being within a quarter of an inch of the perpendicular line; the flesh of the left side looked like that of a young child, and with a thin covering over her shoulders no deformity could be seen, her figure looking good and natural."

The remainder of the first part of the volume is occupied with deformities of the limbs. In the second and concluding part, Mrs. Godfrey notices various points connected with dress, position, exercise, diet, &c., "by which curvatures and other deformities are frequently produced," but the length to which the case we have quoted extends prevents us from doing more here than simply enumerating the matters discussed in this part.

STUDENTS' NUMBER OF THE MEDICAL PRESS.

THE STUDENTS' NUMBER will be published on WEDNESDAY, the 29th of OCTOBER. Regulations of Universities, Colleges, and other Institutions for Medical and Surgical Education, properly authenticated, should be transmitted to our Office *without delay*, in order to secure a proper and careful analysis of them. Advertisements of Lectures and Hospitals, Books, Surgical Instruments, and Medicines, should be forwarded in sufficient time to secure a proper arrangement of them.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, OCTOBER 15, 1851.

INTERPRETATION OF THE NEW DISPENSARY LAW.

WE solicit attention to the following note from Dr. KNOX. It explains the nature of a difficulty suggested in a late number, and will be of use to those circumstanced so as to encounter that difficulty. We are at all times glad to give publicity to such comments and explanations, convinced that the obvious meaning and simple interpretation of this law will be better elicited by discussions amongst members of our profession than by the subtleties of "counsel learned in the law." The formation of the Dispensary Districts will prove the most difficult passage in the tactics of the ensuing campaign, and will cause the greatest amount of discontent and disappointment; we must therefore be prepared to deal with it in such a spirit of forbearance and resignation as we can well command; always recollecting that, even looking to one's own interests exclusively, the two sides of a question are worth examining:—

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—With reference to the point raised by the subscribers to the Annadown Dispensary, and commented on in your last

number, I beg leave through your columns to acquaint the Medical Attendants of the Irish Dispensaries, "that the question of uniting the adjoining electoral divisions of different unions, in forming dispensary districts, received the earnest attention of the Acting-Committee when the bill for regulating the medical charities was before parliament."

As far as I am aware, the point was first mooted in one of the resolutions, drafted for the approval of a public meeting of our body in Belfast in 1850, and the following are the exact terms in which it was passed:—

"That it would be an improvement to form the dispensary districts, where convenient, by the junction of conterminous electoral divisions of adjoining unions, on the principle adopted in the bill, with reference to the district hospitals."

Having forwarded copies of these resolutions to the proper quarters, I subsequently adverted to the same point in a letter which I had the honour to address to Sir W. Somerville, and which was published in the Report of our proceedings at the Dublin meeting; and again, when in London, I did not lose sight of the matter. Finding, however, that fiscal and other objections militated against the adoption of our views, we did not think it prudent to press the matter too far, or to throw any obstruction in the way of the bill, by having an amendment moved on the question at issue.

I have no grounds, therefore, for believing that our suggestions in this respect were acted on; on the contrary, I think that the junction of electoral divisions of different unions to form a dispensary district in the mode suggested, would be contrary both to the plain reading and the spirit of the act. It may be alleged that in some cases this may prove inconvenient, but certainly not more so than the clause which clearly directs that, in the formation of a dispensary district, no electoral division shall be divided, the effect of which will be, that in some instances the poor of a locality may have five or six miles to go for medicine and advice, whilst an adjoining dispensary may be within one or two miles of their residence. The whole question, therefore, in the opinion of the committee, will be best left in the hands of the commissioners, as these points were, no doubt, maturely considered whilst the bill was under discussion. With reference to the formation of districts under the new law, it will be well to bear in mind that, according to the evidence of Mr. George Cornewall Lewis before a committee of the House of Commons, the average size of a medical district in England is 10,000 acres, the maximum being, except in some peculiar mountain districts, as in Wales, 15,000 acres; whilst the average extent of the Irish dispensary districts, under the late system, was 13,000 statute acres. The maximum population of a medical district in England is 15,000. With all due respect, therefore, I conceive that the attempts made in some unions to determine the limits of the new dispensary districts are premature until the guardians have before them the order of the commissioners for their formation, in carrying out which, according to the wording of the sixth clause, they are "to have regard to the extent and population," and with reference to which it is very possible that the commissioners may lay down some general rule for their guidance, which would prevent a great deal of trouble and facilitate a satisfactory arrangement of the matter.

Requesting that you will pardon this trespass on your columns, I remain, sir, very faithfully yours,

ALEXANDER KNOX,

Hon. Secretary to the Committee of Physicians and Surgeons of the Irish Fever Hospitals and Dispensaries.

Strangford, October 6, 1851.

FEVER HOSPITAL LAW EXEMPLIFIED.

WE copy the following, although unacquainted with the particulars of the "move" which it records. It evidently affords an example of the working of the Fever Hospital clauses of the poor-law act, and shows how these clauses may admit of mischievous interpretation to suit the views of persons having little jobs to promote. To remove the unfortunate victims of fever from a well-regulated fever hospital, and from the care of such a man as Dr. KINGSLEY, to an "auxiliary house," may answer a purpose; but whether it might not increase the mortality is another question. We have no right, however, to condemn a law which admits of such execution as this, nor a board of guardians which interprets it so honestly. They unanimously resolve to do what is right, and what more can be expected. Minorities must be found every where having views of their own; and it is the business of majorities to keep them from doing mischief, as they have in the present case:—

ROSCREA UNION.

The usual weekly meeting of this board was held on Friday last. After the usual preliminary business was gone through, the following remonstrance from the inhabitants of Roscrea was read by the deputy chairman, after which he spoke for some time on the admirable management of the present fever hospital, and went into the several items of expenditure for the last year, clearly showing that no good result could occur from the change that was in contemplation by a very small section of the board:—"Gentlemen, We, the undersigned ratepayers and inhabitants of the town of Roscrea, having heard that it is the intention of your board to remove the fever patients from the present fever hospital to the Brewery Auxiliary Workhouse, beg leave respectfully to remonstrate with you against the adoption of such a course, inasmuch as it is calculated to endanger the health of the town, the locality being thickly inhabited, and that portion of the river from which they are supplied with water must of necessity be impregnated with the drainage that comes from that building." [Here follow the names of about seventy of the most respectable inhabitants of the town.] Immediately after the above document was read, the following resolution was unanimously carried—"Resolved, That Dr. Kingsley possesses the confidence of this board, and that our thanks be conveyed to him for his ability, zeal, and economy in discharging the duties of the fever hospital." One of the guardians observed that this was but an empty compliment to the doctor, but that at some future time he hoped a more substantial one would be paid him, for there was no physician stood higher in the estimation of the ratepayers and public at large; and few were more successful in the treatment of fever cases. The board very soon after dispersed, quite determined not to permit any change from the present fever hospital to the Brewery Auxiliary Workhouse.—*King's County Chronicle.*

MEDICAL AND SURGICAL EDUCATION.

EVERY week, every medical journal now contains one article or more on the abuses in medical education, and the relaxation of discipline in the Colleges; while at the same time the demands are loud and long for the summary ejection from amongst us of all notorious delinquents. The article we copy below, however, appears in a journal not strictly speaking either medical or surgical, although of value to both physicians and surgeons. It suggests, or rather announces, an experiment in education, a trial of the "voluntary principle:" providing the student with instruction, and leaving it to himself to accept or reject it. We say student, although that student is but a chemist's apprentice, because we see clearly that the ground so foolishly abandoned by the apothecaries is about to be occupied by this class of tradesmen. How far this "voluntary principle" could be adopted in Schools of Medicine or Surgery remains to be proved. It has been in course of trial partially for some time; prescribed lectures, although paid for, not being attended, or perhaps not delivered at all. Teachers in their headlong race to join the scramble for the pupils' money, seem to have lost sight of every other consideration, and hence the present state of affairs. We must wait to see the result of this trial of the voluntary principle in the Pharmaceutical Society, but in the mean time we recommend the gentlemen of the lecturing and grinding interest to consider well the prospect before them. They, we believe, have been hitherto the advocates of a free trade in medical teaching, without check or limit, and to call for "protection" to keep up prices now would not be very

consistent. Be this as it may, here are the lucubrations of our pharmaceutical contemporary :—

COMPULSORY AND VOLUNTARY EDUCATION.

In our number for November, 1843, we adverted to this subject, and contrasted the system of compulsory attendance at hospitals and medical schools with the experiment of voluntary education, in which the Pharmaceutical Society had at that time recently embarked. The candidate for a diploma as a medical practitioner is required to produce certificates of attendance at a recognized school during a period prescribed by the regulations. Certain courses of lectures, the number of which is defined, must be attended ; that is to say, certificates to that effect must be produced. In the case of the apothecary, indentures of apprenticeship are required, and in the universities evidence must be produced to show that the candidate has undergone a sufficient preliminary education. Notwithstanding the stringency of these regulations, and the exertions which are made to coerce the student into the right path, the result is not uniformly successful. In every school or college there are "reading men," who derive the full benefit from the advantages before them ; and "fast men," who evade the regulations, neglect their studies, and trust to the "grinder" for success at their examination. The object with the latter class of students is to *pass* with the least possible trouble, and to obtain a diploma representing the minimum amount of knowledge allowed by law. Without compulsion, they would scarcely take the trouble to study at all ; and, under any circumstances, are not likely to attain more than a superficial knowledge of their profession. Other students, and we believe a considerable proportion, may be more easily led than driven. They are sensible of the value of knowledge and experience in the art and science of their profession, and, if properly directed and furnished with the means of improvement, they require no act of parliament to induce them to study. It has always been a disputed question to what extent the *vis à tergo* is necessary or desirable for the propulsion of students. There are many advocates of voluntary education, who consider that when a youth has left school, and embarked in the avocation which is to be the future business of his life, he might be left to his own discretion, and that common sense would dictate the importance of industry. At all events, they maintain that each individual would find his level ; that those who neglect the advantages of improvement which are before them in early life will be themselves the sufferers, and that their fate will be a warning to others. This principle may be a correct one in regard to those avocations in which want of skill and knowledge only injures the individual himself, but in a profession relating to the public health and the treatment of disease, the question of qualification affects the public as well as the practitioner. It is on this ground that acts of parliament have been passed to regulate and enforce the education of medical men. In the absence of the requisite powers for extending this provision to the department of pharmacy, the Pharmaceutical Society was established on the voluntary system. Not only is the passing of the examination voluntary, but the mode in which the candidates qualify themselves is left to their own discretion. Lectures are provided, and other means of instruction are offered to the student on very moderate terms, but attendance is not compulsory. The further experiment of throwing open the lecture-room during the present session to all members and others connected with the society, will test the voluntary system to the fullest extent. It will be seen how many young men will volunteer to accept education when offered free of charge.—*Phar. Jour.*

THE THREE PHARMACOPŒIAS.

It is remarkable that the making of new pharmacopœias has led to new demands for better ones. The suggestions in the annexed extract are reasonable, but how can they be adopted, seeing that the proverbial disagreement of doctors forbids coöperation. No two Colleges can agree on any subject, and why on this, which affords as many admirable causes of difference as the subject of doctor-making itself. Equal doses of colchicum, prussic acid, and opium, may seem very desirable to the uninitiated, but when "sad and learned" men cannot agree as to the dose to be selected what remains but to have three doses. Out of all evils, however, comes good, and in the present case it is particularly so, for this very confusion of doses makes the employment of good and thoughtful physicians, surgeons, and apothecaries necessary. We really can have little commiseration for those who are poisoned by mountebanks or "cheap-and-nasty" advertisers :—

It is a matter of great regret, that in a kingdom under one government and one system of laws, there should be an entire want of uniformity in the preparation and strength of compounds daily employed for medicinal purposes. We have no National Pharmacopœia. England, Scotland, and Ireland, each claims its own pharmacopœia as the only true, infallible, and perfect model of a work of this description. It will doubtless appear strange to those who are not versed in the mysteries of the apothecary's shop, that there should be any variation in the strength of British medicines *bearing the same name ;* and that a prescription prepared in Edinburgh or London should be likely to produce widely different effects, but such is nevertheless the fact. It is, we believe, quite true that a uniformity of strength in the pharmaceutical preparations of the three kingdoms is the exception to the rule ; and in some cases the diversity exists among compounds of a very formidable nature—overdoses of which are likely to produce fatal effects. A writer who has lately commented upon the inconveniences attending this want of uniformity, states that "the acetum colchici of Dublin is three times the strength of the acetum colchici of Edinburgh and London. The acetum opii of Edinburgh is three times the strength of the acetum opii of Dublin. The hydrocyanic (Prussic) acid of Edinburgh is nearly twice as strong as that of London and Dublin. The London solution of hydrochlorate of morphia, and solution of acetate of morphia, are twice as strong as the analogous preparations of the other two colleges." Other diversities might be pointed out ; but these are surely enough to show that if we wish to avoid fatal accidents, the attention of our colleges is urgently required to this subject. The language of medicine should be the same in the three countries, especially in regard to compounds the use of which may cause danger to life. Some years ago, owing to a similar want of uniformity in the French Codex, several persons were poisoned under the prescription of a physician who had been accustomed to employ a weaker form of prussic acid than that in use in the infirmary to which he had been recently appointed. There is nothing in the climate of Edinburgh to render it necessary to use prussic acid of twice the strength of that of London or Dublin ; nor is there anything so peculiar in the constitutions of Englishmen as to render it indispensable that the preparations of morphia should be twice as strong as those found to be sufficient for the stomachs of Scotchmen and Irishmen. These differences may endanger life, unless care be taken by the prescriber to mark the nationality of the preparation which he selects. Inadvertence or forgetfulness may, however, lead to the omission of this precaution ; and it is probable that some hundreds of practitioners are either not aware of the differences or of the degree to which the *similarly-named* preparations actually vary in strength. If fatal accidents have not already occurred from this want of uniformity, it is no reason why our collegiate authorities should delay those steps which are required for so necessary an improvement in our pharmaceutical system. The present plan is not merely dangerous to patients, but it is embarrassing to prescriber and dispenser ; it places either or both under a risk to which they ought not to be exposed ; and it daily exposes an Irishman to be poisoned in London by morphia, or an Englishman to be poisoned in Edinburgh by prussic acid. Considering the position occupied by the three colleges, it is clear that no satisfactory reason can be assigned for this diversity in our pharmacopœias. We do not now express an opinion whether it is better, in a scientific or philosophical point of view, to employ the Edinburgh or London prussic acid : if the respective authorities cannot settle this point, and they agree with us that people ought not to incur the risk of being poisoned in the interim, then there is an easy way of compromising the matter. Let the weaker preparations be taken as the most safe to the public under a change ; and if Edinburgh will give up her prussic acid, Dublin her colchicum, and London her morphia, we shall be able to proceed amicably and safely, if not philosophically. Whatever is done, and whatever sacrifice may be made, there should be, without delay, a perfect uniformity throughout the three kingdoms in the strength of the powerful medicines to which we have above referred.—*Med. Gaz.*

REPLY OF PROFESSOR SIMPSON OF EDINBURGH TO HIS ASSAILANTS.

In our Number for October 1st, we copied a letter from the *Lancet* reflecting on Dr. Simpson, and at the same time one from Dr. Simpson which was inadvertently placed as a reply to it. The following is the reply, and it appears to us a satisfactory one:—

To the Editor of the Lancet.

Sir,—For some time I was at a loss to determine whether it was not my duty to repel by very different measures from the present, the attack in the *Lancet* of September 20th, published under the assumed name of "Isaac Irons." Among the circumstances which have principally decided me to follow the present simpler method, is the unanimous conviction which all my medical friends who have either written or spoken to me on the subject have expressed on one point,—viz., that there is in the medical profession only one individual who does use, on professional subjects, language so indiscreet as that of the well-known writer in question; and that, after all, this individual was scarcely legally responsible for his own outbreaks of violence.

The circumstance of my being President of the Royal College of Physicians of Edinburgh, is a matter which seems particularly to annoy "Irons;" for he alludes to it more than once in his letter, and in one point of view it is in itself the best answer to his intemperate insinuations. The election to the Presidentship of the College of Physicians is in the hands of the resident fellows, or, in other words, in the hands of those who are living and practising as medical men in Edinburgh, and who consequently know me and all my professional doings and conduct infinitely better than any one residing at a distance, like "Irons." And "Irons" may rest fully assured that had I ever been guilty in the slightest degree of any impropriety, moral or professional, such as he seems anxious to impute to me, I should never have been elevated to the Presidentship of the College of Physicians; an honour which I confess I greatly value, not only because it is the highest honour to which a Scottish physician can possibly aspire, but also because I was elected to it (and I believe elected unanimously) by the free votes of my fellow practitioners; and that too at an age when the office has been conferred upon few.

On various professional points "Irons" and I have the misfortune to disagree. Whether he or I be right I most willingly leave to time and experience (the only true tests) to determine; and of their ultimate verdict I have no fear. But certainly any existing diversity as to this or that method of practice, is no reason whatever why one man should attempt to brand another who chances to disagree with him with the imputation of quackery. I have never, on any occasion, made a secret of any point or peculiarity in my practice. It has been open and patent to the study and criticism of all. I have always taught every part and item of it to my pupils, and, as many foreign and British physicians can testify, I have always gladly shown it, and its full results to my professional brethren. Of course I am not foolish enough to imagine that my brethren of the medical profession will, without due consideration and experience, adopt any practical doctrines in uterine pathology that I or any one else may please to propose. Any difference, however, in opinion and practice may assuredly be stated, and, if necessary, discussed between professional men in the language of gentlemen. But on this, as on other occasions, "Irons" strangely seems to suppose that the medical profession of England are weak-minded enough to mistake mere personal abuse and scurrility for argument, while he evidently forgets that it is, on the contrary, generally acknowledged that such weapons are seldom or never used, except in cases where all proper and legitimate arguments are actually wanting.

In more than one point "Irons" passes even these bounds, and recklessly imputes to me opinions which I at least never held. Take one for an example: he charges me with an attempt "to substitute the Cæsarian section for the induction of premature labour." I never held or dreamed of such a doctrine; and I am sorry I can only designate this allegation as a deliberate untruth. Further, I would beg him to remember that the mere repetition of an untruth cannot (as he seems to fancy) betimes convert it into a truth.

I shall neither weary you nor myself by refuting, as I intended, some of "Irons'" other studied misrepresentations and misstatements. Let me only revert to one more. Among other matters of blame, "Irons" states that to me, "more than any other individual, we are indebted for the profligate use of the speculum," and for "pessaries which have justly been designated infernal and impaling uterine machines." The first of these accusations I utterly and indignantly deny. The essays that have appeared upon uterine disease in the pages of the *Lancet* have, I know, done more than any other English writings to spread the use of the speculum in Britain; and neither in the *Lancet* nor elsewhere have I, at least, ever written in its favour. In fact, I have always held and taught that, by the advocates of the speculum, greatly too much was expected from its employment; and that it was often had recourse to in cases and diseases in which it was entirely uncalled for, because it was entirely useless. Among the various patients whom I have at the present moment here under my charge from London, five out of the number are, or were, the subjects of aggravated retroversion. In all of these cases the speculum had been employed in London; in three properly, because there were in them inflammatory lesions to treat; but in the other two improperly, as I conceive, because the instrument was unnecessary as a means of diagnosis. One of these last two patients was a patient of "Irons" himself. For some weeks during the last autumn she wore an "infernal and impaling" intra-uterine pessary, with complete relief to the symptoms under which she had been suffering for years. After the instrument was for some time finally withdrawn, she for the first time told me that she had previously consulted "Irons," who informed her, as I had done, that her disease was retroversion; that he recommended her to use a pessary; but advised the pessary to be withdrawn and reintroduced once or twice daily; that (though he has declaimed so much against the speculum, and though the speculum was assuredly not required in this, a mere instance of uncomplicated retroversion) he insisted upon employing it; that when she objected to its use, he and a medical friend who was with him argued that it was required "a thousand times a day;" that in using it he placed her upon a common drawing-room sofa; and that altogether (although she has now seen several obstetricians) his questions and examination were, she declares, more indelicate and painful than any others to which she has ever been subjected. Dr. Duffin of Langham-place knows the case I refer to.

In the last number of the *Lancet*, in your Notes to Correspondents, you adduce the following as a kind of reason for admitting into your pages such letters and attacks upon me as that written by "Irons." "Dr. Simpson," you observe, "will not fail to recollect that his name is systematically published as that of one of the editors (conductors) of the *Edinburgh Monthly Journal of Medical Science*, a work which habitually contains very gross imputations on the reputation and conduct of the hospital physicians and surgeons of this metropolis. In consequence of not having repelled such attacks, we have been accused of exercising undue forbearance, and even of showing culpable partiality towards Dr. Simpson and his colleagues of the northern journal." The journal in question was assumed by its present conductors principally with a view of promulgating the doctrines of the Edinburgh Medical School, and of defending these doctrines from the misstatements to which they were systematically subjected in your own and in other journals. For instance, from "culpable partiality" (?), you admitted years ago into your own pages various anonymous letters from "Irons" and others (or rather, I should probably say, from "Irons" under various

other names), containing attacks and misrepresentations regarding myself and my practice, nearly as unprincipled and as violent as that which has just appeared in the *Lancet*. Since becoming one of the proprietors and conductors of the *Monthly Journal*, I can honestly declare that I have never written one single word of blame or imputation against any London medical man. You must excuse me, however, for adding, that after what has happened, I do not pledge myself to be equally lenient for the future.

In my previous letter to you I mentioned that I was informed by one of your first surgeons in London that "he was attending the foot of a noble duke, whilst a celebrated homœopathist was attending to his grace's stomach and constitution." In your last number I am urged by one of your correspondents "to state fairly and openly the name of this surgeon." But the surgeon in question told me this circumstance in the course and confidence of private conversation, and I could not but view myself as breaking through every rule of good faith if I complied with your correspondent's request.—Yours, &c., J. Y. Simpson.

THE INSURANCE COMPANIES *v.* THE MEDICAL PROFESSION.

Resolutions adopted at a Meeting of the Faculty of Physicians and Surgeons of Glasgow, held upon the 1st of September, 1851, in reference to the Payment of Fees to Medical Referees by Life Assurance Companies.

1. That this faculty has long maintained the principle, that medical referees, the ordinary attendants of the parties desiring life assurance, ought to be suitably remunerated for their trouble in replying to the usual queries on behalf of the assuring companies; and that the parties granting the assurance ought to pay this fee, as it is obviously for their safety and guidance that such information is afforded.

2. That in conformity with these views, the faculty, so long ago as 1st June, 1835, passed a law, requiring every member of their body to refuse replying to these queries unless a specified fee were transmitted along with the schedule, and this law has, from that time, been steadily adhered to and acted on.

3. That in carrying out the above views, the faculty regret being obliged to record, that till of late, with a few honourable exceptions, they have met with the most uncompromising opposition from the insurance companies, especially those of more early establishment; and although within the last two years several even of these have made a movement in the right direction, yet this has been so long deferred, and so obviously only a yielding to the pressure of circumstances, as to deprive the concession of much of its value.

4. In this position of affairs, it has given the faculty much pleasure to observe some of the more recently established insurance companies, not only frankly acknowledging the justice of the principle so long contended for, but spontaneously offering a liberal compensation to the members of the medical profession for the very valuable information and opinions it is not unfrequently in their power to afford; and to such companies the faculty beg, in this public manner, to offer their best thanks.

5. The faculty also take this opportunity of recording the sense they entertain of the important services done to the profession, in this matter of remuneration to private referees, by the editors of the *Lancet*, the *Medical Gazette*, and *Medical Times*, to whose intelligent and steady advocacy, they are aware, they mainly owe whatever favourable change may have taken place in the conduct of the assurance companies towards the profession.

6. The faculty beg also to state, that whilst in 1835, in their anxiety to have the principle of remuneration established, they were indifferent as to the actual amount conceded; they now feel called upon, in justice to themselves, to intimate to the agents of all assurance companies, that the fellows of their body will not, in time coming, pay attention to any schedule of queries submitted to them with a reference to any species of life assurance, unless such schedule of inquiry be accompanied by the fee of one guinea, if the sum proposed to be insured exceeds £300, and 10s. 6*d*. if the sum is £300, or under.

7. The faculty order these resolutions to be printed, and copies sent to the editors of the London and provincial medical press, to the agents of the various insurance companies, and to the presidents of the royal colleges of Edinburgh, and the other medical corporations throughout the kingdom, inviting their concurrence and coöperation.

CORRESPONDENCE.

OPERATION OF THE DISPENSARY ACT.

KILLALOE DISPENSARY.

TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—I enclose with this a series of resolutions adopted at a meeting of the subscribers to our dispensary, held this day, the Lord Bishop in the chair. They refer to a subject which, I am informed, has already occupied your attention—viz., the formation of Dispensary Districts in localities situated in more than one poor-law union: a subject, the importance of which should be strongly impressed upon those who may have the carrying out of the new Medical Charities' Act. Our position here is peculiar, as this town stands almost at the bounds of *three* unions; and unless some such arrangement as we suggest be effected, either an injustice will be done to our medical officer, as pointed out in the third resolution, or if (to obviate this) he be appointed to the three districts that must otherwise be formed, a heavy and unnecessary expense will have to be undergone in providing three houses, three caretakers, and three sets of *fittings up*, where one of each would suffice. The advantage of uniting districts hitherto, from fiscal considerations, divided, has been recognized in an act passed in the last session of parliament, which provides that whenever the magistrates of petty sessions' districts situated in different counties, not adjoining each other, shall think it advantageous, those districts may be amalgamated into one; and the magistrates are empowered to exercise jurisdiction in all cases coming before them, even though the offence may not have been committed in the county for which the magistrates hold the commission of the peace. Now, the propriety of a like junction for dispensary purposes of electoral divisions situated in different unions is obvious. The fairest principle to act upon would undoubtedly be, to select some central spot (a town when practicable) as the head of the district, and to unite to it as many electoral divisions, in whatever unions situated, as will form a district *convenient to the poor, and properly manageable by the medical officer*. If any other principle be adopted, the present dispensary doctors will be unfairly dealt by, the poor will be put to great inconvenience, and the ratepayers will suffer to an extent that they do not calculate upon at present. The only objections to this junction, that I have heard, are, the inconvenience that may arise in keeping separate accounts in each union for the one district, and the difficulty of fairly apportioning the amount of expense that each should be charged with. But those objections are more apparent than real; for as the accounts of each electoral division are *at present* kept separate, and as each is rated in proportion to the number of paupers it contains, so, as respects medical relief, a similar principle (as regards the different unions) can easily be acted upon, and no difficulty or confusion need take place. I would not trouble you, sir, at such length if the question were one purely local, but as many other localities must be situated in some respects like ours, the question is one of general interest.—I am, sir, your obedient servant,

W. Edwards, Clk.,
Treasurer to the Killaloe Dispensary.

Killaloe, October 11, 1851.

Resolutions referred to.

1st.—That the subscribers to this institution feel themselves called upon to represent to the Commissioners of Medical Charities the difficulty which may arise in forming a convenient Dispensary District in this locality, owing to its peculiar position with respect to the poor-law boundaries, the present district being partly in the Scariff union, partly in that of Limerick, while the Nenagh union immediately adjoins it, and is connected with it by the bridge at Killaloe.

2nd.—That it is therefore the opinion of this meeting, that it would be beneficial both to the ratepayers and to the poor requiring medical aid, that the new district should if possible be formed so as to take in the neighbouring electoral divisions of the above-named unions, inasmuch as by this arrangement one dispensary establishment and one medical officer would be sufficient, where otherwise three would be

required; and such a salary can be obtained as will secure the services of a highly qualified practitioner, without bearing heavily on the rates.

3rd.—That unless some arrangement, such as the foregoing, shall be carried out, an act of substantial injustice will be done to our present medical officer, inasmuch as if his district be confined within the limits of one of the poor-law unions, its extent must of necessity be so circumscribed, that a much lower salary than he at present has will be deemed sufficient remuneration for his services: an effect which appears to be contrary to the intention of the new Medical Charities' Act, which expressly provides for the maintenance of existing rights.

4th.—That we take the liberty of suggesting that a most convenient district for this neighbourhood would be one consisting of the following electoral divisions.

[Here follow the names of electoral divisions, which it is unnecessary for us to print.]

THE MEDICAL COMMISSIONER.

Another week has passed and no appointment made. This does not trouble us, because it looks like deliberation and a determination to select a worthy officer to discharge the proposed duty. We have only to repeat what we have so often said on the subject: Let us have an honest and respectable man, and we will answer for the result. With such a person the profession can and will coöperate; but with one of directly opposite qualities, they must always act with reserve and suspicion.

THE BRANDING OF DESERTERS.

It appears that the Surgeons of the British Army have had a respite of the sentence passed at the Horse Guards, ordering them to do execution by branding on all deserters or other delinquents found guilty of offences liable to this punishment. It is supposed that this will prove a quiet method of rescinding the obnoxious order.

DUTIES OF ASSISTANT-SURGEONS IN THE NAVY.

Director-General of the Medical Department of the Navy.

(circular.) Admiralty,

Sir,—Having deemed it advisable to require journals from the assistant-surgeons of her Majesty's ships, in addition to those already established for the surgeons under whom they serve, and also from assistant-surgeons in charge of stores, in addition to those they now send, I have given directions for a supply of the blank journals in question to be forwarded to the several naval hospitals and depôts at home and abroad, to be furnished to the assistant-surgeons on their application for the same. You are therefore to make the necessary demands accordingly, and to give a receipt for what you may obtain.

In keeping up these journals, you must exhibit your talent, industry, and neatness; and no reason short of serious illness will be admitted as an excuse for neglecting this important part of your duty, which must be certified by the surgeon.

The journals are to be transmitted with those of the surgeon (to whom they must be delivered in the event of your leaving the ship), or, when there is no surgeon, by any other safe conveyance by which expense shall not be incurred.

You are to acknowledge the receipt of this letter.—I am, sir, your humble servant,

———, Director-General, &c.

———, Assistant-Surgeon, H.M.S. ———.

ASSISTANT-SURGEONS.

1. Every assistant-surgeon serving under a surgeon is to keep a journal, in which he is to enter, in brief but concise terms, every circumstance affecting the health of the crew.

2. In this journal he is daily to note, in a tabular form, carefully ruled, and similar to that which follows, the minimum, maximum, and, as nearly as can be ascertained, the medium temperature of the external air; and in the same manner the temperature of the deck on which the men are berthed, and the stoke-hold in steamers when under steam; the direction and force of the winds; the kind of weather; geographical position of the ship, or latitude and longitude; and, if he has the opportunity, the height of the barometer, together with any unusual meteoric phenomena that may be observed.

3. He is also to note when the issue of fresh and salt provisions to the ship's company takes place; when lemon-juice is issued, and when its use is discontinued.

4. When infectious or contagious, epidemic or endemic, diseases make their appearance on board, he is, by a careful investigation into all the circumstances connected with the first cases, to give an account of their origin, of the manner in which they were contracted, of their progress and decline; mentioning whether they were communicated to other ships, or extended to the shore, and also the means taken to cure or eradicate them.

5. He is to place on record the names of men killed, drowned, or seriously injured; specifying the cause of death, the nature of the wound, and how inflicted; and also the names of men invalided, sent sick to hospital, or to any other place out of the ship.

6. When boats are detached, in unhealthy localities, he is to endeavour to obtain, and to place in his journal, a nominal list of the men sent in them; stating the time of their departure and return, and also the influence which the climate, the weather, or other agencies, appear to have had upon them.

7. He is carefully to observe and detail the effects produced by particular localities on the health of the men, whether resulting from exposure on board or on shore, on duty or on leave, or from over indulgence in articles of food or drink. For further details required to be noticed occasionally in these journals, the assistant-surgeon's attention is especially called to the 30th, 31st, 32nd, 33rd, 34th, and the 40th articles of the Surgeons' Instructions.

8. He is to keep a copy of the surgeon's daily sick book, from which yearly, on the 31st December, or up to the time of his leaving the ship, he is to make out and to insert in his journal a nosological table, according to the form now in use for the quarterly returns.

9. As these journals are, in some respects, intended to supply the deficit or loss of the surgeon's accounts, the surgeon is to afford the assistant-surgeon every facility for obtaining the details necessary for their completion; but as they are further and more especially intended as a means of enabling the Director-General to form an opinion of the ability, zeal, and the attention to his professional duties of the assistant-surgeon, every assistant-surgeon is most distinctly to understand, that unless his journal be sent into office in a creditable manner, it will effectually prevent the Director-General recommending him to their lordships for any special appointment, or for promotion.

N.B.—When the first table has been completed, and the remarks are written out, the assistant-surgeon must make out for himself the forms for succeeding months. It is calculated that two or three pages will suffice for recording the events of the month, but occasionally, according to the importance of the matter to be communicated, more space may be required; the journal may then be enlarged by adding to it foolscap paper of a large size. Each journal to include about one year.

A PRACTICAL HINT TO NAVY CAPTAINS.

We had, on a former occasion, to complain that the good intentions of the Admiralty Board were often defeated through the insolent vulgarity of the captains of our ships of war; we see, however, that this is not very likely to occur in future, as the Lords have taken the matter into their own hands, and have personally superintended the disposal of suitable accommodation to the medical officer. We read in the *United Service Journal* the following announcement:—"We have the pleasure of recording the fact, that during the visit of the Board of Admiralty to Devonport, their lordships went on board the Virago sloop of war, and themselves selected a cabin for the assistant-surgeon. The captain has given up his steward's berth, which is turned into an office, and the office and dispensary have been given to the assistant-surgeon, so that he has now one of the best cabins in the ship. This is proper feeling on all sides, and we trust the good example set by their lordships will be sufficiently indicative to all 'pig-whiffins' of what is expected of them by those they are bound to obey." Our contemporary deserves the thanks of the naval assistant-surgeons for the zeal he has displayed in their cause.—*Prov. Jour.*

BIRTHS AND DEATHS IN LONDON,

DURING THE WEEK ENDING SATURDAY, OCTOBER 4.

Births.		Deaths.	
Males	729	Males	534
Females	700	Females	480
	1429		1014

CAUSES OF DEATH.

1.	*Zymotic* (epidemic, endemic, &c.) *Diseases*, ...	260
2.	Dropsy, cancer, &c., of uncertain seat, ...	33
3.	Brain, spinal marrow, nerves, and senses, ..	115
4.	Heart and bloodvessels, ...	39
5.	Lungs, and other organs of respiration, ...	98
6.	Stomach, liver, and other organs of digestion ...	65
7.	Diseases of the kidneys, &c., ...	13
8.	Childbirth, diseases of the uterus, &c., ...	4
9.	Rheumatism, diseases of the bones, joints, ..	8
10.	Skin, cellular tissue, &c., ...	2
11.	Premature birth, ...	0
12.	Old age, ...	49
13.	Violence, privation, cold, and intemperance, ...	74

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1851.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Oct. 5th,	62	41	29.572	.140
Monday,	6th,	59	37	29.750	.150
Tuesday,	7th,	58.5	44	29.700	.020
Wednesday,	8th,	61	37	29.720	.420
Thursday,	9th,	65	44	29.800	
Friday,	10th,	66	49	30.070	
Saturday,	11th,	66	51	30.050	

PORTARLINGTON, QUEEN'S COUNTY.

1851.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Oct. 5th,	56.5	44	29.200	49.4	46.5	43.5	.088	W
6th,	55	39	29.434	50.1	46.9	43.6	.247	NW
7th,	56	46	29.349	52.4	49.3	46.3	.152	NW
8th,	55	41	29.644	48.8	46	43	.001	NW
9th,	59	46.5	29.432	59	57.9	57.1	.389	SW
10th,	63	52	29.739	58.4	56.6	56.5	.014	W
11th,	64.5	56	29.705	59	57.4	56 2	.001	SW

M. W. HANLON, M.B.

ROYAL OBSERVATORY, GREENWICH.

Mean height of Barometer	29.38
" " Thermometer*	53.2
Self-registering do.† ..... max. 0.0 min.	35.5

* From 12 observations daily—† Sun.

PROFESSOR PORTER'S SURGICAL WORKS.

OBSERVATIONS ON THE SURGICAL PATHOLOGY OF THE LARYNX AND TRACHEA,

Chiefly with a view to Illustrate the Affections of those Organs which may require the operation of Bronchotomy.

OBSERVATIONS ON THE SURGICAL PATHOLOGY AND TREATMENT OF ANEURISM.

By WILLIAM HENRY PORTER, M.D,
Surgeon to the Meath Hospital and County Dublin Infirmary, Consulting-Surgeon to the City of Dublin Hospital, and Professor of the Theory and Practice of Surgery in the Royal College of Surgeons in Ireland, &c. &c.

Dublin: Fannin and Co., Grafton-street.

Mr. Porter is preparing for publication his Lectures on VENEREAL DISEASES, with additional Notes and Illustrations.

NOTICE TO THE MEDICAL PROFESSION IN IRELAND.

THOSE Medical Gentlemen who have not yet filled up and returned the Circular for the insertion of their Names, Qualifications, &c., in the forthcoming Medical Directory for Ireland, are requested to do so without further delay, as names cannot be received later than the end of this month. Any gentleman who may not have received a Circular is requested to intimate the same to the Editors, 4, Adam-street, Adelphi, London.

G. OLDHAM and Co., Pharmaceutical Chemists and Apothecaries, 107, Grafton-street, Dublin, corner of Suffolk-street (Agents for the sale of Mr. Coxeter's Surgical Instruments), invite the attention of the Medical Profession to their present Stock of Instruments, all of which are manufactured on the most approved principles.

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"March 1, 1850.

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"Accompanying this article is a very simple and neat dressing."

From the Medical Examiner and Record of Medical Science for May, 1850, published in Philadelphia.

"We have received from Mr. George D. Phelps of New York specimens of Brown's Cantharidine Blistering Plaster and Dressing, with which our readers are doubtless familiar as a new and exceedingly neat preparation, easy of application and certain in their effects. We have given them a fair trial and find they fully answer our expectations."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. Brown's Blistering Tissue has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury.

"ANDREW SMITH, M.D.,
"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist,
"Handsworth, Birmingham."

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QUEEN'S COLLEGE, BELFAST.

SESSION 1851–52.

FACULTY OF MEDICINE.

THE Session will commence on Tuesday, October 21, 1851. The Matriculation Examination will begin on Friday, October 24th.

SIX SCHOLARSHIPS, of the value of £20 each, will be awarded by Examination at the commencement of the Session. Scholars are exempted from payment of one-half of the Class Fees in their Department.

For the times and subjects of the several Examinations, the courses of study, and other particulars, including full information as to the method of proceeding to the Degree of M.D. in the Queen's University in Ireland, see the Belfast Queen's College Calendar for 1851.

By order of the President.

W. J. C. ALLEN, Registrar.

Queen's College, Belfast, June, 1851.

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30	2	11	7	30	2	7	8
40	3	6	3	40	3	1	9
50	4	11	3	50	4	5	8

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Just published, 8vo, pp. 96, price 2*s.* 6*d.*,

A TREATISE ON CATARACT;

Including the Structure of the Crystalline Lens, the Nature of its Opacities, and the Operation for its Removal by Absorption, with the Fine Needle through the Cornea.

By ARTHUR JACOB, M.D., F.R.C.S.,

Professor of Anatomy and Physiology in the Royal College of Surgeons, and one of the Surgeons of the City of Dublin Hospital.

Also, lately, by the same Author, 12mo, price 5*s.*,

THE INFLAMMATIONS OF THE EYEBALL:

Being a Treatise on all the Species and Varieties of Iritis.

Dublin: Fannin and Co., 41, Grafton-street, or the Office of the MEDICAL PRESS, 15, Molesworth-street. London: John Churchill, Princes-street, Soho.

ROYAL COLLEGE OF SURGEONS.

SCHOOL OF SURGERY.

THE Session 1851–2 will not commence until the 27th of October. Gentlemen, however, residing in Dublin can commence their Dissections immediately on entering their names for the ensuing Winter Course of Practical Anatomy.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

SCHOOL OF SURGERY.

THE Winter Session, 1851–52, will commence on Monday, October 27.

Anatomy and Physiology—Dr. Jacob.
Descriptive Anatomy—Dr. Hart and Dr. Macdonnell.
Surgery—Mr. Porter and Mr. Hargrave.
Practice of Medicine—Dr. Benson.
Chemistry—Dr. Barker.
Midwifery—Dr. Beatty.
Comparative Anatomy—Dr. Jacob.
Dissections by the Professors of Anatomy and the Demonstrators—Dr. Leeson, Mr. Labatt, Mr. T. D. Hargrave, Mr. Malcolmson, and Mr. Morgan.

THE SUMMER SESSION WILL COMMENCE THE 3RD OF MAY.

Materia Medica—Mr. Williams.
Botany—Dr. A. Mitchell.
Medical Jurisprudence—Dr. Geoghegan.
Practical Chemistry—Dr. Barker.

The Fee for each of the above Courses is Two Guineas.

For further information apply to any of the Professors, or to the Registrar. By order,

W. BOYLAN, Registrar.

CITY OF DUBLIN HOSPITAL.

THE Winter Course of Practical, Medical, and Surgical Instruction will commence on the 27th of October.

The Clinical Lectures will be delivered by Dr. Jacob, Dr. Benson, Dr. Beatty, Mr. Hargrave, Mr. Williams, Dr. Geoghegan, and Mr. Tufnell.

Dr. Jacob will deliver a full Course of Lectures on Diseases of the Eye; Dr. Beatty, select Lectures on Diseases peculiar to Women and Children; and Mr. Tufnell on Military Surgery.

Sir Henry Marsh, Sir Philip Crampton, Professor Apjohn, Professor Porter, and Mr. Cusack, give their assistance in cases requiring consultation.

Certificates of attendance are received as qualification by all the Colleges, Halls, and Boards.

DISEASES OF THE EYE.

DR. JACOB will deliver a full Course of Lectures on the Anatomy, Physiology, and Optical Mechanism of the Eye, during the ensuing Session, in the College of Surgeons, and also a separate Course on its Pathology and Diseases, with the Operations required in their Treatment, in the City of Dublin Hospital.

Printed by Thomas Deey, at 15, Molesworth-street, and published there every Wednesday morning, for the Proprietor, ARTHUR JACOB, M.D., 23, Ely-place, in the City of Dublin. London: John Churchill, 46, Princes-street, Soho.

Wednesday, October 15, 1851.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

VOL. XXVI.
NO. 668.

DUBLIN: WEDNESDAY, OCTOBER 22, 1851.

PRICE SIXPENCE,
STAMPED.

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ORIGINAL COMMUNICATIONS.

ON THE VARIETIES OF COD-LIVER OIL.

By M. Donovan, Esq., M.R.I.A.

"We find the different sorts of cod-liver oil indiscriminately sold in druggists' shops, the generality of the physicians never noticing what sort they use."—*Dr. De Jongh of the Hague.*

The great difference observable in the cod liver oils of commerce renders it important to inquire what are the opinions of those who have had the best opportunities of estimating the therapeutic powers of the different kinds. I was the first person in this country that manufactured the oil for medicinal purposes, and was at that time (several years since) under the impression that to produce it as free as possible from taste and colour was a chief object, not on account of any superiority of curative power, but because I conceived that by so doing the repugnance of persons requiring its use would be greatly lessened. According to evidence presently to be adduced, it appears that advantages of greater importance are obtainable by a sacrifice of those which merely relate to facility of administration; the medical efficacy is the legitimate object to which attention should be directed: I shall therefore confine myself to showing that the weight of evidence is in favour of the light brown or deep golden-coloured cod-liver oil.

In this country we have but two designations—viz., the "pale" and the "light brown or deep golden-coloured:" there are many varieties in shade of each; but they may be all resolved into these denominations; and with regard to their relative values as medicinal agents, there seems to be no difference of opinion amongst competent judges.

Dr. Schupman, who successfully treated two cases of paralysis of the lower extremities with cod-liver oil, observes that "this remarkable power belongs only to the brown-coloured oil, the light-coloured losing much of its virtue in its purification." (De Jongh, p. 77.) Richter also "declared the brown-coloured to be the most powerful, whilst to the light he denied any power whatever." (Ibid, 79.) De Jongh has published his researches on the comparative medicinal powers of the three kinds of oil, from which it appears that the times necessary for the performance of the cure were very different. Thus five months and a half were necessary for the cure of rickets with the paler oils, while the same cure was effected in three months and a half by the brown oil: and chronic rheumatism required three months and a half for cure with pale oil, and one month and one-third with brown. These inferences were drawn from a great many cases; and analogous results were obtained in other diseases. De Jongh concludes that "we may ascribe to it (the brown oil) more powerful healing properties than to the other two kinds (the pale kinds). (p. 157.) He adds, "it is therefore fair to assume that the brown cod-liver oil owes its greatest power to the biliary matter and butyric acid which exist in it, in much larger proportions than in the lighter coloured oils." (p. 160.)

The conclusion to which Dr. Bennett, who has paid great attention to this subject, has arrived is that amongst the various kinds of cod-liver oil, the "least beneficial is the white." (Bennett on Cod-liver Oil, p. 175.) Elsewhere he says that, being present at the half-yearly meeting of the Medical Association of Wirtemberg, he examined the three kinds of cod-liver oil presented to the meeting—first, light straw colour almost white; second, golden colour; third, deep chestnut brown: "of these the second or deep golden yellow colour is for the most part used medicinally throughout Germany." (p. 20.)

Some patients inconsiderately complain that the cod-liver oil with which they are supplied has "very fishy taste and smell." It is not wonderful that fish oil should have a fishy taste and smell. But this leads to the disclosure of a miserable fact that, in commerce, we occasionally meet with a so-called cod-liver oil which is not subject to either of these complaints, being in fact derived from poppy seeds, colza seeds, or from the olive by heat and expression; it is thin, limpid, and pale; and its vegetable origin is discovered by the fact, that it is entirely solidified by an acid solution of nitrate of mercury. On this subject, Dr. Bennett says, "when first introduced into the infirmary,

neither the physicians, the apothecary, nor the druggists of the town were enabled to distinguish cod-liver oil from other kinds of oil. On one occasion, I found all the patients taking linseed oil instead of it; and it is a fact worthy of observation that *several practitioners who employed it at that time gave it up as inert.*" Well might they do so.

It is thus that many a valuable remedy has fallen into disrepute by the use of substitutions. An oil has been of late offered for sale by persons who purchase up the livers, intestines, and offal of every sort of fish collected from the fish markets; they melt them, and render the oil pale and clear by various devices. It may also be observed that much of the so-called cod-liver oil is derived, not only from "the livers of different kinds of fish, but from the fat of porpoises and other marine animals." (Quoted by De Jongh from Konow.)

When I commenced the manufacture of cod-liver oil, I caused the gall-bladder which adheres to the liver of the fish to be removed in each case, and gave a direction to that effect in my published essay; for at that time the beneficial effect of the bile was not suspected. Of late, I have discontinued this practice, it being rendered probable by several considerations adduced by writers on the subject, that the biliary ingredient in the oil is of use.

The commercial pale oil is obtained by various objectionable processes; one of the most general methods is the putrefaction of the livers (Mack quoted by De Jongh), a sufficiently disgusting mode of proceeding. This is the method adopted in Newfoundland, the motive being not colour, but the extraction of a greater produce of oil. Pennant thus describes the process: "they take half a tub, and boring a hole through the bottom, press hard down into it a layer of spruce boughs, upon which they place the livers, and expose the whole apparatus to as sunny a place as possible. As the livers *corrupt*, the oil runs from them." The oil obtained from corrupted livers surely ought not to be used as a medicine; in another place I have pointed out the possible ill consequences of such a practice. (See *Dublin Medical Journal*, 1845.)

Another method of procuring the oil pale is to boil the livers in water until the oil be separated, which will then float, and may be skimmed off. Those physicians who attribute the virtues of cod-liver oil, or any portion of them, to the presence of iodine in some obscure state of combination, or to the bile of the fish, as many at present do, would consider that, by the action of water, the oil may be deprived of much of its virtue; accordingly, De Jongh observes that the opinion is pretty generally received that "the pale contains no iodine," and that the presence of the latter is confined to oil of deeper colour.

A third method of procuring pale cod-liver oil is by subjecting it to the operation of chemical agents. Dr. Richter of Wiesbaden on this subject observes, that oil rendered pale by chemical means "has a very weak fishy smell, is similar in appearance to olive oil, and is disposed of in commerce as the only pure oil, but is never used internally in Sweden, and is there considered inert." (Quoted by Dr. Bennett.)

One of the chemical processes is to mix the oil with bones burnt to blackness and powdered: the bones being afterwards separated by the filter. The oil is thus deprived of its colouring matter, and much of its smell. Who will venture to affirm that its medicinal powers are not thus impaired?

Another process is exposing the oil, in thin broad layers, to the action of the sun and air for months. The chemical agency of light in this case is not problematical; the constitution of the oil is certainly changed, and who will deny that it may be injuriously altered. But some manufacturers, impatient of the tedious process of bleaching by sun-light, adopt the more speedy method of exposing it to the action of chlorine. On this last method, the German Translator of De Jongh says—"It is not always because the pale oil appears to contain less powerful qualities, but far oftener owing to the frequent deceptions to which those who employ the pale oil are exposed. It is often the common south-sea oil, or the seal oil of commerce artificially blanched. Meebold remarks that nearly all the white oil of commerce is blanched by chlorine, by which it is rendered not only less powerful, but also equally unpleasant to take." (German Translation of De Jongh by Dr. Carey, p. 125.)

On all the foregoing accounts, I conceive that injury is inflicted on the public by this and other kinds of medical cookery, and that physicians should discourage it. When it is discovered that attempts are made to improve upon Nature by surreptitious and perhaps detrimental means, it appears expedient that the article should be supplied to the public of the colour recommended by those physicians who have most employed it in their practice; and even if this colour presented no other advantage, it will at least be a guarantee that the oil has not undergone any injurious treatment. Cod-liver oil of a deep rich golden colour must possess all the advantages of that important medicine, beside being in the state which protects it from suspicion.

An opinion prevails that genuine cod-liver oil may be distinguished by its property of producing a fine crimson colour when triturated with concentrated sulphuric acid. There can be no test more deceptive. Several fish oils possess the same property; but above all, the test fails by affording the desired tint even when the oil is mixed with a large proportion of vegetable oils.

11, Clare street.

COMPARATIVE VALUE OF NITRE AND COLCHICUM IN CHRONIC RHEUMATISM.

By Dr. Cargill of Newcastle.

These cases have been treated during a period of nearly six years,—*i.e.* between 1842 and 1848, and they have been nearly all in-patients of this hospital, so that I have had them constantly under my own eye, the few not so situated having been out-patients.

I have compared the cases together under as equal circumstances as possible, and have endeavoured to attain as much accuracy as I could by carefully registering them at the time; this register comprising the following features:—Age, sex, duration of malady previous to admission, seat of pains, dose and combination of remedy, time of its employment, result, disturbing or other effects on the system, temperament of the patient, and concomitant treatment.

I shall first consider these points in reference to what was observed in the colchicum patients, and then in those treated by the nitrate of potash, and shall conclude by recording certain deductions, which I think have unfolded themselves from the various facts, and likewise mention the views I entertain of the pathology and intimate nature of rheumatism.

Of the 43 cases treated by colchicum, 14 only were cured, or about one-third, and the average duration of the treatment was 15½ days; the average duration of the malady before admission being 73 days. In addition to the 14 who recovered entirely, there were 12 relieved, whilst 12 remained no better. In 1 the complaint appeared to be worse, and in the remaining 4, circumstances arose which prevented any positive conclusions from being arrived at.

Dose and combination of the Colchicum.—In rather more than half of those cured, that result was effected by the vinum seminum colchici in the dose of from 15 to 30 drops thrice a day, with a little magnesia and sp. etheris nitrici. In a very few instances 10 grains of Dover's powder were given a few times at bedtime. In 6 out of the 43, the colchicum was given in powder in four-grain doses thrice a day; in one case it was given in six-grain doses thrice a day, and in one case in two-grain doses thrice a day, all combined with pulvis cretæ. In all but the last named it produced vomiting, griping, and diarrhœa in two or three days time, and had to be left off for the vinum with magnesia. Of this latter combination, the dose before mentioned,—viz., mxv. to xxx. with 15 grains of magnesia,

and ʒss. of sp. eth. nit. was the most effectual, and the best borne. When the vinum was given by itself it seemed slower in its curative effect, and when given in ʒjss. doses or ʒj. doses thrice a day, either alone or combined (a measure in a few instances adopted), it invariably had to be left off, from its producing very speedily its usual severe physiological effects, with great depression, and often cramps, the disease remaining at the same time unaffected. I should add, that these results followed even when the above doses were attained to very gradually.

Concomitant treatment.—In 17 out of the 43 cases the warm bath thrice a week was used, and in 14 out of this number manifest relief was obtained. In 10 cases out of the 43, Dover's powder was given in from 10 to 15 grains each night, and in 6 of these cases it was followed by beneficial effects. Cupping was occasionally used, and generally with benefit. Bleeding from the arm was scarcely ever practised, and calomel, Epsom salts, blue pill or colocynth, were used as preliminaries, if constipation existed. As to the seat of the disease, it was in the several joints and muscles. In four cases wherein the rheumatism existed along with sciatica as its chief feature, the treatment by colchicum was fruitless.

Of the 100 cases treated by nitre there were 61 cured, being more more than six-tenths of the whole, and the average duration of the treatment was 13¾ days. In addition to the 61 cured, there were 20 who experienced great relief, but were not entirely cured at the time of dismissal; there were 5 who experienced very slight benefit only, 3 received no benefit, and 3 got worse. In the remaining 8 cases no positive conclusions could be arrived at.

Dose and combination of the remedy.—The usual dose to begin with was ʒij. thrice a day in barley-water; this was adhered to in many cases throughout, but in a large number it was increased to ʒj., ʒiss., ʒij., thrice a day, and in one case ʒiij. every four hours was begun with and continued without intermission for twelve days, without the smallest inconvenience to the patient, who was cured in that period. This was a bad case of 2½ years' previous duration. The dose was often begun with and continued at ʒj., and with no disagreeable effect; sometimes ʒj. thrice daily, and sometimes ʒj. every four hours consecutively.

Being desirous of ascertaining whether the duration of the malady might be shortened, or good in other ways obtained by combining the nitre with sp. nit. antim. tart. and tinct. opii, I adopted this in a considerable number of cases, and the result has shown me that no advantage is derivable from this practice. The dose of sp. of nitre was generally from mxv. to ʒss., or more; that of the vin. antim. mxv., and that of the tinct. opii. mv. to each dose of the pot. nit. Sweating and diuresis were equally produced by the nitre alone as when given in the above combination. Of the three, the tr. opii alone appeared useful by frequently assuaging the severe pain.

Disturbing effects.—It is of great importance to remark that this remedy was invariably administered in a large quantity of warm barley-water—not less than ʒviij. to each dose. When given in the above large doses, without a diluent and demulcent like barley-water, it produces intense griping, with pallor of the countenance and cold perspiration, the pulse and heart's action flagging and coming down, and the greatest anxiety being experienced. This is followed by a dry red tongue, with enlarged papillæ and much thirst. This I had an opportunity of seeing to an intense degree in one case wherein the nitrate of potash in those doses had been administered several times without any diluent by the oversight of a nurse; she gave it in ʒiss. of plain water. I was on the point of applying numerous leeches to the epigastrium, fearing that gastritis was coming on, when the symptoms at last yielded to diluents and warm external applications, leaving no appreciable effects behind.

I shall now mention what were the *disturbing effects on the system* observed to be produced by large doses of nitrate of potash in cases *where it had been duly taken* with barley-water, but had not been well borne by the system. Those effects were seldom manifested, the medicine, when properly diluted, seeming to act mildly and efficiently. When it is not tolerated, however, its effects are primarily on the nervous system. They are these:—General debility of the limbs, especially the lower extremities, and the knees, too, particularly complained of. I have seen this carried to an extent which made the patients believe that they were seized with general paralysis; the whole body seemed to be made of wood, and for some hours it was impossible for them to rise from their seat or to move hand or foot. To this were conjoined general tremblings, and the speech was affected; occasionally the names of things were forgotten or mistaken: there was also giddiness, and a painful rushing sound in the ears. I never in these rare instances saw any distortion of the features, and the symptoms subsided in a few hours by diuretics or copious perspiration. In the event of such results occurring, the chief remedies I should recommend would be hot diluents and hot blankets. The subjects of them will be found generally of the purely *nervous temperament*, especially if associated with feeble power of the constitution. When the sanguine or bilious temperament is combined with the nervous, the remedy is better borne and may be pushed farther; and it consists with my observation that the bilious lymphatic temperament, with its firm, harsh, muscular development, is the one in which this plan of treatment the oftenest succeeds and may be used the most fearlessly, as it is the one on which chronic rheumatism, when once established, displays itself with perhaps the greatest relentlessness.

The *concomitant treatment* was simple, and most generally dispensed with altogether (with a view to ascertain more accurately the value of the nitrate of potash itself), except in cases of severe complication, in which the need for additional means, chiefly local, was urgent. It consisted in occasional warm baths and vapour baths. Cupping and leeching were had recourse to in such cases as showed a concentration of the disease in particular joints, as evidenced by swelling, redness, and acute pain not shifting its seat. In dull chronic pains localised, occasional blisters were applied, and often with benefit; and, towards the termination of the cases, a liniment of ammonia and turpentine was frequently useful in restoring the natural suppleness of the parts. When the pains were so great as to prevent sleep, and to harass the patient in an unusual manner, a draught of muriate of morphia, with solution of acetate of ammonia and water, was given at bedtime. The bowels were kept free by means of occasional light cathartics; and the treatment was generally commenced by giving a dose of calomel and colocynth, followed by a draught of infusion of senna with sulphate of magnesia.

The *diet* enjoined was nutritious, being the ordinary diet of the house—viz., meat once a day, milk, rice, broth. In such cases as presented symptoms verging on the acute, low diet was prescribed—such as milk, tea, sago, &c. In all old standing chronic cases generous diet was found the best, accompanied even by ale, porter, wine, or gin.

In the above 100 cases the *duration of the malady previous to admission* was widely different,—so much so, that no analytic average could be struck with a view to results that would not have a tendency rather to conduce to error than to elucidate truth. I may state in general terms that the length of time in these cases previous to coming under the above treatment was from seven days to ten years, whilst there were a few who could remember no period of their lives in which they had not been victims, more or less, to the complaint. Two months, five years, six years, six months, one year, were the most common periods cited; and it should be remarked that nearly all the cases were of an unusually severe character, and had been under all manner of practitioners; for many, despairing of a cure otherwise, had committed themselves to the tender mercies of unprincipled quacks, from whose fiery ordeal they had emerged with the conviction that now nothing but a residence in an infirmary with the reputation of our own could avail to benefit them!

Sex.—It is remarkable that, of the whole 143 patients, 17 only were women, the remaining 126 being men. The

average age of the women was 35⅔, that of the men 37⅓. From this it appears that, in this part of the country, men are about 8½ times more liable to be affected with chronic rheumatism than women, or for one woman attacked with chronic rheumatism there will be between eight and nine men. This is in all probability owing to the greater exposure of men to cold and wet; for I have found that in all of these cases the exciting cause, when any could be given, was invariably cold and wet, or sudden transitions from a high temperature to the opposite. On referring to MS. notes of M. Louis' clinical lectures on this subject, taken down by me at the time of their delivery at the Hospital of La Pitié, in 1835, I find his experience the same as to the exciting cause—invariably exposure to cold air or draughts (un vent frais).

The difference as to the *frequency of rheumatism* in France and England seems to be very great. Louis says that, out of 100 cases of all sorts treated by him, he only found one of rheumatism; and in the Paris hospitals, during two years, it was rare that rheumatism, whether acute or chronic, ever fell under my observation. That the difference is great among us will appear from the following fact:—On analysing, a good while ago, a number of cases of all sorts, nearly all of them chronic, treated by me in this hospital, embracing a period of five years, and amounting to 959, I found that 86 were cases of chronic rheumatism, being, on an average, 1 in 11⅛th of the whole number. From this I think we may infer that climate exercises an immense difference in this disease; and doubtless the same cause is, in regard to all other diseases, more powerful than we are generally aware of. How else can we explain the entire exemption of some countries from certain maladies? In India and Egypt phthisis is unknown.

I will take the opportunity of stating here, that I believe heart affections to be very uncommon associates with chronic rheumatism; nor do I think that this malady is apt to be *followed* by cardiac disease. In the cases above analysed it was constantly found that such of them as showed heart disease, had been preceded by rheumatic fever, and the heart affection could be traced to that period of acute disease. This is in conformity with the opinion now, I believe, generally entertained—viz., that acute rheumatism is very frequently accompanied by endocarditis, and, without very vigorous measures, is apt to be succeeded by permanent disorganization of the heart. I have seen this hold to the full extent admitted by Dr. Hope, though not perhaps to the degree maintained by Bouillaud. In chronic rheumatism properly so called, heart disease is, in my opinion, a rare occurrence.

In speaking of acute rheumatism I would record here my experience that in patients *under the age of puberty* acute rheumatism seldom or never happens without most seriously involving the heart; and the younger the patient (I have known it occur at five years) the more certainly fatal is this heart affection. I have never seen a single subject in the above category who eventually shook off the heart affection and recovered. And, in addition to the ventricular hypertrophy and dilatation constantly present in these cases, as well as the valvular disease, I must mention a morbid appearance perhaps equally constant, and which I think has been overlooked by pathologists, or only casually if at all mentioned—viz., a tough, dense, false membrane lining the general interior of one or other of the dilated auricles, generally the left, obliterating the musculi pectinati almost entirely, and so converting the auricle into an uncontractile sac: thus furthering mitral regurgitation, and, by its undoubted effect of congesting the lungs and brain according to the auricle affected, mainly producing the frightful dyspnœa and brain symptoms which constitute the worst features of the malady.

Of what value is the nitrate of potash in large doses in *acute rheumatism*? I have had no experience of it myself in *acute* rheumatism, trusting as I have done to calomel, opium, Dover's powder, antimony, and, in the worst cases, bleeding; but my friend Dr. Fenwick of North Shields, who afforded me valuable assistance in preparing the first series of the above cases, when clinical clerk in this house some years ago, as did also Mr. Gibb, informs me that he has adopted it to a large extent in private practice in Shields, and has found it to answer in a remarkable manner. I would also refer you to Dr. Basham's cases of the acute form, and his treatment by the nitrate of potash in large doses,—a paper read to the Royal Medical and Chirurgical Society of London. His success was great, the urine acquiring a high specific gravity, and the salt being detected in it. The specific gravity was raised to 1030 and 1040, which he thinks was owing to the nitrate, though Dr. C. B. Williams attributes it to the urea and the lithates which are by its agency made to be present in the urine. Dr. Basham states his belief that, owing to its agency in acute rheumatism, there is a certain degree of *exemption* from disease of the heart.

I will conclude this paper (already too long) by recording certain facts and deductions which have manifested themselves to me from the careful investigation I made of the above cases.

In 9 cases out of those wherein no relief or only slight relief was obtained, there were either *purulent collections* somewhere, or the usual *common inflammations* which precede suppuration—such as testitis, obstinate conjunctivitis, erysipelas. Are we entitled to deduce from this the general therapeutic principle, that in chronic rheumatism, when it is in that aggravated form in which we have pus circulating in the blood, the treatment by nitrate of potash is not to be depended on, and must be relinquished for another?

Again, in 81 out of the 100, the cure was almost or altogether effected in fourteen days by the nitrate of potash in large doses, and these were cases wherein, though severe, there was no suppuration, nor ordinary inflammation of particular organs. It has been before laid down that nitrate of potash acts primarily on the nervous system. May we not infer, then, that those 81 cases were cases in which the nervous system was alone at fault? And from the two considerations taken together, may we not look at rheumatism as a disease composed of two varieties—viz., that in which its assaults are expended on the nervous system alone, and that other more severe one in which pus circulates in the blood? Various observations and reflections have led me to take this view of the subject. Rheumatism is first a nervous and then a blood disease, and it maintains a distinct individuality in both these phases in a manner more singular than other complaints.* In what I call its nervous form it is a kind of Harlequin inflammation, and less mischievous than it seems. A little energy will knock it out of the system: if uncontrolled, it undergoes a transmutation, becomes grave, enters the blood, and changes it, and walks into the heart itself, the citadel of life. At present we want a set of careful microscopic experiments on the blood in all the varied conditions of rheumatism. Last year, at my request, Mr. Gibb took for microscopic examination small portions of the blood of several patients affected with different diseases. In the blood of one who had no trace of inflammatory affection of any kind we found, to our surprise, numbers of pus globules. In a few days there was developed in this patient a severe erysipelas, which finished by becoming phlegmonous. Here, then, inflammatory disease existed in the blood for a certain time without betraying its presence, until at length its increase became such *(vires acquirit eundo)* that nothing but an acute attack upon the skin sufficed for its elimination.

3. In cases wherein *mercury* has been previously extensively taken, and in cases where there is syphilitic malady

* Look at its remarkably migratory character, its sudden metastases, its lightning-like transitions from one membrane or muscle to others in remote parts! They present no analogy to any ordinary inflammation, but rather to certain phenomena seated at the extremities of the nervous system—urticaria, ambulent erysipelas, erythema, chorea. Dr. Hughes declares that, next to fright, rheumatism is the most common cause of chorea (14 per cent.); and frequent occurrence of spasmodic affection with pericarditis, which is rheumatic, has been particularly illustrated by Dr. Bright and Dr. Burrows.

present in the system, whether mercury has been taken or not, the nitrate of potash is without power. The remedy is the *hydriodate* of potash.

4. In cases of general chronic rheumatism, in which *sciatica* is the most painful feature, the nitrate of potash will banish the complaint from the other parts, but will not avail against the sciatica. In this event, *arsenic*, where it is borne, is the most powerful remedy.

5. In cases wherein the symptoms are doubtful, being circumscribed though severe, and simulating such other common inflammations as pleuritis, peritonitis, ordinary cerebral or spinal meningitis, and even spinal irritation and hysteria, the *state of the tongue*, if it appear as if overlaid with a coat of deep or light white paint, so constant in the rheumatic condition, will most essentially guide the diagnosis.—*Medical Gazette.*

CURE OF FISTULA BY CAUSTICS.

By H. B. Evans, Esq., M.R.C.S.

In October, 1850, W. E——, box-maker, aged 42, applied to me with an abscess in the neighbourhood of the rectum, pointing externally, which was opened, and gave exit to a large quantity of pus. This gradually degenerated into a deep fistulous tract along the rectum, and communicating with it at its extremity. For two months the usual remedies were adopted without success, and I then expressed my opinion that an operation must be resorted to. In this I was fully borne out by the opinion of an eminent hospital surgeon whom I called in. This the patient obstinately refused to submit to, and such refusal led to my adopting the mode of treatment I am about to detail.

A blunt-pointed silver probe, five inches in length (the sinus itself being four inches in depth), was inserted into the wound, having previously been dipped in dilute nitric acid (one part of acid to one part of water), and suffered to remain there a minute. That this had a strong cauterizing effect, I knew from the pain it occasioned. Thus far the result was desirable; but in consequence of the destruction of the silver probes by the acid, and the impossibility of using them more than three or four times, I had some copper ones made, and used them in the same manner, only thus substituting a nitrate of copper for a nitrate of silver, and I think with a better effect. Under this treatment I was pleased to see the depth of the sinus daily decrease by the gradual filling of it up with healthy granulations from the bottom. This was continued nearly every day for two months, February 22, 1851, being the last occasion on which I thought it necessary to apply the nitrate of copper. The patient is at the present time perfectly sound.

In March, 1851, W. H——, aged 30, applied to me with strumous disease of the testicle. Iodine and iron were given, which arrested the progress of the disease, and produced a corresponding improvement in his health. The outward form of the testicle was retained, but with an open sinus of an inch and a half in length in an oblique direction from the apex, and discharging a thin, white, glairy fluid, peculiar to fistulæ. The same treatment was pursued as in the former case, the sinus becoming entirely filled up, and the patient discharged at the commencement of the present month (September), without any external marks of previous disease, beyond a slight irregularity on the surface and a small cicatrix.

Thus by an easy method may the most strumous fistulæ be traced to their extremities, and a strong caustic power applied to the bottom of the wound, from whence it is so desirable granulations should arise.

A limited sphere of private practice enables me only to give these two cases; but I have no hesitation in saying, that if this system be approved of and practised by surgeons generally, they would have as much reason to be satisfied with it as myself and patients, and the use of the knife would become almost obsolete. When a silver and copper wire are introduced together, after having been dipped in the acid, the caustic effect is intense (likened by the patient to a red-hot wire), and if allowed to remain too long, would destroy the tissues with which they were in contact. This, I apprehend, is the effect of the galvanic action set up by the contact of the copper and silver wire with the acid acting upon them.

Before concluding, I will just observe that the treatment in the first case was put into practice some time before the report of the treatment of "Fistula and Hæmorrhoids by Platinum Wire made red hot by Galvanic Battery, by Mr. Marshall, of University College Hospital."—*Mr. Evans of Blackfriar's road in Lancet.*

HOT WATER IN SPRAINS.

By S. Jackson, M.D.

The immediate application of cold water in sprains is strongly recommended by M. Baudens in a previous number of your journal, and as my practice for the last thirty-four years has been the very opposite of this, and has yet led to equally desirable results, I beg leave to relate it on the present favourable occasion.

I was riding past the house of one of my patients thirty-four years ago, and heard the screams of anguish: a woman had just sprained her ankle, and was then suffering intensely. I ordered the foot to be put into water as hot as she could bear it, and to be retained there until I should return; hot water to be added as the first became cool. In about an hour I found that the pain had diminished almost from the very first minute, and that it was then entirely gone. She was put to bed with the foot greatly elevated, and after some hours, though there was no pain, towels dipped in cold water were freely applied, and continued for several days. She was then perfectly well, nor did she ever again suffer from that sprain.

Another strong case within my clear recollection is the following. A man sprained his ankle, and suffered such severity of pain as to make him cry out most lustily. I was present in a few minutes, and put his foot into hot water, immediately bleeding him largely from the arm as he sat in his chair bathing his foot. The pain became rapidly milder, and I went into the next room to drink some tea. Looking over my shoulder after a few minutes, I saw his friends employed in fanning him and sprinkling his face with cold water. I ran to him, when, to my horror, he was, as to human eyes, a mere corpse. I instantly tilted his chair, laying him flat on his back, and ordered them to elevate his legs. Cold sprinkling and spirits of ammonia were most diligently used, but it was an alarming time before he was restored. He was now put to bed entirely free from pain, and the next day he pursued his journey in the stage without any inconvenience, having a flannel bandage applied.

This man told me he had no idiosyncrasy with respect to losing blood; he was large, vigorous, and healthy; hence the bleeding did not produce this alarming crisis. It was, in a great measure, the flaccidity of the body and mind, effected by a sudden transition from extreme suffering to perfect ease; though it must be apparent that the bleeding and bathing worked together so powerfully as to require more careful watching in any future case.

I once suffered a violent contusion of my elbow, followed by intense pain. The arm was immediately put into a tub of hot water, when it soon became entirely easy, requiring nothing further except rest. I have treated many other sprains and contusions in this way, and I do not recollect a single case wherein the hot water failed of giving surprising relief.

I had been prepared for trying this method by reflections on the great comfort of warm bathing in many cases of conjunctivitis, before any considerable *error loci* had yet been formed; and on the fact, that in general relaxation of the system there is less pain from parturition or any other violence.

How long that state of the part which is benefited by hot water may generally continue after the accident, can hardly be defined. I have no recollection of using this remedy after a lapse of two hours, but I cannot be prepared of course to define the limits. If there has been

time for inflammation to form, heat is inadmissible on my principle. Sometimes a tumour will instantly rise, but this being without inflammation, there can be no objection to the hot water.

It is very desirable to ascertain the best methods of refrigeration. M. Baudens keeps the foot night and day in a tub of cold water—a very inappropriate and inconvenient practice, if I am not greatly mistaken; for it prevents the proper position of the limb, which ought to be much elevated, and evenly so, from the acetabulum to the foot. Towels dipped in ice water, and spread over the limb, and bladders of snow or of pounded ice, so placed that their weight may be supported by the pillows, are very conveniently applied. Ice or snow is particularly useful through the night when nurses and patients are sleepy, and heat is sure to accumulate. A certain medium, however, must be observed with respect to the degree of cold, for it may easily be overdone unless the heat be great.

Suppose, then, a violent sprain has been relieved of all pain by hot water, let no one look upon the danger as past. The patient ought to be placed in bed, with his foot greatly elevated, and after a few hours, cold ought to be applied even if the part is entirely easy. Inflammation may form, let us then prevent what every one knows is hard to cure in such parts. I have often seen lead water used, and Mr. B. Bell has confidence in this and natural mineral waters, but truly I cannot believe they have any superiority over the pure fluid.

Low diet from the very first must be used in every case, and purging too, when the system will bear it; but if the patient is robust, he should lose blood from the arm. So much for the prevention of inflammation. I should not say a word about its cure had not M. Baudens advanced something bordering on novelty. He seems to have a horror of leeches because they may attract blood to the part. Now if the general arterial action has been lowered, and the leg kept elevated, this horror need not be entertained. This, I think, will be the decision of a great majority of the profession in the present case. If I were called to a sprained ankle already in a state of severe inflammation, I should certainly, after bleeding from the arm if necessary, apply an abundance of leeches, and follow them up by cold, the limb being greatly elevated. Mr. B. Bell says, "No remedies I have ever employed answer so well as local bleeding." And in the same page he further says, "When the injury has been severe, we are obliged to apply leeches once and again. They require, indeed, to be repeated from time to time as long as any serious degree of pain continues."

After an indefinite time, when all tendency to active spreading inflammation has been subdued, and the little that is left is very feeble, or confined to a small space, a very active large blister will generally absorb and carry it forthwith out of the body; but this is a perilous experiment, and may do much harm if it do not fulfil our intention of extinguishing at once the whole disease, or of subduing it so far as to prevent reaction, and thus to favour the operation of a second blistering. Whenever it has been determined to use this remedy, the part ought to be rubbed for fifteen minutes with decoct. canthar. ex terebinth., and an active plaster applied, so as to draw an effectual blister in the shortest time possible. The quick drawing of the blister is a point of the first importance in cases wherein you hope to absorb and carry off the whole disease. A slow blister is worse than none; it is sure to irritate and increase the disease, as sinapisms are known to do in similar cases. You are taken with pleurisy or peritonitis: some physicians would apply mustard with the hope of discussing a disease that is yet mild; but, *væ vobis*, you must lose more blood on account of the mustard, and resort to a blister in the end. The best dressing by far for the first few days, is plaintain or cabbage leaves; but if the blister promise to run freely and not inflame, it may be soon dressed with mezereon or savin cerate, and if a copious discharge of pus be obtained, the disease will rapidly pass away. I can never forget the delighted countenance and applauding language of an old physician to whom I showed, in my first year's practice, an ankle in this very condition. He had never known this use of savin, but from that day he used it freely and praised it highly. I had learned it from Crowther's work on White Swellings.

Beware of warm poultices in the dressing of these blisters; for, as M. Baudens rightly says, "they favour in place of opposing the afflux of fluids to the part." And speaking of the long application of warm cataplasms, he says "the long maceration the joint has been submitted to, deprives it of its elasticity, gives rise to a pasty engorgement and predisposes to the formation of white swelling." If it is determined not to use savin, the blister should be healed by the mildest dressings, so that another may be soon drawn; thus the blistering may be conducted without any injurious irritation, and made to absorb gradually and carry off gently all the remaining inflammation. Dr. Rush used to talk and lecture much on his blistering point; and truly no idea or language can be more appropriate. The inflammation must be brought down to a low grade of action, or to a small periphery, so that a suitable blister will extinguish it at once, or so greatly diminish it that one or more subsequent blisters may be drawn with safety and success.

We have already entered our caveat against warm poultices in the dressing of blisters for sprains, and have approved of M. Baudens' doctrine with respect to them; and lest any one should retort that our hot water may have the same bad effect, we must remind him that we explode warmth *after inflammation is formed*. You may bathe a healthy limb in hot water for twenty-four hours and no engorgement will follow. I have bathed a great many sprained joints in the hottest water that could be borne, without any of this evil. It is pain and inflammation that induce this engorgement, and these being both prevented by the hot bathing, this dreaded evil is prevented of course. But let this engorgement accrue, and it will be greatly increased by much heat in any form. Yet there may be old cases in which hot water or steam may appear to revivify the torpid parts and render them sensible to curative means. But suppose you are called to an old case of this leucophlegmatic torpidity, is there a better remedy than frequent blistering that discharges freely? Mr. B. Bell recommends the pouring of warm Bath or Buxton water on these engorged and torpid joints, but there is far more vivacity in the operation of cantharides, and the discharge not only carries off the evil stimulation, but it empties the vessels and promotes absorption.

In nearly all cases of external violence which do not implicate any of the viscera, the immediate use of hot water is, as I sincerely believe, the best, as it is the surest cure and preventive of pain. If you are about to have a tooth extracted, hold hot water in your mouth both before and after the operation; if you must have a felon lanced, hold the hand in hot water for a long time both before and after the cutting." My first case of what is vulgarly called "inverted toe nail," occurred to me after the patient had thoroughly relaxed the part by warm poulticing for many days, and I did not proceed to the operation of splitting the nail and eradicating the offending portion, till he had bathed his foot a long time in hot water. I had been taught in Dorsey's Surgery that it was a most painful operation, and I was therefore surprised, notwithstanding my hopes from the relaxation, to find the young man making very little complaint. I have several times performed this operation, and owing, as I believe, to the hot bathing, I have not found it severe in a single case. Now, if I am not mistaken, some reader will here exclaim that even in inflammation warm water agrees with some persons and cold with others. This fact, however, I learned when a student from Mr. S. Cooper's prize essay on Diseases of the Joints; but however true this may be, I have not found a single case of bruise or strain in which hot water, when used in time, was not a great present comfort and permanent benefit.—*Amer. Jr. of Med. Sci.*

ON ARTHRITIC HEADACHE.

By William Harvey, Esq.,
Surgeon to the Royal Dispensary for Diseases of the Ear.

In my former papers on rheumatic inflammation of the ear, I observed that the headache and distressing noises succeeded as a consequence of the attack on that organ. In the arthritic variety, however, this is not the case, the head becomes affected for some time prior to its manifesting any disturbance in the ear, and as the symptoms are often very much mistaken, I have thought it essentially necessary to direct attention to their early character; I shall have occasion, however, to allude to some cases which will immediately follow this paper, wherein the ear becomes the seat of mischief from the first. The noises and benumbed sensation of the head, accompanied with intermittent hemicrania, neuralgia of the facial nerves, pains affecting the eyeballs, the ears, the fauces, the teeth, and the lumbar regions, are all premonitory of this diseased condition. I have, in some instances, witnessed for days, the tonsils so sharply seized with gout, as in the absence of any considerable degree of inflammation and careful history, to question for a time the fact; it sooner or later, however, is explained by a seizure of gout, which solves the mystery. When it attacks the ear, the lobe is generally the part, becoming swollen, intensely red, and exquisitely painful, lasting for days and sometimes weeks, attended with deep and distressing noises, referred to the interior of the head. Dr. Holland observes, that it is somewhat difficult to class the several forms of intermittent headache with other affections of this kind, but those having lengthened periods of intermission, may perhaps best be noted here. The equality of time often observed, even where the intervals extend to two or three weeks, or yet longer, is a very remarkable feature in these cases, and denotes a cause, specific in its nature and uniform in its operation. I know instances where such intermittent headaches have occurred during the greater part of a protracted life; more frequently, however, it happens that they affect especially certain periods of life, in this, as in many other circumstances, showing singular relation to various disordered actions of the gouty constitution. In conformity with the same relation, there is reason to believe that the kidneys are the excretory organ most concerned in giving relief in these cases, and principally by an increased separation of lithic acid, or its salts. Such action may readily escape notice where the attention is directed by the presence of pain to another part, but I infer it on close observation of many intermittent headaches, and think the remark likely to be confirmed by others.

Gouty affections of the head constitute one of the most dangerous and most formidable varieties of disease, dependent on or caused by arthritic diathesis. Gout in the head, as it is popularly termed, may be met with either in the form of arthritic headache, or of arthritic apoplexy. The former, indeed, is often the precursor of the latter, and not unfrequently, when it has been mistaken and consequently maltreated, ends in it.

Arthritic headache is a disease that often escapes detection, especially if the patient has not previously had a paroxysm of gout in its regular form, so as to aid the judgment of the practitioner in forming a diagnosis. The symptoms which mark the disease are attributed to an ordinary determination of blood to the head, or rather to the brain, and the treatment is in accordance with such views. A greater mistake could hardly be committed, for all depletory measures in the treatment of gouty affections of the brain and its membranes are injurious, yet such constitute the principal remedies employed to relieve the consequences of determination of blood to the brain. As it is very generally, although not always, that the head, and subsequently the ear, become affected by the metastatic action of gout, I cannot better allude to the subject as a confirmation of my own views, than by quoting the forcible and clear description given of it by Dr. Gairdner. He observes:—"That metastasis to the head appears by far the most usual of misplaced gout. It occurs with every degree of suffering. The headaches from which those persons suffer, in whom the excretions of urates and urea have, from any cause, been suddenly diminished or temporarily arrested, are only a commencement of this affection, which may well be likened to the effect of a poison. I believe that the substance of the brain itself is the part usually affected in these cases, and my reasons are, that they are never attended with delirium or wandering, but always accompanied by stupor or apoplexy, the ruptured vessel is found in the cerebral substance. It has been said that such cases are to be treated like apoplexy from any other cause. I am quite satisfied that this information is most dangerous. Patients affected with gout in the head do not bear the abstraction of large quantities of blood. Much regard must be had to the heart, which is always more or less diseased, and sometimes in an advanced state of disorganization. We may easily and quickly relieve the worst head symptoms; but if the relief afforded be not meted out with wariness and skill, we shall too surely discover that we have fastened on our patient worse and more hopeless evils. The abstraction of much blood is, however, wholly unnecessary. A relief given to the system by a small bleeding will enable the kidneys to resume their office, and the worst symptoms will then safely depart."

In these cases colchicum is a most useful remedy. I have mentioned the discovery of Chelius, Maclagan, and Servius, that it greatly increases the secretion of urea. The application of this fact to the case in hand, must be obvious to all, and the effects of the medicine will fully answer their expectation; but here, too, I would insist on the propriety of using minute doses of the remedy, which more safely and not less effectually, than larger ones, accomplish the objects in view. Laxatives in head cases are always necessary; and even drastic purgatives may be required. Prudence, however, is indispensable in their use; for while no constipation is permitted which would urge the blood to the head, regard must be had to the patient's shattered condition. Precise rules cannot be laid down; but the experienced physician will hardly err, if he do not lose sight of the impaired condition of the circulation, at present labouring under a double disadvantage from the oppressed state of the brain, in addition to disease of the central organ."

Arthritic headache, then, is a disease which demands considerable discrimination and close observation to detect, based on the information obtained by extensive experience, as it is only by distinctive signs, which, by some may be regarded as apparently trivial, that we shall be enabled to determine the true nature of the attack. It occurs generally among those in whom gout fails to show itself in the ordinary way, but remains lurking in the system ready to pounce upon any organ which, by fortuitous circumstances, may be liable to take on diseased action. The higher classes of the community, among whom gout is frequently an heir-loom being in many instances transmitted by both parents, are far more liable to this form of metastatic gout than are either the members of the middle or of the lower orders of society. It is, likewise, found more readily to affect the females of a gouty family than the males, and more frequently after certain periods of life have been reached. The younger members, and the male branches, do not meet with absolute immunity from arthritic headaches, but they are much less subject to attacks. The symptoms which are not pathognomonic of this disease are—a sense of fulness in the head, generally constant, but liable occasionally, from casual circumstances, to change into severe pain; a feeling of vertigo or giddiness, and if a movement were occurring in the head—a feeling to which the attention of the patient is continually drawn, and which, apparently, impairs the power of thought and of memory; all the perceptions are confused, and the patient at the same time experiences a sensation as if he were about to become insensible. If he stoops, he is apt to be seized with temporary blindness, the hearing is inordinately acute, the

least noise rendering him almost distracted; he is frequently troubled with a buzzing sound, and sometimes with other noises in the ears; flushings and heat pass at times over the head and face; the hair is often tender and painful when touched, and the scalp feels hot, constricted, and uneasy. With respect to the general symptoms which attend upon this state, they are such as indicate a disordered condition of the digestive apparatus, and an ill-regulated and badly-formed secretion.

The function of digestion is most frequently very imperfectly performed; flatulence, with acid eructations; a sense of weight and general uneasiness at the pit of the stomach; rumbling in the bowels; an unpleasant acid or bitter taste in the mouth; the tongue furred with a brown fur, with occasional yellow streaks; a disordered state of the bowels, which are sometimes confined and at others much relaxed, the stools being generally clay-coloured, showing a deficiency of bile, or else very high-coloured, dark, and offensive, showing a redundancy of that excretion, but in a very unhealthy state; the urine unusually scanty, and high-coloured, and depositing a reddish sediment on standing, with a rough dry skin, are symptoms which indicate a general disarrangement, and an imperfect performance of the ordinary functions of the body, by which the effete matter of the frame is got rid of by means of the secretions and excretions, and fresh pabulum or material furnished to supply the waste of the system. Meanwhile, in the midst of much disorder of the secretive apparatus, the pulse generally remains undisturbed, or, if at all altered, shows a diminished rate of circulation, a lessened degree of tone in the system.

The symptoms are those that are found to be placed almost beyond the possibility of a doubt. It is the result, I conceive, of a morbid condition in the function of sanguification, or perhaps of the immediate preparatory process or chylification, by a failure on the part of the kidneys to perform rightly their secerning duties, by which the separation of urea and uric acid upon the blood should be effected. The presence of this acid in the circulating medium, then, may be regarded as characteristic of the gout, and the fact ascertained by Chelius of Heidelburgh, that in the course of twelve days, under the administration of colchicum, the kidneys are excited to abstract from the blood nearly double the quantity of uric acid they had previously separated, will amply serve to explain the remedial influence of colchicum in the relief of the disease, and the manner in which the influence is excited.—*Prov. Jr.*

TREATMENT OF UNUNITED FRACTURE BY THE INSERTION OF IVORY PEGS.

By Mr. Stanley at St. Bartholomew's Hospital.

Abraham B——, aged 24, a healthy-looking countryman, employed in the construction of railroads, and not addicted to excessive drinking, was knocked down by a horse two years before his admission. By this accident he suffered a compound fracture of both bones of the right leg, towards the lower third, and the violence was so great that the upper fragment was forced through his Wellington boot. The patient was placed under surgical care at Slough, and the reduction was effected with much trouble, a whole hour of strenuous efforts having been necessary for accomplishing it. The limb was put up in splints for two months, and in Simpson's patent apparatus for four months, but no union took place, though the wound had readily healed.

The patient now left the hospital to recruit his health in the country; he contrived to do light work in Devonshire, with pseudarthrosis of the leg; and succeeded in lessening the inconvenience of this state of things by making for himself an apparatus composed of iron hoops and a connecting rod. Thus he went on for eighteen months, and was finally advised to apply to Mr. Stanley, under whose care he was admitted October 7, 1850, two years having elapsed since the time of the accident.

On examination, the fractured portion of the limb allowed of extensive motion, a false joint had been formed, and the patient stated that he felt a grating at every step he took. Mr. Stanley first tried blisters for a month, then splints and various other contrivances (among which was a casing formed of gum and chalk) for keeping the fragments in apposition; but these were of no avail, and union did not take place. The patient now returned into the country, and after a short stay, during which his general health improved, he was readmitted.

On Feb. 16, 1851, Mr. Stanley decided upon driving ivory pegs into the extremities of the fragments, according to Dieffenbach's method. The patient was placed under the influence of chloroform, and a flap of integument over the fracture having been reflected, Mr. Stanley bored four holes with an instrument of the class of drills made for the purpose, two on the upper, and two on the lower fragment. Into these holes four ivory pegs were inserted, or rather hammered, with nearly a quarter of an inch of the peg remaining over the surface of the bone. The flap of integument was then replaced, and the patient's leg put into a fracture-box.

Inflammation ran tolerably high, suppuration was soon established, without constitutional disturbance, and the pain was very trifling. Three days after the operation a small abscess formed on the upper part of the flap; Mr. Stanley opened it, and a fortnight afterwards something was seen projecting from the wound, and when pulled out it proved to be one of the pegs. The flap now cicatrized, and two months after the operation Mr. Stanley proceeded to remove the remaining pegs, the soft parts having been laid open for the purpose. It was found on examination that the portion of the pegs which had been above the bone was quite unattacked, whereas the part which had been embedded in the osseous structure had nearly disappeared.

Mr. Teale of Leeds (who has performed the same operation successfully), has remarked analogous phenomena respecting the unaltered state of the upper part of the pegs, and the almost complete absorption of the part situated within the bone, the whole peg having pretty well the same appearance as the milk tooth of a child with the fangs nearly absorbed.

On May 13th, three months after the introduction of the pegs, the patient had a sharp attack of erysipelas of the leg; this was arrested by the usual remedies, and a circle of nitrate of silver on the upper part of the limb. The fracture was now found to be approaching consolidation; but Mr. Stanley desired the patient not to use his leg for some weeks, and when the latter began to try the limb, about four months after the operation, the fracture was found perfectly united, firm, and immoveable. He continued in the hospital, carefully walking on crutches, for another month, and was discharged in the latter end of July, 1851, with a sound leg, about five months after the operation.

Dieffenbach's method has also been applied by Mr. Bowman, at King's College Hospital, in a case of a very interesting kind. We shall have much pleasure in acquainting our readers with the results as soon as they are of a decided nature.

Before dismissing the subject, we would just mention that acupuncture in cases of ununited fracture has here and there been very successful; and as this measure is not so severe as the *pegs*, we shall quote from the second volume of the Mémoires de la Société de Chirurgie de Paris (1851), a paper by M. Lenoir, of a case of ununited fracture of the femur, in a man aged 33.

The patient had been fifty-three days under treatment at La Pitié, and the callus had then been satisfactorily thrown out; but the surgeon, M. Bérard (1845), desirous of overcoming the stiffness of the knee-joint after the man was already getting up, subjected it to passive motion, and in one of these manœuvres the callus gave way, and henceforth refused to form again.

M. Lenoir saw the patient four months after the accident. He first resorted to rubbing the fragments, starch bandage, and continuous extension; these means yielded

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no result after two months' treatment. The author had then recourse to acupuncture, discarding resection of the fragments, the ligature with a metallic thread, and the seton, as too hazardous. The limb was placed in a box, where extension could easily be made. Seven months after the original accident, four needles, four inches in length, were thrust along the internal surface of the superior fragment, and were left six days. Some inflammation was then excited; the needles were withdrawn, put in again a little higher up, and left five days. After this the fragments were approximated, and kept closely connected by little splints placed round the limb, and secured with straps. Extension was made very gently at first, and the surgeon visited his patient *every day* to regulate both the extension and the pressure by the splints.

After twenty-three days some firmness was noticed between the fragments, and in thirty-five days consolidation had taken place. Œdema of the thigh and leg were combated by the proper means for a fortnight; and after careful trials with the crutches, &c., the patient walked out, about six months after the implantation of the needles, with less than an inch shortening.—*Lancet.*

COD-LIVER OIL IN SCROFULOUS AFFECTIONS AND IN CONSUMPTION.

Dr. Hays has stated to the Philadelphia College of Physicians that he had employed the cod-liver oil extensively in the Wills' Hospital and in private practice, during the last three years, in scrofulous ophthalmia, in cases of granular lids, in scrofulous enlargement of the external glands, in cases of hip-disease, and in the various forms of external scrofula, with the best effects. In scrofulous ophthalmia he had found it of all remedies the most efficacious. Under its use the constitution becomes invigorated; the glandular swellings are dissipated; and the cutaneous affection so commonly met with about the face and ears disappears. He has also employed it in several cases of granular lids with the most favourable results. In this affection, patients are very liable to relapse from slight causes; this tendency he has found to be removed by the use of the cod-liver oil alone, or in conjunction with the syrup of the proto-iodide of iron. In the case of a lad now under treatment affected with scrofulous enlargement of the cervical glands, chronic conjunctivitis, and granular lids, with deposit of lymph in the cornea, and intense photophobia, by the use of the cod-liver oil and proto-iodide of iron, with the occasional application to the eye of the liquor plumbi, all the symptoms of disease are rapidly disappearing. The patient can bear the light without inconvenience, can read small print, and has all the general appearance of restored health. He has escaped a relapse now for four months. The photophobia has disappeared entirely. In another case of excessive photophobia, with granular lids and penetrating ulcer of the cornea, the cod-liver oil has been used (at the suggestion of the *interne* of the Wills' Hospital, Dr. Macintyre) with the most decided advantage. Dr. H. has now employed the cod-liver oil in from two hundred to two hundred and fifty cases of scrofulous ophthalmia and granular lids, and in most of these cases the benefit resulting from its use has been very striking.

Dr. Condie remarked that he had employed the cod-liver oil pretty extensively. In all the forms of external scrofula, including scrofulous ophthalmia, he had certainly seen much good result from its use; the indications of strumous disease have very generally ultimately disappeared under its use, while the appetite of the patients has improved, and they have speedily exhibited an increase of strength and bulk. It is especially in the scrofulous affections of young subjects that the cod-liver oil had appeared to him to produce the greatest amount of benefit. He had not, however, seen any very striking amount of good result from its administration in cases in which tuberculous deposits had actually taken place in any of the tissues. In tubercular phthisis especially he had rarely, if ever, observed any positive benefit from its use. He had given it in many cases, and in large quantities, and though it had been taken perseveringly by the patients for a long period of time, he could not say that in a single instance the disease of the lungs had been arrested by it. The onward march of these cases towards a fatal termination appeared to him to be as rapid as those in which the oil had not been given. The wife of a gentleman connected with the public press, now under the care of Dr. C., had used it daily for the last three years, and she believes with very decided advantage. But though in her case the affection in the lungs is of a very chronic character, still the frequent attacks of hæmoptysis to which she is subject, and the physical signs revealed by auscultation, indicate that her disease is making a slow but constant progress.

Dr. Wood had never met with any one remedy or combination of remedies which had proved so efficacious as this in pulmonary phthisis. It is too soon, however, to say that in any case it will permanently cure the disease. He has certainly seen cases presenting, apparently, all the phenomena—the general symptoms as well as the physical signs—characteristic of phthisis, get well under its use. The patients have, at least, lost their cough and fever, their respiration has become natural, and they have acquired strength and flesh. In one case which occurred in hospital, auscultation indicated the existence of a cavity at the summit of one lung, and deficient respiratory murmur in the other. The patient was pale, extremely feeble and emaciated, with hurried respiration, cough, and copious expectoration, hectic fever, and night sweats. Although in this case Dr. W. expected little, even temporary, benefit to result from any plan of treatment, still he thought it his duty to place him under the use of cod-liver oil. At the end of six or eight weeks, he was surprised to see the patient able to sit up, and considerably improved in all respects. From that time the unfavourable symptoms gradually lessened, the cough and expectoration abated, the respiration became more free and easy, the hectic fever and night sweats disappeared, the pulse increased in strength and diminished in frequency; and, at the termination of four months from the commencement of treatment, the patient had become fat, ruddy, strong, and to all appearance, entirely well. Upon an examination of the chest, a deficiency of respiration was detected in the vicinity of that portion of the lung in which a cavity had existed—which is precisely what we should have anticipated. This is the most striking case which he has met with of the cure of pulmonary disease under the use of cod-liver oil.—*Amer. Jr.*

APPEARANCE OF ALBUMINOUS URINE IN DIABETES.

M. Rayer makes this question the subject of some practical remarks in a paper read before the Biological Society of Paris. He alluded to a case which he saw in consultation with M. Landouzy, which had improved, to a certain extent, under the use of alkalies, with abstinence from farinaceous matters, when albumen was detected in the urine. There were, however, no other signs of Bright's disease; and the appearance of albumen was a phenomenon for which M. Rayer had no ready explanation. MM. Dupuytren and Thenaud considered that when albumen appeared in the urine of a diabetic patient it was indicative of improvement, being, as it were, a transition stage between the saccharine state and that of health. M. Rayer, however, is disposed to regard the change as not salutary, as in cases witnessed by him, though the sugar disappeared, the occurrence of œdema showed that the change was not for the better. In fact, in more than one case, although there was no recurrence of sugar, the patient died of one or other of the consequences of albuminuria. A case related by Dr. Christison also proves that the appearance of albumen in the urine may be an indication of a serious complication, to be followed soon by other symptoms of renal disorganization. The case was that of a man aged 40, who had been the subject of diabetes for two years. Unexpectedly it was found that the urine coagulated by heat and nitric acid, and that its specific gravity became lower, until at length it was as low as 1.010, without any traces of sugar being present. The man soon after died from diarrhœa, and after death his kidneys were found in an advanced stage of granulation. It may therefore be taken as a pathological fact, that though in some case the substitutions of albumen for sugar in the urine of diabetics may be a good sign, in others it may indicate a serious complication.

TREATMENT OF DIARRHŒA BY SULPHURIC ACID.

Having used the sulphuric acid pretty freely during the past month, it may not be uninstructive very briefly to record my impression as to the description of cases to which this admirable remedy is more strictly applicable. In Glossop, as well as in many of the manufacturing localities surrounding Manchester, we have had, during the splendid autumnal month just closed, multitudes of hasty cases, to which indiscriminately have been applied the terms "bowel complaint," "English cholera," "diarrhœa," "vomiting and purging," the two latter terms being pretty constantly a correct description of the more prominent symptoms. Few cases have proved fatal; happily, in our practice none; though many aged persons have suffered severely, still recovering from the debility produced by cramp and profuse watery purging more rapidly than could have been anticipated. In several instances of this latter class (seen by my partner, Dr. Hunt, as well as by myself) the acid, to use his own words, has acted "*like a charm,*" and in none have we had recourse to any other remedy,—subduing cramp, restraining vomiting, rousing the pulse, and with it the heat of surface,—supporting, in fact, the whole vital energies, and apparently effecting this by checking profuse watery secretion, and its consequent discharge from the bowels. Mr Griffith has referred to the recommendation of a writer on medical therapeutics, the late Dr. A. T. Thomson, who prescribed the acid in "*passive*" diarrhœa. I conceive such an authority would never have dreamed of its use in cases simulating or closely resembling cholera as seen unmistakably by me, both in India and England. One thing is certain—the acid is inadmissible *where the purging is decidedly dysenteric.* We have then found the ordinary remedies, such as Dover's powder, combined with the "mercury-with chalk," answer better. Another thing is worth recording. It may be given advantageously in freer doses than Mr. Griffith supposes. Our formula is—Half an ounce of the dilute acid of the London Pharmacopœia to seven ounces and a half of water. This may be taken in divided doses of an ounce every two hours, or even more frequently, should the first doses be rejected from the stomach, or purging be frequent. Some cases will undoubtedly give way to opiates; but they leave headache, a foul tongue, and fever. Into the question of the pathology of this affection I will not enter. Your publication is valuable to practitioners precisely in proportion as its contents are *practical.* Hospital reports are necessarily routine cases, and are statistically worth recording; but no man has a right to encumber the pages of a medical periodical with mere theories, or a string of common cases, presenting no peculiarity of practice. I have presented you with the results of the treatment of at least sixty cases, and think the knowledge of the value of the acid (using proper discrimination in the avoidance of inflammatory dysentery) a great and most valuable fact—one forming the material out of which medical weekly serials are best, because most usefully, compounded.—*Mr. J. A. Smith of Glossop, Derbyshire, in Lancet.*

Treatment of Pneumonia.—Dr. Dietl, an Austrian physician, who appears to have been very undecided in his therapeutic principles, has recorded the results of his practice in pneumonia. At one time he was a great advocate for bleeding and the antiphlogistic system, subsequently he turned homœopath, and still later he trusted to tartar emetic. Being dissatisfied with the mortality under each of these plans, he determined to abide by the *methode expectante*, or do-nothing system, and he declares that the recoveries have been more numerous than when he treated his patients medicinally! He gives the following statistics, which are so far valuable, inasmuch as they show that homœopathy and doing nothing are convertible terms:—

Of 360 cases of pneumonia, 85 were treated by bleeding, with 17 deaths, or 20 per cent.

Of 106 healed by tartar emetic, without bleeding, 22 died.

Of 189 treated by a purely expectant method, 14 only died.

The mortality under homœopathic treatment was the same as when no medicine at all was given.—*Prov. Jour.*

REVIEWS AND NOTICES OF BOOKS.

PRACTICAL OBSERVATIONS ON THE TREATMENT OF STRICTURE OF THE URETHRA AND FISTULA IN PERINEO; illustrated with Cases and Drawings. By John Lizars, late Professor of Surgery to the Royal College of Surgeons, and Senior Operating Surgeon to the Royal Infirmary of Edinburgh. 2nd edit. Edinburgh. 1851. 8vo. pp. 130.

We had occasion very recently, in reviewing Mr. Lizars' and Mr. Syme's works on Stricture, to notice the mode of treatment by external incision, as practised and recommended by the latter in cases of obstinate stricture, and to call attention to the conflicting statements respecting the efficacy of this operation in permanently relieving the disease. While Mr. Syme asserts that it is a simple, safe, and certain mode of relieving stricture, Mr. Lizars brings forward proofs that it is neither the one nor the other—in fact, that it is frequently followed by disagreeable consequences, sometimes even by death, and that the patient may not, after having undergone the hazard and pain attending the operation, be relieved of his complaint.

The interest which the question has excited is evidenced by the rapid sale of the first edition of Mr. Lizars' work—a new edition (that before us) having been called for within a few months from the publication of the first. In this edition the letterpress of the preceding is preserved, the new matter being added in the form of an appendix, while two additional engravings are given.

This appendix commences with the following short outline of a case where fatal hæmorrhage occurred after the operation by external incision:—

"Captain Mc——, from Fifeshire, had laboured under stricture of the urethra for some years, and along with his ordinary medical attendant, came to Edinburgh for a consultation, which was held with a perineal sectionist. An operation was recommended, as might be expected, by the latter. The family surgeon advised the patient to let 'well alone,' as a fair sized catheter could be passed through the stricture, and to trust to the usual mode of obtaining relief. Notwithstanding this counter advice, an operation was performed, and in the course of eight days from the time the Captain left his home, according to the surgeon's report, from whom I obtained the preceding particulars, he was brought back to his mansion a corpse. His wife, who remained in attendance upon her husband in Edinburgh, stated that he died from flooding on the second or third day after the operation."

Mr. Lizars next quotes some of the numerous communications which have appeared in the periodical press respecting Mr. Syme's operation; among them are several letters from Mr. Gay, with Mr. Syme's replies, followed by extracts from the *Medical Times* and from the *Edinburgh Monthly Journal* upon the same subject. Professor Miller's remarks upon the treatment of stricture by external incision are then quoted; in which a fatal case after the operation, and another showing the risks arising from it, are recorded. The following are the author's comments upon Professor Miller's communication:—

"Professor Miller's remarks on the treatment of the perineal section corroborate, generally, the opinion which I expressed in October last, when I published the four cases whose histories have drawn, to no inconsiderable degree, the attention of the profession to this important subject. I characterized, at that time, the operation as uncalled for; as a painful, hazardous, and unsuccessful experiment. Subsequent events, both here and in London, a more searching inquiry, and minute exposition of facts, and the results of attesting experience, have all contributed to confirm these statements.

Professor Miller has added *another fatal case*, making, with *the two* cases contained in my appendices, and the other *three* in Mr. Gay's table, with one in 1829, not less than *seven ascertained instances of death succeeding to and occasioned by the operation.* So far, therefore, as it is a hazardous operation, no doubt can be entertained, and farther proof is unnecessary. . . . . .

Professor Miller has given the history of a case illustrating the great and many risks arising from the operation, although this case was operated on by Mr. Syme in January, 1850, and although since that period he has published a variety of cases, *immediately* after the operation, to fortify its value, he has never thought proper to *print* one word of this case, on the pretext which he assumes for publishing other cases, 'as containing information that may interest the reader.' "

The remainder of the volume is occupied with extracts from a correspondence between Professors Miller and Syme, which appeared in the *Edinburgh Monthly Journal*, into which however we shall not enter; and it concludes with some extracts from Mr. Courtenay's work on stricture of the urethra, which might have been omitted without detracting from the value of the essay. We shall conclude by quoting Mr. Lizars' concluding remarks:—

"I have engaged in this controversy, conscious of being actuated solely by a desire for the discovery of truth, and that reflection has enabled me to submit, without retaliation, to much injurious misrepresentation, and I shall consider my labours neither misapplied nor unrewarded, if they have the effect of restoring confidence to the old and safe practice of treating stricture, and of averting an uncalled for infliction of human suffering, by arresting the progress of an innovation rashly resorted to, and indiscriminately persisted in, in opposition to all argument, and in defiance of all warning."

STUDENTS' NUMBER OF THE MEDICAL PRESS.

THE STUDENTS' NUMBER will be published on WEDNESDAY, the 29th of OCTOBER. Regulations of Universities, Colleges, and other Institutions for Medical and Surgical Education, properly authenticated, should be transmitted to our Office *without delay*, in order to secure a proper and careful analysis of them. Advertisements of Lectures and Hospitals, Books, Surgical Instruments, and Medicines, should be forwarded in sufficient time to secure a proper arrangement of them.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, OCTOBER 22, 1851.

MEDICAL EDUCATION.

THE GRINDING SYSTEM.

WE could not for the life of us refrain from giving publicity in Ireland to the following graphic sketch of the manufacture of the medical paddle-wheel of the "General Practitioner" craft at the other side of the water. It tells so much, explains so much, and suggests so much, that to consign it to oblivion would be a sin, From it we gather that the letters L.A.C., are not much more trustworthy symbols of contents than M.D., and that our worthy brother John is just about as perfect as his neighbours, notwithstanding his pleasing convictions to the contrary. If we in Ireland suffer from this "Grinding System," it is a comfort to find other places in the same predicament; and if the evil be such a crying one, there is a much better chance of its cure when it prevails extensively, than if it was confined to a more limited sphere:—

THE LONDON GRINDING SYSTEM THE GRAND OBSTACLE TO SOUND MEDICAL ACQUIREMENTS.

(A Letter to the Editor of the Medical Gazette.)

SIR,—I perceive in one of the leaders of your last week's journal, an account of some late resolutions of the Court of Examiners of the Company of Apothecaries, having reference to the preliminary education of students intending to qualify themselves at the Hall.

On these resolutions, and on other subjects connected with them, I should like to offer some observations if you will kindly allow me the space necessary.

You observe, sir, that this act of the Apothecaries' Company "is a step in the right direction," and with this opinion I of course cordially agree; but at the same time I must protest, that the step is the shortest possible step, and but a mole-heap, compared to the mountain of improvement that requires to be raised.

The examiners affirm "that the great obstacle to the acquirement of sound medical knowledge is the general want of preliminary education among the pupils, and that until this serious defect is removed, the progress of medical science will be retarded." Now, sir, although I willingly admit that a liberal preliminary education is a good thing, and that the above declaration of the hall examiners has a certain foundation in fact, I cannot admit that the deficiency assumed has had much to do with the retardation of sound professional knowledge amongst young medical men; I am rather convinced that the method pursued by most students in obtaining the information necessary to pass the hall is such as to render their medical acquirements too deceptive for examiners to come to any certain conclusions on the matter.

The cause of this deception rests in the prevalence of that most iniquitous practice, *the London grinding system*, and the success of this system rests mainly upon the errors of the examining court itself.

In the pages of your journal for April 19th, 1844, there appeared, sir, a bold and admirably written leader, in which the grinding system as it then existed was fully exposed, its iniquity laid bare, and the causes of its success explained. That leader I chanced to read some months ago, and thinking it might not be unimportant to ascertain thoroughly what was the extent of the grinding system in these days, I have made it a point ever since to inquire into the matter, with intent always of exhibiting this monstrous fraud to boards of examiners and to the world at large. The present declaration of the Apothecaries' Company affords me an opportunity of carrying out my purpose.

And, at the outset, I would observe that since the date of the leader referred to (1844), the grinding system instead of falling into disgrace, has gone on, in a steadily progressive manner, that it is now more perfectly organized than ever, and never was practised more successfully than at the present hour.

The writer of 1844 speaks of a certain grinder, who so excelled in his art "that he knew to a nicety when each of the subjects who committed themselves to his care was in a fit state for presentation; just as the feeders of geese at Strasburg know to a tittle when each animal's liver is in proper state to be made an element in the celebrated *paté de fois gras*." But the profession of grinding then practised only by one or two, has been found so lucrative that at the present time at least half a dozen professors live by this most iniquitous use of their acquirements. At the period already named, the knowledge of the grinder as to the kind of information which the student must have, seems to have been very great, "he even knew the proper answer for each examiner;" at the present moment, knowledge in this direction is, if possible, still more perfect. To use the common and very expressive phrase, "these examiners are all gauged; the peculiar mode of questioning used by each is known; the subjects on which he usually examines are familiar, and in many instances the very questions as they will be asked, *verbatim et literatim*, with the proper answers required, are indicated. "Gentlemen," says one of the most successful of these crammers in addressing his class, "allow me to drill you well on the ointments, for with Mr. So-and-so for an examiner you might find this a plucking subject."

The most remarkable names are also given to the examiners, to fix more firmly in the mind of the pupil their several peculiarities. Thus one gentleman is famous for examining on the blood, and receives in consequence no very polite cognomen. "Gentlemen," cries the grinder, "with Mr. So-and-so the blood is a plucking subject: you must know the blood. He will commence with mastication, and drag you through all the process of blood-making, according to his own crotchets: above all things, therefore (if he is your examiner), declare to him that the saliva is of great importance, that pepsin is invaluable, and that the thoracic duct is the only channel by which the prepared food gets into circulation. Remember these points, gentlemen, I pray you; and particularly remember the pepsin!"

Again, if a new subject be started at some sitting of the court, the innovation on the routine of the grinder is immediately noted, and forthwith he is fortified on this as well as on all other ordinary subjects. This fact was ludicrously exemplified a little more than a year ago. The illustrious

Liebig had announced a new test for prussic acid; this test was made the subject of a question at an examination in the University of London, and one night an examiner at the hall, in humble imitation, poured it on to the quivering tympanum of an unhappy student. The following morning saw the large grinding class in which this young gentleman had *studied* in a state of unutterable consternation lest the beaten track was to be abandoned, and the cramming they had undergone to be of no avail. But the chief of the grinding class now appeared, and soon threw brightness about him like a sunbeam. "Gentlemen," he exclaimed, "this is indeed something new; but never fear! Those examiners, I assure you, are no match for me; wherever they go I can follow; and what is more, *I can drag you along with me.* Here is the test fully described for you; write it down word for word as I say it, and let every one of you repeat it at least twice daily until such time as you go up, for it is a fresh subject, and is sure to have a considerable run."

If a new examiner is appointed, he is at once made the subject of particular observation, and his line of action ascertained. First, it is learned whether he follows any particular branch of the profession, or has written on any particular subject, and if so, this is put down as being likely to influence him at the examiner's table. Secondly, every candidate is requested, "for the good of the class," carefully to indicate all the subjects on which the new examiner exhibits his learning; and so, in a brief period, is the just terror in which the examiner should be held most effectually removed: he is *gauged* and filed off.

From a knowledge of examiners, the grinder leads his pupils to a knowledge of things; not a new bottle or preparation finds its way to the examining tables that has not, almost simultaneously, its counterpart on the table of the grinder. "Gentlemen, at the hall they will show you this bottle; mark its appearance, and observe that when it is shaken the substance within gives out a metallic ringing sound; only look at this specimen well *here*, and you will be sure to know it well *there;* for the two are precisely similar."

Your leader seven years ago, sir, well exposes the botanical part of the hall examination. "The young gentlemen who, in the fields, would have been puzzled between a nettle and a dock, had the story all pat; natural order, sexual position, class, genus, species, name, habitat, nothing was wanting; but the uniformity of the extent of botanical knowledge begat suspicion, and it was by and by discovered that the specimens paid toll of branch and blossom each on its passage thither" (to the hall). At the present day the same system of fraud exists in all its fulness; still may every candidate for the hall licence, for the small sum of half-a-crown, have a packet of specimens exactly like those sent to the examination tables, each flower duly labelled and described; perhaps, indeed, the thing is done even in better style now than it was formerly, for the cunning botanist, anxious that the lovers of Linnæan science with whom he speculates, should not betray the secret by knowing too much, either avoids giving "the full complement," or else perpetrates an intentional mistake on one of the labels. Thus charged with botanical lore, the student boldly meets the enemy, daring even to walk to Blackfriars with the Chelsea *bouquet* in his buttonhole; and to sit with it, labels and all, in his breast pocket, side by side with his examiner.

Still further, the professors of cramming know their evil art so perfectly, that they are able to apprise their pupils of the very disposition of each examiner, and of the behaviour that will best suit him. "If you get Mr. A, gentlemen (whom you may at once recognize by such and such peculiarities), you may rest pretty easy in your minds; he is very kind and gentlemanly, and is always unwilling to reject any man who knows his Pharmacopœia. Look well over that book, then, and always remember that the subjects in it come alphabetically; so that in searching for anything to which he shall direct your attention, you may be able to open upon the right place with the air of a person who is familiar with the learned volume in question, and understands it from its alpha to its omega. If you get Mr. B, you will find him strictly practical, so be sure to narrate all the cases you have seen, and especially midwifery cases. If you get Mr. C, you will find him pettish, very fond of putting catch questions, as the Latin derivation of hæmoptysis (a word you will remember really derived from the Greek); he will also make a little fun of you perchance, and tell you that you know no more of your profession than a governess or a washerwoman. Well, these mere insults you must suffer resignedly, as there is no escape from them except by the way of rejection, which is not desirable; and you will then get on so as to pass with him also; only take care, by the way, not to admit to this gentleman that you studied in Scotland, if such be the case, for he has a most sneering antipathy to all medical schools and professors on the other side of the Tweed, and would like if he could to pluck you for the very admission." Thus, one after the other, does the grinder describe the whole examining board, *in truthful style.*

The sum, sir, that the pupil has to sacrifice for this grinding advantage, or rather disadvantage, is five pounds, and it is understood that for this sum the grinder *shall* get him through. Thus may the pupil be ground and rejected—ground and rejected, as many times as he pleases; he is no worse, except that he loses time: the grinder bears all the trouble. The mode in which the grinding class is conducted also is of the most artful kind. The pupil is always at the "commencement of the course," join when he may; the subjects being taken up in such a manner as to form a circle safely perambulated in no more than three months. "Keep to this circle, gentlemen," says the grinder, "and you are safe, for it girths fairly the body medico-intellectual of Apothecaries' Hall."

The rapidity with which the grinders cram their pupils is incredible. Young men who would confound a voltaic pile with the pile of a bridge, or the scales of leprosy with the scales in libra, are in the course of a few weeks, by constant daily repetitions, made to go through decompositions that would take a Berzelius months properly to understand, and to rattle off the symptoms of diseases like consummate nosographers. Still more, the system is managed so adroitly (especially by the older grinders), that there is no telling, either by cross-examination or any other means, that the answers are ground ones: the student seems to know the whole subject perfectly, and yet all he utters is a mere mechanical act of the lip, in which reason and thought play no part; and so flimsy is the knowledge, that to break the chain of repetition for two days, is to go back as many weeks.

But to cram the deceived wretch in this way is not the only part of the grinder's business; he has also to watch for the exact period for sending him to the examining board; and the proper moment for this he understands so well, that in ninety-nine cases out of the hundred the man he thus sends shall pass. It may be, however, that the pupil must go up before his hour of maturity in grinded lore shall have come, in which case he is taught an almost never-failing method, that—viz., of shirking his weak points, and of quietly parading his strong ones; for it is part of the grinder's creed "that gentlemen pretty well up on one or two subjects, may by a little dexterity avoid all appearance of ignorance, and that generally speaking it is the student who leads the examiner into different subjects, not the examiner the student." Again, if the candidate is weak on all points, he is taught to employ his time until the evil day arrives in getting up his Latin, and those subjects which are usually preliminary and most common; that is to say, he is instructed to take the edge off his examiners by a large display at first, with some plausibility afterwards; and such a man is said "to have a chance of getting through *with a squeeze;*" and often does so. Lastly, if a student goes up against the will of the grinder, *he is always rejected,* and the grinder tells him that he would rather have returned him his money than have had his class disgraced by such impatient folly; and this in fact would be better for the grinder, since he must himself bear all the load of the dishonour; for, as your leader of 1844 observes very rightly, "It is the business of these gentlemen to get the student through, rather than his own; if they fail, the blame attaches to them rather than to him, and in this light is the thing actually viewed. It is not said, that Mr. So-and-so was plucked last night, and that Messrs. So-and-so passed; but it is, one of Power's men, or one of Steggall's men was plucked last night, and seven or more of Power's or Steggall's men passed."

But, sir, there is a more grievous evil in connexion with this system than any I have yet narrated, and it is this—so certain is the grinding process in its results, and so common has it become, that good and worthy students are entrapped into the habit of adopting it. To speak plainly, they are almost driven to adopt it; for so accustomed are the examiners to receive the prepared and mechanical answers of ground men, that they can listen calmly to no other. They are like some epicures, who from long custom get to loathe all food that does not come to them dressed after a certain system. "Sir," says the grinder to his really intelligent pupil, "you know your profession excellently well, but you

do not know how to answer questions in hall fashion. I must beg you, therefore, in your descriptions to avoid giving an account of things in the same unclassified way that you have seen them, and to follow me in what I say." "But, sir," remarks the student, "what you say is sometimes incorrect; I know that your answers are not always in accordance with facts, or up to the knowledge of the present day." "Never mind," replies the grinder, doggedly, "mine is the *hall way* at all events; and if you are anxious to get the hall diploma, it will be wise for you just to cast off your own views, *pro tem*, and to content yourself with mine." Such is the grinding method. How true is the writer before alluded to, when he exclaims, "Oh! it is a vicious and unworthy system: it is a cheat and a lie."

And, sir, when I affirm that nine out of ten of all the students who go up to the hall for examination, pass through this debasing ordeal, how, I ask, can the examiners of the hall affirm with any approach to truth, that candidates for their diploma are worse informed in matters of preliminary than of medical education? A student appears before them, with his head charged like a bomb; the whole medical information of the eleven examiners, as far as it can be known, thrust into that one unfortunate cranium, with *et ceteras*. The examiner commences with Latin, but the mind of the candidate is too deeply occupied with nosology, toxicology, and chemical decompositions, to remember much of the language of Cæsar. He may have known it pretty well once, but now *hic et hæc* are lost in, or confounded with, *ic* and *ous*, *ite* and *ate*; and so after considerable bungling, the examiner, greatly disgusted, has to take him on to other subjects; and now the time of action comes, and the bomb bursting scatters around such stores of condensed learning, that the examiner stares, unable to comprehend how so Latinless a mouth could pour forth such torrents of medical information. The conjurer, in fact, in extracting bushels of feathers from an empty hat, does a small wonder in comparison; yet such a student when he returns to obtain his licence, shall receive from the president "the compliments of the court," coupled, however, with the gentle hint, "that it would be well for him to acquire a little more Latin, if it were only for the purpose of being able to teach the rudiments of that fine language to the young olive branches that at some future period may bedeck his table." Alas, poor president, and innocent court! little do they think that the knowledge they would compliment has already no existence; that the medical contents of that surcharged head were scattered and delivered, to all the winds of heaven, and that the little Latin which they criticise is almost the only thing which the now emptied candidate retains; except, perchance, a recollection of their compliments, and these only to laugh at, and relate for sport on jovial occasions.

Or to take another view: a candidate for the diploma, who has been too proud to debase himself with "the grind," and who trusts to good practical and general information, goes to the examination table. Questions are there put to him on subjects which he knows intimately; but his answers he finds do not suit. They are not *ground* answers, and so he gets uneasy and uncollected, and after being tantalized for a long time, is dismissed—not rejected perhaps, but feeling degraded to the last degree, his whole soul smarting with a sense of insult, and his tongue declaring that if he has deserved the cruel treatment he has received he has not deserved the licence; or that if he deserved the licence, he did did not deserve the degradation to which he has been subjected. These, sir, are no overdrawn pictures; the statements I make are based on painful facts, and knowing them to be true, again I ask how, under such a state of things, is it possible for the hall examiners to pronounce on preliminary and medical education? They hold councils it is true, and pass judgment on candidates for their licence; but really and truly, as matters are carried on, they have no more knowledge of the actual available medical acquirements of those whom they examine, than they have of the theological acquirements of the Grand Lama of Thibet.

The thing is plain. Before the value of preliminary education can be brought out, *this grinding system must be abolished;* the latter nullifies the former. What matter is it to the public if a young man, who on leaving his school or his home, can speak Latin like Cicero, Greek like Demosthenes, or work out mathematics like Euclid? What is all this to the health-seeking public, if the same young man is afterwards licensed to treat disease with no further knowledge of the principles on which disease should be treated than he has acquired in three months with a grinding master? Is walking Southampton-street or Exeter Hall, what the public understand by walking the hospitals? Will the compact knowledge of all the professors of grinding in London, transfused with something more than hydraulic pressure into this classical young man's brain, help him afterwards in restoring by skilful services glad hearts and laughing eyes to children threatened with orphanage, or in returning the dying babe, full of life, to its mother's heaving bosom? Alas! no. The practitioner thus qualified, in nineteen cases out of twenty fails in all his duties to society, mostly continues a very quack, a cheat both to himself and to the world, and though by habit he may get into *a way* of treating disease, yet does he never advance; his so-called experience but confirming him in the errors with which he had started in his career.

But it may be asked, how are these evils to be remedied? I answer, by a change in the whole system of licensing men as medical practitioners. It has been said to me that grinders will ever exist, because, forsooth, examiners will always have peculiarities; and indeed it must be admitted that men will ever ride hobbies, but surely it would not be difficult, by increasing the number of examiners and changing the men, so to increase and change the hobbies as to baffle even a grinder. The root of all the mischief, in truth, rests in the fact that these examiners are too few in number, and that they hold their offices too long. I write with all deference to these gentlemen, and would not willingly offend them; but truth compels me to ask, is it not a grievous thing that by far the most numerous portion of the public should have to depend for persons into whose hands to commit their dearest lives, on the judgment of eleven men—"gauged" men withal—whose acquirements, as far as examinations are concerned, may be learned and successfully taught in twelve months, by any clever fellow who chooses to turn his talents to so unworthy a purpose? Is this reasonable, just—a thing worthy of a liberal and most useful profession?

We medical men chide the public for patronizing quackeries, from homœopathy downwards, and in this we act properly; but well would it be for us at the same time, one and all, to combine for the purpose of setting a proper guard over the portals which admit strangers into the temple of medicine—a guard past which no grinder, by any subtlety, could conduct men deficient in a knowledge of the first principles of their profession.

I have thus, sir, expressed myself most freely on my subject; and I have done so, not from any animosity to the Apothecaries' Company, but for the purpose of showing how great a change must take place in the examining system generally, before any good from preliminary instruction can follow. So long as examinations consist of mere question and answer, and are left to ten or twelve known individuals, examiners, however eminent, will still be "gauged" by the grinder, and ignorant men pass by the examination table into places where good men only ought to stand.

But let these examinations, sir, be conducted by many able men, chosen in turn, and frequently, from all parts of the profession; let them be examinations according to the highest standard, open to all, irrespective of the where, the when, or the how the candidate has studied; let them be clinical and practical examinations, conducted at the bedside, in the dissecting-room, in the laboratory; and, above all, let weeks or months take the place of the hours now occupied in examinations; and then would the grinding system die out of itself, and the public receive in all cases the substance for what is now too often the shadow of the competent practitioner of medical science.

There are, sir, many more errors in the present system of examination which might be pointed out with advantage; but already have I trespassed far too much upon your columns, for which trespass I have only one apology—the great importance of the subject.—I have the honour, sir, to remain your most obedient servant, OBSERVATOR.

The state of affairs here depicted, we would fain believe, is not the universal one: on the contrary, we believe that many are engaged in the preparation of students for examination who hold the "mere grinder" in as much contempt as the writer of the above. To reject the method of instruction by examination because it is exclusively adopted by any class of teachers, and conducted in a dishonest way, would be just as wise as to reject the method by lecture because the same persons "grind" in that way.

It is obvious that the period has arrived for making this most valuable resource available for surgical education in a legitimate and unexceptionable manner, and that instead of branding a respectable instructor with the opprobrious nickname of "grinder," he should be distinguished by a title indicating his real duty. At the same time we are not so sanguine as to think that the race of true "grinders" will become extinct; nay, we cannot say that it would be safe or convenient to dispense with their services; for as long as dunces, blockheads, and idlers are admitted into our profession, and cherished by the public, so long must we tolerate the only operator capable of shaping them. Moreover, we look upon such a refuge for the destitute as a great relief to the more legitimate teacher, who would otherwise suffer interruption from the continued presence of pupils incapable of learning in the usual way. While considering this subject it may be well to allude to an application of the grinding system which it is said begins to prevail: it is, we believe, called "grinding over the subject," and consists in a kind of lecture or demonstration in anatomy restricted to the known "points" of the examiners for the time being. This, although undoubtedly an improvement on the mere question-and-answer plan, leads to a substitution of these picked demonstrations for the regular courses of lectures on Anatomy and Physiology required by the College regulations, and to the granting of certificates for a description of instruction never given. Indeed it seems as if the teaching of anatomy and physiology, which formerly constituted the principal and most attractive department of the medical and surgical schools, is about to be discontinued altogether, the Colleges not requiring lecturers in this branch to produce proofs of qualification for the duty, or of any means of instruction beyond the recent dissection.

THE WAR AGAINST QUACKERY.

Whether for good or evil the English medical press has declared open war against the quacks within the pale, and against the homœopaths, and mesmerists especially. It would ill become us to fail to "bear a hand" in the common effort to eject these minions of the credulous from amongst us, and therefore do we from time to time give circulation to the fulminations of our contemporaries against them; although our profession does not perhaps suffer so much in this way here as in England. We are the more inclined to aid in this praiseworthy movement, because we perceive that it is not to be confined to the disciples of Mesmer and Hahnemann, but is to be extended to still more guilty delinquents. For some years the medical profession in Ireland has been insulted and scandalized by a most shameless display of barefaced disregard of all obligations in the shape of advertisements, and any proceeding which promises to abate the nuisance shall have our hearty concurrence. In England the plan seems to be more one directed to the punishment of the accomplice than the actual criminal, and so it should be here. The man who glories in infamy and courts contempt in daily appeals to the base and sordid feelings of the dregs of society, is invulnerable; but not so his accomplices: let those who coöperate with such by consultation or otherwise be treated as accessories, which they really are, and the effect will soon become apparent. The College of Physicians of Edinburgh has done its duty, and other colleges have followed its example, but we cannot say that the College of Physicians of Dublin has displayed any peculiar sensitiveness touching the contaminations of quackery. A guinea we hear is not considered of less value because it comes in consultation with a quack, and a colleague is not the less respected because he is the colleague of a medical reprobate:—

The medical profession is now thoroughly roused from its lethargy, and there is very little risk of its returning to carelessness or torpor, on the subject of quackery. But there is some danger that the fervid and honest spirit now universally evinced may be misdirected. Our earnest desire is to see the profession prosper and retain in public estimation the place bequeathed by the great men who have gone before us. This we doubt not will be achieved in spite of all the pestilent heresies Germany and France can vomit from their perverted bosoms. To such the only answer is, Look to statements and arguments, and if you find aught to gainsay or contradict, let us hear it. If not, personal objections conceal a spirit of as much weakness and falsehood as personal attacks. We ask such men to join in chasing dishonesty and imposture from the ranks, and they reply by cavilling and seeking to rouse prejudice against the hand which helps them. The truth is, they prefer the darkness to the light, because their own deeds are evil. We warn the profession against a trick of which many signs may be observed. The favourers of quackery, conscious that the indignation they have roused is too general and too deep for resistance, would make a sacrifice of homœopathy, as mariners in distress throw a tub to the whale in its fury. They would turn the whole of our anger against this particular fraud, and purchase an unlimited indulgence in other directions. This device, did it succeed, would do great honour to the followers of Hahnemann; but let the allies of quackery know that the feelings of the medical profession towards homœopathy are not free from contempt, while mesmerism and other forms of quackery in doctrine and conduct are viewed with unmixed and unrelenting censure, because all of these are accompanied with incidents of the most impure and demoralizing tendency. Could they take root among us, and were they established as ordinary resources in physic, they would drive doctors out of every honest home as dangerous corrupters; and we are well assured that the fumbling of mesmerists and unscientific proceedings of other species of quacks, have already led to seduction and profligacy on a more extended scale than would be readily believed. The medical profession must not be so seriously disturbed merely for the purpose of getting rid of such puerile nonsense as globulism alone, which would have died of ridicule and contempt long ago, had it not been fostered by the hangers-on of royalty and fashion. We must be careful to take with us the good wishes and aid of the public, which would be withheld from any partial repression having an air of persecution. Let the knaves perish together, and let us abide by truth in all things. If we do not adopt these large views, we shall be defeated, even by the weak and shallow beings who, in medicine as in theology, make constant but false appeals to liberty of opinion in defence of their invariable illiberality. Their impudent and braggart philosophy pollutes the sacred name of science everywhere; it exhibits the utmost keenness in spying out the most shadowy distinctions, the greatest briskness in starting objections, and lubricity in eluding refutation; it is the stiffest stickler for all antiquated notions or new fancies which can be strained to its own ends, and its dexterity in plucking itself from the arena of debate under a *tu quoque* reproach, must never be lost sight of. Again and again we conjure our colleagues not to permit one offender to pay the penalty of the crimes of others, nor to let slip the present opportunity of thoroughly purging the profession of knaves and impostors of every class.—*Lancet.*

MARKING DESERTERS BY THE MEDICAL OFFICERS OF THE ARMY.

This question has, we have much pleasure in intimating to our readers, been at last clearly set at rest, and any doubt as to the wording or interpretation of the *late order* dispelled by the Secretary at War himself. In order that there may be no misunderstanding whatever, a circular letter has been forwarded from the War Office to the governors of the military prisons, directing that the "said marking is to be performed by the infirmary warden, or

some other subordinate officer of the establishment, in the presence of the medical officer, in as careful and efficient a manner as possible. Whilst the matter was *in doubt*, we thought it right to offer our strictures upon *the order*, but were ourselves satisfied that it never could be the intention of the authorities to offer insult to a body of men who, in the midst of deadly pestilence, or savage war, have ever been foremost in the relief of suffering humanity, and in the discharge of every duty devolving on them.

OPERATION OF THE DISPENSARY ACT.

The combination of electoral divisions in two separate unions to form Dispensary Districts, continues to be a subject of discussion. We make the following short extract respecting it from a provincial journal *(The Wexford Independent)*, to which our profession is often indebted for useful suggestions and information :—

In the present act it is provided that each dispensary district shall be made up of a certain number of *un*divided electoral divisions; but the act does not show how adjoining unions are to coöperate in uniting electoral divisions on the boundaries of two unions; or, in other words, there is no provision by which electoral divisions on the boundary of one union, however conveniently placed as regards the formation of a new dispensary district, are to be united with corresponding divisions in the other union. However, on this subject, we would recommend to the guardians so situated to take the matter quietly into consideration; and without any difficulty they can mutually apportion the districts so that the spirit of the act may be complied with, and the *lapsus* of which our legislators have been guilty can be filled by the wisdom of the intelligent gentlemen composing our boards of guardians. The greatest difficulty which presents itself to us in the application of this measure is, the classification of relief recipients. What is to be the standard whereby an applicant is to be tested? In regulating this point some difficulty must arise, as a clear course must be steered, lest by making the relief too general, the spirit of independence which the public works tended so much to lower among a certain class of our small farmers, may, by classing them amongst those who are supposed to be unable to purchase medicine or fee a doctor, be still more degraded; and in addition to this an injury might be inflicted on the local medical practitioner, whose interests are not to be overlooked, and who, it is to be remembered, accepts his appointment under the impression that he is to be permitted full liberty to practise his profession in his capacity of a private practitioner, as well as an attendant on the poor; and that his legitimate right to receive remuneration for the supply of his medicines and his medical advice is not to be encroached on.

The following has reference to the same subject :—

TO THE EDITOR OF THE MEDICAL PRESS.

Dear Sir,—Enclosed I send a copy of a letter which I sent to the Ballinasloe Board of Guardians. By inserting it in the Press, you will much oblige.

Yours truly, Joseph Pratt.

October 18, 1851.

My Lords and Gentlemen,—Preparative to your nominating the dispensary districts under the new dispensary act, I would beg leave to suggest that my dispensary district be comprised of the electoral divisions of Killuan, Kilconnell, Ballymacvard, and Killalarton in the Ballinasloe union, also the electoral divisions of Grange and Killimerdaly in the Loughrea union, which are at present in my district. These electorates are adjoining each other, and all in my immediate vicinity, and I am of opinion it would be expedient for the Ballinasloe and Loughrea guardians to coöperate in forming such a district; by so doing they will save both unions a considerable expense, as one dispensary will be quite adequate for the above electorates. I may mention that my residence at present is nearly the centre of these divisions.—I remain your obedient servant, Joseph Pratt,

Medical Superintendent of the Killane Dispensary, Kilconnell.

To the Chairman and Board of Guardians, Ballinasloe.

THE MEDICAL COMMISSIONER.

Up to the time of our going to press no appointment has been made. It is, however, generally believed that a gentleman, on whose integrity our profession can rely, will be the person chosen.

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1851.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Oct. 12th,	66	42	30.250	.050
Monday,	13th,	61	47	29.950	.235
Tuesday,	14th,	60	40	29.922	
Wednesday,	15th,	57	41	29.400	.004
Thursday,	16th,	55	34	29.500	
Friday,	17th,	54.5	34	29.900	
Saturday,	18th,	58	45	29.800	

PORTARLINGTON, QUEEN'S COUNTY.

1851.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Oct. 12th,	63.5	42	29.930	55.8	54	52.6	.097	NW
13th,	60.5	53	29.639	57.3	56.2	55.4	.452	SW
14th,	59	42	29.624	56.1	52.1	48 5	.052	NW
15th,	55	42	29.144	54.5	51	47.8	.124	NW
16th,	51	35	29.219	47.7	44.5	40.9	.002	NW
17th,	54	35.5	29.585	50.1	47.1	44	.004	NW
18th,	59	48	29.527	58.4	57.5	56 8	.095	WSW

M. W. HANLON, M.B.

PROFESSOR PORTER'S SURGICAL WORKS.

OBSERVATIONS ON THE SURGICAL PATHOLOGY OF THE LARYNX AND TRACHEA,

Chiefly with a view to Illustrate the Affections of those Organs which may require the operation of Bronchotomy.

OBSERVATIONS ON THE SURGICAL PATHOLOGY AND TREATMENT OF ANEURISM.

By William Henry Porter, M.D,

Surgeon to the Meath Hospital and County Dublin Infirmary, Consulting-Surgeon to the City of Dublin Hospital, and Professor of the Theory and Practice of Surgery in the Royal College of Surgeons in Ireland, &c. &c.

Dublin: Fannin and Co., Grafton-street.

Mr. Porter is preparing for publication his Lectures on Venereal Diseases, with additional Notes and Illustrations.

THE ROYAL MEDICAL HALL,

64, DAME-STREET, DUBLIN.

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will constitute a *legitimate* and prominent department of the Business of their Establishment, and that special attention will be devoted to its cultivation. No pains will be spared in order to obtain the implicit confidence of the medical profession and the public, as well in regard of promptitude and carefulness in the execution of orders, as in the genuineness and quality of the medicines employed.

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ROYAL COLLEGE OF SURGEONS IN IRELAND.

SCHOOL OF SURGERY.

THE Winter Session, 1851–52, will commence on Monday, October 27.

Anatomy and Physiology—Dr. Jacob.
Descriptive Anatomy—Dr. Hart and Dr. Macdonnell.
Surgery—Mr. Porter and Mr. Hargrave.
Practice of Medicine—Dr. Benson.
Chemistry—Dr. Barker.
Midwifery—Dr. Beatty.
Comparative Anatomy—Dr. Jacob.
Dissections by the Professors of Anatomy and the Demonstrators—Dr. Leeson, Mr. Labatt, Mr. T. D. Hargrave, Mr. Malcolmson, and Mr. Morgan.

THE SUMMER SESSION WILL COMMENCE THE 3RD OF MAY.

Materia Medica—Mr. Williams.
Botany—Dr. A. Mitchell.
Medical Jurisprudence—Dr. Geoghegan.
Practical Chemistry—Dr. Barker.

The Fee for each of the above Courses is Two Guineas.

For further information apply to any of the Professors, or to the Registrar. By order,

W. BOYLAN, Registrar.

CITY OF DUBLIN HOSPITAL.

THE Winter Course of Practical, Medical, and Surgical Instruction will commence on the 27th of October.

The Clinical Lectures will be delivered by Dr. Jacob, Dr. Benson, Dr. Beatty, Mr. Hargrave, Mr. Williams, Dr. Geoghegan, and Mr. Tufnell.

Dr. Jacob will deliver a full Course of Lectures on Diseases of the Eye; Dr. Beatty, select Lectures on Diseases peculiar to Women and Children; and Mr. Tufnell on Military Surgery.

Sir Henry Marsh, Sir Philip Crampton, Professor Apjohn, Professor Porter, and Mr. Cusack, give their assistance in cases requiring consultation.

Certificates of attendance are received as qualification by all the Colleges, Halls, and Boards.

DISEASES OF THE EYE.

DR. JACOB will deliver a full Course of Lectures on the Anatomy, Physiology, and Optical Mechanism of the Eye, during the ensuing Session, in the College of Surgeons, and also a separate Course on its Pathology and Diseases, with the Operations required in their Treatment, in the City of Dublin Hospital.

G. OLDHAM and Co., Pharmaceutical Chemists and Apothecaries, 107, Grafton-street, Dublin, corner of Suffolk-street (Agents for the sale of Mr. Coxeter's Surgical Instruments), invite the attention of the Medical Profession to their present Stock of Instruments, all of which are manufactured on the most approved principles.

Superior Dissecting Instruments well worth the inspection of the Student.

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ROYAL COLLEGE OF SURGEONS.

SCHOOL OF SURGERY.

THE Session 1851–2 will not commence until the 27th of October. Gentlemen, however, residing in Dublin can commence their Dissections immediately on entering their names for the ensuing Winter Course of Practical Anatomy.

THE
RICHMOND SURGICAL, WHITWORTH MEDICAL,
AND
HARDWICKE FEVER HOSPITALS,
North Brunswick-street.

THE course of attendance and Clinical Lectures at the above mentioned hospitals will commence on Saturday, the 1st of November, 1851, at ten o'clock, a.m., when Dr. Corrigan will deliver the Introductory Lecture. The Course will be continued during the Winter and Summer Sessions.

These hospitals contain 300 beds, and have attached to them the Talbot General Dispensary, the Lunatic Asylum at Island Bridge, and the Truss Establishment for the Relief of the Ruptured Poor of Ireland; also a well-selected Medical and Surgical Library.

There is also an extensive Museum, containing nearly four thousand Morbid Preparations, Casts, and Drawings, available for clinical instruction, and accessible to the hospital class at all times.

The Surgeons visit daily at half-past eight o'clock, and the Physicians daily at ten o'clock a.m.

Two Surgical and two Medical Clinical Lectures will be delivered each week.

The resident pupils and clinical clerks of the Richmond, Whitworth, and Hardwicke Hospitals are selected from the class according to merit.

Two prizes will be given at the end of the Winter Session—one in Clinical Surgery, and one in Clinical Medicine.

The instruction in Clinical Medicine is given by—
Dr. Corrigan, M.R.I.A., Physician in Ordinary to the Queen in Ireland, Lecturer on the Practice of Medicine in the Carmichael School of Medicine, &c.;
Dr. Banks, M.R.I.A., Honorary Fellow of the King and Queen's College of Physicians in Ireland, King's Professor of the Practice of Medicine;
Dr. McDowel, F.R.C.S.I., Lecturer on Anatomy and Physiology in the Carmichael School of Medicine, &c.;
Dr. Gordon, F.R.C.S.I., M.R.I.A., Physician to the Government Lunatic Asylum at Island Bridge.

The instruction in Clinical Surgery is given by—
Dr. Hutton, M.R.I.A., Vice-President of the Royal College of Surgeons in Ireland, Surgeon to Simpson's Hospital, &c.;
Dr. Adams, F.R.C.S.I., M.R.I.A., &c.;
Dr. MacDonnell, F.R.C.S.I., M.R.I.A., Professor of Practical and Descriptive Anatomy in the Royal College of Surgeons in Ireland, &c.;
Mr. Hamilton, F.R.C.S I., M.R I.A., Examiner in Surgery to the Queen's University, Lecturer on Surgery in the Carmichael School of Medicine, &c.;
Dr. R. W. Smith, F.R.C.S.I., M.R.I.A., Professor of Surgery in the University of Dublin.

In the immediate vicinity of these Hospitals is the Carmichael, late the Richmond Hospital, School of Medicine, where regular courses of lectures are delivered on the several subjects of medical science.

Attendance for nine months on the practice of a General Hospital, with attendance on the Clinical Lectures on Medicine and Surgery therein delivered, is, by a recent regulation of the Board of Trinity College, required from candidates for the degree of M.B.

The London College of Surgeons require a list of the pupils entering for the Winter Session, to be transmitted to their Secretary, on or before the 25th of November next.

Terms of Attendance.

For the Winter Session of Six Months, ... Eight Guineas.
For the Summer Session of Three Months, Three Guineas.

For further particulars apply to the Secretary, Dr. Hutton, 29, Gardiner's-place, or at the hospitals.

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Wednesday, October 22, 1851.

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EDUCATIONAL REGULATIONS OF COLLEGES AND BOARDS.

ROYAL COLLEGE OF SURGEONS OF IRELAND.

President—Leonard Trant.
Vice-President—Edward Hutton.
Secretary—Alexander Read.

Council—Sir Philip Crampton, Bart., Alexander Read, James W. Cusack, Arthur Jacob, William Tagert, Andrew Ellis, Robert C. Williams, Francis Rynd, Robert Adams, James Barker, William Colles, John H. Power, Lewis E. Lipsett, John Macdonnell, Maurice Corr, Michael H. Stapleton, Philip Bevan, Hans Irvine, James S. Hughes.

Secretary of the Council—Henry Maunsell.

Court of Examiners—T. Rumley, J. Smyly, C. Fleming, J. Morgan, R. Tuohill, and R. Butcher.

PROFESSORS.

Anatomy and Physiology—Arthur Jacob.
Descriptive Anatomy—J. Hart and J. Macdonnell.
Surgery—H. Porter and W. Hargrave.
Medicine—C. Benson.
Chemistry—W. Barker.
Materia Medica—R. C. Williams.
Midwifery—T. Beatty.
Medical Jurisprudence—T. G. Geoghegan.
Botany—A. Mitchell.

THE Royal College of Surgeons in Ireland grants two different diplomas—one conferring the rank of Fellow, and the other that of Licentiate. The Fellow is a member of the corporation, and entitled to vote at all elections for president, vice-president, and councillors, and also to be elected president, vice-president, or member of council. The Letters Testimonial granted to the Licentiate enables him "to exercise and enjoy all rights of practice in the art or science of surgery, or otherwise, which are commonly enjoyed by the Fellows, and to have free access to the library and museum of the College, and makes him eligible to the rank of Fellow, subject to specified regulations." Both Fellows and Licentiates are obliged to make and subscribe a formal declaration legally binding them "to observe and be obedient to the statutes, bye-laws, and ordinances of the College, and to the utmost of their power to promote its honour, reputation, and dignity." Fellows, in addition, declare that they "do not practise the business or profession of an apothecary or druggist, or indirectly sell drugs or medicines, and that they will not, while Fellows, practise such business or profession." The charter also provides, "that if it shall at any time hereafter appear that any Licentiate or Fellow shall have obtained his diploma by any *fraud, false statement, or imposition*, or that *either before or after* obtaining such diploma, he has wilfully violated any bye-law, rule, or regulation of the College, the Council may censure him, or if expedient, recal and make void his diploma, and expel him.

A student who proposes to become a Fellow or Licentiate of the College must first become a registered pupil, for which he pays a fee of five guineas; but he is permitted to postpone such entry as registered pupil and such payment until the period of his final examination.

The fees for the diplomas are as follows:—For Fellowship, twenty-five guineas, in addition to the registration fee of five guineas; thirty guineas in all. But if the candidate has already passed as a Licentiate, and paid the registration fee of five guineas, and twenty guineas, the fee for Letters Testimonial—twenty-five in all; he is required to pay a Fellowship fee of ten guineas only, should he propose to become a Fellow. If a person becomes a fellow at once, he pays thirty guineas; but if he commences as Licentiate, and afterwards passes as Fellow, he pays thirty-five guineas in all—viz., five guineas registration fee, twenty guineas for Letters Testimonial, and ten guineas for Fellowship. For the licence or Letters Testimonial alone, the candidate pays five guineas registration fee, and twenty guineas for the final examination—twenty-five in all. The student who becomes a registered pupil as soon as he commences his studies in Dublin, is thereby matriculated in the College, and entitled to its protection, aid, and guidance. Fellows of the College who settle to practise in Dublin, are required to pay ten guineas in addition to their other fees.

Fellowship.—The candidate for the Fellowship must be twenty-five years of age, and if not a graduate in arts

of some university, must be prepared to answer a classical examination, which is generally confined to the principal books read for entrance into Dublin University. He must have been six years engaged in professional study, three of which must have been in Dublin; and he must also have been a house-surgeon or dresser in an hospital. He is required to attend lectures on anatomy and physiology, and on surgery with dissections during three seasons, chemistry during two, and practice of medicine, materia medica, midwifery, medical jurisprudence, comparative anatomy, natural philosophy, and botany, for one course each. His hospital attendance must be three years at least. Bachelors of Arts, after five years' study, are admitted to examination on compliance with the above regulations; and Licentiates of the College of ten years' standing are also admitted, although they may not have been educated in strict conformity with them.

Letters Testimonial.—The candidate for Letters Testimonial is required, as has been already stated, to become a registered pupil, and to pass a classical examination. He is also required to prove that he has studied for *three* years in the metropolitan schools (nine months in each year), and for a fourth year either there or anywhere else, where he might have obtained professional information. His hospital attendance is by the bye-law declared to be *three years* "where clinical instruction is given," and all the Dublin hospitals are recognized. Credit is given for attendance on provincial hospitals, but it is expected that while the pupil is in attendance on lectures in Dublin, he shall, at the same time, attend an hospital there. Candidates for Letters Testimonial are also required to prove that they have attended three courses of lectures on anatomy and physiology, surgery, and practical anatomy (being demonstrations with dissections), two courses on chemistry, and one course on the practice of medicine, materia medica, midwifery, and medical jurisprudence.

Candidates both for the Fellowship and Letters Testimonial are examined on the *practice of medicine and pharmacy* as well as on surgery. The diploma is a full qualification as General Practitioner, entitling the holder of it to be appointed to county infirmaries, fever hospitals, dispensaries, poorhouses, and all other medical charities. They can also practise medicine as fully and freely as Doctors of Medicine, or Fellows or Licentiates of Colleges of Physicians; and *Licentiates* of the College can dispense medicines to their own patients; but they cannot keep open shops, or retail drugs, or compound the prescriptions of other practitioners without the licence of the Apothecaries' Company. Both Fellows and Licentiates are authorized by law, and permitted by the charter, to compound and dispense medicines for their patients in the hospitals, dispensaries, and poorhouses to which they are attached. None but Fellows and Licentiates of this College are eligible to be appointed Surgeons of County Infirmaries in Ireland.

The College of Surgeons of Ireland is empowered by charter to grant a diploma in midwifery to its own Fellows and Licentiates only; *and does not recognize any of them as midwifery practitioners, or mark them as such in the printed lists of the College, unless they have had that diploma granted to them.*

Certificates granted by professors in universities which do not receive the certificates granted by the professors in the College of Surgeons, are not recognized as qualification from candidates for either of the diplomas.

Certificates of attendance on *lectures* delivered in Ireland are not received as qualification for either of the diplomas of the College, unless the professors or lecturers who have granted them have been duly recognized as *professors or lecturers* in consequence of proof given that they "have acquired, either by education or practice, such ample information on professional subjects generally as is required from candidates for the fellowship," and that they "have enjoyed such opportunities of acquiring information on the particular subjects upon which they propose to lecture as the Council may consider necessary to qualify them to perform that duty."

Returns of the names of those who have entered to attend lectures, are required to be forwarded to the College by professors and lecturers on the 25th of November, and at such other periods during the session as the Council may think fit; which returns must certify that the students named therein are then attending regularly; and no certificate is received from any candidate for either of the diplomas unless his name appears in the returns corresponding to the date of such certificate. Professors or lecturers neglecting or refusing to make such returns, or who grant certificates to any student whose name has not been inserted in such returns, are not recognized.

Students are admitted to the classical examination required by the bye-laws without being required to become registered pupils, or to pay the registration fee of five guineas; it being considered desirable that pupils on their first arrival in Dublin, and as soon as they can conveniently do so after leaving school, should pass this preliminary trial, and not postpone it until the period of their final examination for Letters Testimonial. They have only to present themselves at the College, and to pay a fee of five shillings to enable them to offer themselves; and if approved, the certificate required by the bye-laws to be produced by candidates for Letters Testimonial is granted to them. On payment of five guineas at any subsequent period, they are enrolled as registered pupils, and become entitled to study in the museum and library, and to attend the lectures on comparative anatomy. They are examined in the Gospel of St. John in the Greek Testament, and in the first five books of the Æneid of Virgil.

The following ordinance of Council was made April 9th, 1851:—

"To enable surgical students to devote more time to hospital attendance and dissection during the winter session, the lectures on materia medica, medical jurisprudence, practical chemistry, and botany, shall be delivered during the summer session, in the School of the College, and in the schools recognized by the College. To secure due attendance on hospital practice by the student for the full term required by the bye-laws, certificates of such attendance during the summer session shall be granted separately from those granted for the winter session. Certificates granted subsequent to the 30th of April, 1851, shall not be received as qualification for Letters Testimonial unless issued in conformity with these regulations."

This being a very important alteration, requires some explanation to make the student aware of its object and operation. Hitherto summer courses of lectures on a few subjects have been delivered to accommodate students required to remain in Dublin during the months of May, June, and July, to complete the hospital attendance of three years. These courses having, however, been found insufficient to secure the necessary means of instruction during this period, and the attendance of students on hospital practice at the same time having become irregular and imperfect, a more complete and efficient arrangement

was called for, and has been adopted both in Dublin and London. Surgical education is, in fact, to be regularly conducted in future from the beginning of April to the end of July, so as to enable the student to divide the required attendances more equally over his four years of study; and certificates of attendance on summer courses delivered in winter, or on winter courses delivered in summer, are not recognized. The lectures on materia medica and medical jurisprudence, heretofore delivered in winter, are henceforward, therefore, to be delivered in summer; and no certificate of attendance on winter courses on these subjects will be received. Lecturers on these subjects who disobey the above ordinance, and deliver their lectures in winter to accommodate persons obliged to rest satisfied with an irregular and imperfect surgical education, do so under a mistaken notion that their certificates may pass in London; but as the London College directs that candidates for their diploma, who shall have studied in Ireland, must produce certificates of lectures as "delivered in Ireland;" and as the lectures in question are delivered in the College of Surgeons in summer, in obedience to the College ordinance, this view is evidently erroneous.

On the 4th of December, 1850, the Council of the College adopted the following resolution with reference to the bye-law which enjoins that "certificates shall not be received from teachers or professors in colleges or other institutions which refuse to receive the certificates of professors in the College of Surgeons":—

"The Council being anxious to encourage liberal education among candidates for Fellowships and Letters Testimonial, in future all *graduates in arts* of the University of Dublin, being registered pupils of the College of Surgeons, shall be admitted to the examinations for Fellowship and Letters Testimonial, provided they produce the certificates of surgical education required by the bye-laws, and of such course of education the several certificates of the School of Physic, *now* required by the 'regulations of the University to be produced by candidates for the degree of Bachelor of Medicine, shall be received as part.'"

The Board of Trinity College not having reciprocated to this resolution in accordance with the terms of the bye-law, notwithstanding its adoption at their suggestion, Bachelors of Arts, being Licentiates of the College of Surgeons, may be disabled from availing themselves of the advantages it offers.

The following are the educational bye-laws in detail:—

1. *Registration of Pupils.*

Every person requiring to be registered as a pupil on the College books, shall, if the Council think fit, be so registered, if he shall have laid before the Council a receipt, showing that he has lodged, to the credit of the College, in the Bank of Ireland, a registry fee of *five guineas*. Registered pupils are admitted to the classical examination at the time of registry, or at any time previous to the final examination for Letters Testimonial. Students, not being registered pupils, are admitted to the same examination on payment of five shillings.

2. *Qualifications of Candidates for Letters Testimonial.*

Every registered pupil shall be admitted to an examination for Letters Testimonial, if he shall have laid before the Council the following documents:—*a.* A receipt showing that he has lodged a sum of *twenty guineas* in the Bank of Ireland, to the credit of the President, and for the use of the College. *b.* A certificate from the examiners of the College that he has passed an examination as to his acquaintance with the Greek and Latin languages. *c.* Certificates showing that he has been engaged in the study of his profession for not less than *four years; three* of which shall have been passed in attendance on lectures or hospitals in Dublin, London, Edinburgh, or Glasgow. *d.* Certificates of attendance on an hospital recognized by the Council, where clinical instruction is given, during three years. [An attendance of nine months in each year is accepted.] *e.* Certificates of attendance on *three* courses of lectures on anatomy and physiology, *three* courses of lectures on the theory and practice of surgery, and of the performance of *three* courses of dissections, accompanied by demonstrations; also certificates of attendance on *two* courses of lectures on chemistry; or one course of lectures on general, and one on practical chemistry; *one* course of lectures on materia medica; *one* course of lectures on the practice of medicine; *one* course of lectures on midwifery; and *one* course of lectures on medical jurisprudence.

3. *Examination of Candidates for Letters Testimonial.*

The examinations of candidates for Letters Testimonial shall be held from time to time, as the Council may direct. Five examiners at least shall be present at each examination. Each candidate shall be examined upon anatomy, physiology, the theory and practice of medicine and surgery, materia medica, and the form of prescription; and shall perform such surgical operations or dissections, or explain such anatomical and pathological preparations as the examiners may require. Candidates whose answering shall be found insufficient will not be allowed to present themselves a second time until after the expiration of six months from their first examination.

4. *Qualifications of Candidates for the Fellowship.*

Every registered pupil or Licentiate shall be admitted to examination for the Fellowship if he shall have laid before the Council the following documents:—*a.* A receipt showing that he has lodged in the Bank of Ireland, for the use of the College, the sum of *ten guineas*, in case he is a Licentiate, or of *twenty-five guineas*, in case he is a registered pupil; provided, in either case, he intends to reside beyond ten miles from Dublin. [Should the candidate intend to reside in Dublin, or within ten miles thereof, he shall lodge, if he is a Licentiate, twenty guineas; or if he is a registered pupil, thirty-five guineas. Fellows entering on the country list, who may subsequently settle as practitioners in Dublin, or within ten miles thereof, shall pay ten guineas to the College.] *b.* A certificate that he is twenty-five years of age. *c.* A certificate that he is a Bachelor of Arts of some university, or that he has been examined in such manner as the Council may, from time to time, direct, with a view to ascertain that he has obtained a liberal preliminary education. *d.* A certificate signed by two or more Fellows of the College, of good general conduct during his professional education. *e.* Certificates that he has been engaged in the acquisition of professional knowledge for a period of not less than *six* years; during three of which he must have studied in one or more of the schools and hospitals of Dublin recognized by the Council. He may have studied for the other three years in any school or schools of the united kingdom, which shall be approved by the Council, or in any foreign school of repute. It is also required that the candidate shall have had opportunities of practical instruction, as house-surgeon or dresser, in a recognized hospital. *f.* Certificates of attendance on the several courses of lectures required to be attended by candidates for Letters Testimonial, together withone course of lectures on comparative anatomy, one course of lectures on botany, and one on natural philosophy. *g.* A thesis on some medical subject; or clinical reports, with observations of six or more medical or surgical cases taken by himself. *h.* Candidates of the required age, who shall have taken the degree of Bachelor of Arts in a British or Irish university, and have complied with the foregoing regulations in other respects, will be admitted to examination at the end of five years of professional study; of which three years must have been passed in one or more of the recognized schools or hospitals of Dublin. *i.* Licentiates of the College, who may not be able to show that they have fol-

lowed the course of study specified in the preceding regulations, may, at the expiration of ten years from the date of their diploma, be admitted to the examination required for the Fellowship, provided they produce such evidence as shall be satisfactory to the Council that they have conducted themselves honourably in the practice of their profession.

5. *Qualifications of Candidates for the Diploma in Midwifery.*

Any Fellow or Licentiate of the College shall be admitted to an examination for the diploma in midwifery, upon laying before the Council the following documents:—*a*. A certificate showing that he has attended one course of lectures on midwifery and diseases of women and children, delivered by a professor or lecturer in some school of medicine or surgery recognized by the Council. *b*. A certificate showing that he has attended the practice of a lying-in hospital, recognized by the Council, for a period of six months; or the practice of a dispensary for lying-in women and children, recognized by the Council, and devoted to this branch of surgery alone. *c*. A certificate showing that he has conducted thirty labour cases at least. Candidates for the midwifery diploma shall be publicly examined on the organization of the female; the growth and peculiarities of the fœtus; the practice of midwifery; and the diseases of women and children; and if approved of, shall receive a licence or diploma certifying the same.

6. *Regulation of Schools.*

Certificates shall not be received for attendance on lectures delivered in Ireland, unless from teachers in schools permitting the visitation of the Council, and receiving their sanction. Neither shall certificates be received from teachers or professors in colleges, or other institutions for medical or surgical education, in Great Britain or Ireland, which colleges or institutions refuse to receive, as qualifications for a degree or licence, the certificates issued by professors in the College of Surgeons; nor shall certificates be received from teachers who deliver lectures upon more than one distinct subject, as hitherto allotted to professors in colleges and universities. This regulation shall not, however, exclude the certificates of two or more teachers, who may deliver conjointly, separate, perfect, and distinct courses on anatomy and physiology, and on the theory and practice of surgery.

Certificates shall not be received for attendance on lectures on anatomy and physiology, unless such lectures shall have been delivered upon at least five days of each week of the usual *winter* season, between October and May, nor on the theory and practice of surgery, unless delivered within the *same* period, on at least three days in each week.

The courses of lectures on the practice of medicine, chemistry, materia medica, midwifery, and medical jurisprudence, shall consist of sixty lectures at least,* and the courses of dissections and demonstrations shall be of six months' duration.

Certificates shall not hereafter be received for attendance on lectures delivered in Ireland, unless from persons who shall have acquired, either by education or practice, such ample information, on professional subjects generally, as is required from candidates for the Fellowship of the College, and who shall have enjoyed such opportunities of acquiring information on the particular subjects upon which they propose to lecture, as the Council may consider necessary to qualify them to perform that duty.

Returns of Students attending Lectures.—Professors and lecturers are required to transmit to the College on or before the 25th day of November in each year, returns of the names of the pupils who shall have entered to attend, and are then actually attending their respective lectures or demonstrations. They are also required to ascertain, from time to time, whether the students so returned are in attendance or not, as similar returns are required in the course of the session.

* The summer courses on these subjects are recognized.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

Qualifications, Examination, and Admission of Candidates for the Licence.

No Member or Licentiate of any company of apothecaries shall be admissible to the licence of the College; and should any such, after due examination, be approved of, he shall not be admitted as a Licentiate until he shall have surrendered his licence as an apothecary, and produced satisfactory evidence of his name having been removed from the list of the company. No person engaged in any kind of trade, shall be admitted to examination for the licence. Every candidate for the licence of the College, except those who have entered as students in arts, shall be required to produce a certificate of matriculation in the University of Dublin, conformably to the statute, 40 Geo. iii., c. 84, s. 34.

Candidates must produce evidence of having been engaged in the study of medicine for four years at least, and of having attended not less than two of the required courses in each year.

Candidates must produce evidence of having completed the following course of education,—viz., of having attended one or more courses of lectures on anatomy and physiology, chemistry, institutes of medicine, materia medica and pharmacy, midwifery and diseases of women and children, practice of medicine, and on surgery—each course to be of six months' duration; on botany and on medical jurisprudence for at least three months each; of having performed a course of dissections and attended the accompanying demonstrations during six months, and of having attended a course of practical chemistry for at least three months.

All the lectures are required to have been delivered by the respective Professors of the School of Physic in Ireland, or by other lecturers recognized by the College.

Candidates must produce certificates of attendance for two years and six months on the practice of a recognized hospital, and the clinical lectures delivered therein during that period; also for six months on the practice of a lying-in hospital recognized by the College.

Candidates who, on having performed the full acts, have graduated in medicine in one of the universities of Great Britain or Ireland, or who have been admitted as Licentiates of either of the Royal Colleges of Physicians of London or Edinburgh shall be admissible to examination on such qualification.

Candidates who have been Licentiates of a college of surgeons in the united kingdom for four years, or upwards, or who, in addition to their diploma as such, shall produce certificates of attendance on a course of lectures on botany and the institutes of medicine, and on the practice of a recognized lying-in hospital for six months, shall be admissible to examination on such qualifications. The examination of candidates for the licence of the College to practise medicine shall be conducted on two separate days: the subjects of examination for the first day shall be anatomy and physiology, botany, chemistry, and materia medica; for the second day, acute diseases, chronic diseases, the institutes of medicine, and midwifery.

Candidates who are graduates in medicine of one of the universities in Great Britain or Ireland, Licentiates of either of the Royal Colleges of Physicians, London or Edinburgh, or members of a royal college of surgeons in the united kingdom, being graduates in arts of the Universities of Dublin, Oxford, or Cambridge, shall be required to undergo the second day's examination alone,—botany and materia medica in the case of members of a college of surgeons being added thereto. The examinations shall be conducted in the English language; but every candidate, except graduates in arts of Dublin, Oxford, or Cambridge, may be required, at the option of the President, to translate from a Latin or Greek medical author before he is admitted to examination as to his professional acquirements. Fee for the licence, £30, in addition to the stamp duty.

Every candidate shall, previously to examination, sign

the following declaration:—"I, A. B., hereby authorize the President and Fellows of the King and Queen's College of Physicians in Ireland, to erase my name from the list of Licentiates, and I consent to surrender my licence, and to have my privileges as a Licentiate withdrawn, if I shall, after having obtained the licence from said College, either continue to be or become a Licentiate of any company of apothecaries; or if I shall at any time hold or have any interest in an apothecary's shop, or engage in any trade in any part of the united kingdom."

When the College shall not be satisfied with the answering of any candidate, it shall be in their power, if they think fit, to repeat the examination of either day, at an interval of not less than two months; and should he ultimately be rejected, the fees to the College, and the amount of stamp duty lodged with the treasurer, shall both be returned.

Every person who shall be admitted as a Licentiate of this College, shall upon such admission, and before he receives his licence, subscribe and promise the due fulfilment of the following declaration, viz.:—"I, A. B., do hereby solemnly and sincerely promise that I will observe the statutes and bye-laws of this College, and to my power endeavour that the honour of the College be preserved entire; and in all things that belong to the honour or profit thereof, I shall be ready to give my advice and assistance. I engage not to practise any system or method (so called) for the cure or alleviation of disease of which the College has disapproved; nor to endeavour to obtain practice or to attract public notice by advertising, or by any other unworthy means; I also engage that I will neither permit nor sanction the use of my name by any other party for such purposes, nor in connexion with any secret or other remedy; and in case of any doubt relative to the true meaning or application of this engagement, I promise to submit to the judgment of the College. I promise that in all things lawful and honest, I will be obedient to the President, Vice-President, and Censors of the College: and I solemnly and sincerely declare, that should I violate any of the conditions enumerated in this declaration, so long as I shall be either a Licentiate or Fellow of the College, I thereby render myself liable, and shall submit to any reasonable punishment, whether censure of the College, pecuniary fine (not exceeding twenty pounds), or expulsion and surrendering of the licence, whichever the President and Fellows of the College, or the majority of them, shall think proper to inflict."

The following shall be the form of the licence to be granted to every person examined and admitted to practise medicine by the College:—"Omnibus ad quos præsentes Literæ pervenerint, et quorum interest, sit notum, Nos Præsidem et Socios Collegii Medicorum Regis et Reginæ in Hibernia, ——— postquam semel iterumque examinatione solenni, coram nobis pro more institutâ, se doctum et in arte medica adprime versatum probasset, licentiam prædictæ artis exercendæ quamdiu se bene gesserit, legibusque hujus Collegii obtemperaverit, plene quantum in nobis est permisse; et auctoritate Regiarum Chartarum, nobis in istum finem concessarum confirmasse; et hoc, Sigillo Collegii suffixo, et nominibus subscriptis, testatum volumus. Datæ Dublinii."

Every member of this College who shall desire to obtain the licence to practise midwifery shall produce a certificate of attendance for six months on the practice of a recognized lying-in hospital, when the College shall proceed to examine him as to his knowledge of midwifery; and if approved of, they shall grant him a special licence as a practitioner in midwifery, and shall cause him to be designated as such in the authorized lists of the College.

All Licentiates of this College shall have permission to attend the meetings during the examinations for licence.

At all meetings of physicians of the College, where the President is present, precedency and all marks of honour shall be paid to him. To preserve a good understanding among the members of the College, every member shall consult with every other member who is not under the censure of the College; and whosoever shall at any time refuse so to do, shall be liable to the censure of the College. Any member of this College who is guilty of unprofessional conduct, either by advertising or other practices unbecoming the honourable profession of physic, shall be placed under the censure of the College. No member of this College shall consult with, or otherwise sanction any other member who is under censure; nor consult with, or sanction professionally, any person who by advertisement, or other unworthy means, endeavours to obtain practice, or to attract public notice. No member of the College shall consult with any person who, for the cure or alleviation of disease, uses any secret remedy, or adopts and practises any system or method of which the College has disapproved.

Forwarded by order of the President.

William Edward Steele, Registrar.

In reference to these new regulations of the College of Physicians, it is necessary to observe, that the "Certificate of Matriculation in the University of Dublin," required in the first paragraph, is merely a copy of an entry in a book, for which a student pays five shillings. It implies no academic matriculation, no examination, and confers no collegiate *status* of any kind. It is required to bring students, not of the University, attending the lectures of the medical professors within the control of the College authorities, with a view to the preservation of order. The seventh paragraph providing for the admission of Licentiates of Colleges of Surgeons, appears to be superfluous, if not intended to be an expression of opinion that surgeons should be in practice for four years to entitle them to become physicians. Licentiates of the College of Surgeons must possess qualifications much more extensive than those required for admission to the examination for the licence of the College of Physicians, and by those laws must therefore be admissible to examination, whether surgeons or not: the certificates of the professors of the College of Surgeons being received as qualification. The object of these regulations seems to be to open the College of Physicians to surgeons, and if these rules do not do so unequivocally, they should be amended.

UNIVERSITY OF DUBLIN—TRINITY COLLEGE.

MEDICAL DEGREES.

Two Degrees are granted by this University: one of *Bachelor* of Medicine, the other of full *Doctor;* and none but *Graduates in Arts* are admitted to either. For the Degree of *Bachelor of Medicine* four years' medical study are required, and attendance on the following courses—viz., anatomy and chirurgery, surgery, chemistry, practical chemistry, botany, and dissections—one of each, by the University professors; institutes of medicine, practice of medicine, and materia medica—one of each, by Sir Patrick Dun's professors in the School of Physic; midwifery and medical jurisprudence by the professors of the College of Physicians—one of each; clinical lectures in Sir Patrick Dun's Hospital—three consecutive courses of three months' duration; and attendance on a general hospital for nine months. Of the above lectures, at least *two*, and not more than *three*, must have been attended during each of the four years' medical study. Students in Arts, matriculated as medical students, and having their names on the College books, are permitted to attend one course of lectures delivered by the four University professors free of expense; but certificates available in other colleges are not granted to them.

From recently published announcements respecting medical graduation in this University, the standing at which the degrees of Bachelor and Doctor can be taken does not seem to be settled. By the old regulations *(Regulæ Universitatis)* the Bachelor's degree cannot be taken until

three years after graduation in arts, and that of full Doctor until five years after graduation as Bachelor of Medicine. By newer rules it appears, a candidate can graduate as Bachelor after four years, and as Doctor after seven years, from entrance. Medical students, unconnected with the University, are allowed to attend the lectures of the professors, and are required to enrol their names as matriculated medical students; but they are not admitted to any examination, or entitled to take any degree or other academic rank.

QUEEN'S UNIVERSITY IN IRELAND.

Candidates for the degree of M.D. in the Queen's University in Ireland, shall have passed the matriculation examination prescribed for students in the faculty of medicine in the Queen's Colleges, and shall have pursued, four years, the following courses of study, the order of which, although strongly recommended, is, however, not absolutely prescribed:—

In the first year.—One modern language, anatomy and physiology, chemistry,—six months. General physics, botany,—three months.

In the second year.—Anatomy and physiology, practical anatomy, materia medica,—six months. Practical chemistry, comparative anatomy,—three months.

In the third year.—Practice of surgery, midwifery, clinical surgery,—six months.

In the fourth year.—Practice of medicine, medical jurisprudence, clinical medicine,—six months.

Candidates for the degree of M.D. will be required further to give evidence of their having attended a general hospital recognized by the Senate, during twenty-four months, or such general hospital during eighteen months, and the out-practice of an hospital or dispensary for six months, and also a course of practical pharmacy during three months. Candidates shall have attended at least one-third of the above courses in the medical faculty of some one or other of the Queen's Colleges in Ireland, and for the remainder, authenticated certificates shall be received from the professors or lecturers in colleges or medical schools recognized by the Senate of the Queen's University in Ireland. Students in Arts of the Queen's Colleges shall be admitted to examination for the degree of M.D. after having obtained the degree of A.B., provided they shall have completed the curriculum prescribed above for the second, third, and fourth years of medical study. Every candidate, before being admitted to the degree of M.D., shall undergo an examination in all the subjects comprehended in the above course of education, and shall afford satisfactory evidence that he is twenty-one years of age.

ARMY MEDICAL SERVICE.

Inspector-General of Hospitals and Superintendent of the Medical Department—Dr. Andrew Smith.

Professional Assistant—Dr. Thomas Spence, Staff Surgeon of the First Class.

Inspector of Medicines and Instruments—Staff-Surgeon Pilleau, Second Class.

Apothecary to the Forces—F. M. Bassano.

Regulations, dated February, 1840.

Candidates are required to produce the diploma of the College of Surgeons of London, Edinburgh, or Dublin, and the following testimonials:—Eighteen months' attendance at an hospital where the average number of in-patients is not less than one hundred; twenty-four months' anatomy; twelve months' practical anatomy; twelve months' surgery, or (what is preferred) six months' surgery and six months' military surgery; eight months' clinical surgery; a complete course of two or three lectures during the week; twelve months' practice of physic, or six months' practice of physic, and six of general pathology; eight months' clinical lectures on ditto, the same as required in surgery; twelve months' chemistry; six months' practical chemistry; three months' botany; four months' materia medica; three months' practical pharmacy, or apprenticeship; five months' natural history; five months' midwifery.

The candidates must be unmarried, and not beyond twenty-six, nor under twenty-one years of age. A liberal education and a competent knowledge of Greek and Latin are indispensably requisite in every candidate. Although the British schools are specified, candidates who have received regular education in approved foreign universities or schools will be admitted to examination. With the exception of practice of physic and clinical medicine by one teacher, candidates must have attended separate lecturers for each branch of science. Before promotion from the rank of assistant-surgeon to any higher rank, every gentleman must be prepared for examination before a board of medical officers.

Diplomas, tickets of attendance on lectures, and certificates of regular attendance, must be lodged at the office at least one week before the candidate appears for examination; and likewise certificates of moral conduct and character, one of them by a clergyman, and that of the parochial minister, is desirable. Baptismal certificates are required; if the parish register cannot be resorted to, an affidavit from one of the parents, or some person who can attest the fact, will be accepted. The certificate of the teacher of practical anatomy must state the number of subjects or parts dissected by the pupil. All candidates for medical appointments are required to be conversant with Cullen's Nosology. Hearing and vision must be good, shortsighted persons are inadmissible, constitution must be sound, and bodily frame at least moderately robust.

Note.—All communications to be forwarded "unsealed," under cover, to "The Right Honourable the Secretary at War," with the words "Army Medical Department" at the corner.

NAVAL MEDICAL SERVICE.

Director-General of the Medical Department of the Navy—Sir William Burnett, K.C.B., K.C.H., M.D., F.R.S.

Regulations, dated August 1, 1850.

The Lords Commissioners of the Admiralty have directed "that no person be admitted as an *Assistant-Surgeon* in the Royal Navy, who shall not produce a certificate from one of the Royal Colleges of Surgeons of England, Edinburgh, or Dublin, or from the Faculty of Physicians and Surgeons of Glasgow, of his fitness for that office; nor as *Surgeon*, unless he shall produce a diploma, or certificate, from one of the said royal colleges or faculty, founded on an examination to be passed subsequently to his appointment of assistant-surgeon, as to the candidate's fitness for the situation of surgeon in the navy; and in every case the candidate producing such certificate, or diploma, shall also undergo a further examination before the Director-General of the Medical Department of the Navy, touching his qualifications in all the necessary branches and points of medicine and surgery for each of the steps in the naval medical service." Previously to the admission of assistant surgeons into the navy, it will be required that they produce proof of having received a preliminary classical education, and that they possess in particular a competent knowledge of Latin; also,

That they are of good moral character, the certificate of which must be signed by the clergyman of the parish, or by a magistrate of the district.

That they have served an apprenticeship, or have been engaged for not less than six months in practical pharmacy.

That their age be not less than twenty years; nor more than twenty-four years; and that they are unmarried.

That they have actually attended an hospital in London, Edinburgh, Dublin, Glasgow, Aberdeen, or Manchester, for two years subsequently to the age of eighteen, in which hospital the average number of patients is not less than 150.

That they have been engaged in actual dissections of the human body twelve months; the certificate of which from the teacher must state the number of subjects or parts dissected by the candidate.

That they have attended lectures, &c., on the following subjects, at established schools, by physicians or surgeons of the recognized colleges of physicians and surgeons, in the united kingdom, for periods not less than below stated; observing, however, that such lectures will not be admitted if the teacher shall lecture on more than one branch of science, or if the lectures on anatomy, surgery, and medicine, be not attended during three distinct winter sessions of six months each:—Anatomy, eighteen months; or general anatomy, twelve months, and comparative anatomy, six months. Surgery, eighteen months; or general surgery, twelve months, and military surgery, six months. Theory of medicine, six months; practice of medicine, twelve months. (If the lectures on the theory and practice of medicine be given in conjunction, then the period required is eighteen months.) Clinical lectures (at an hospital as above) on the practice of medicine, six months; on the practice of surgery, six months. Chemistry, six months; or lectures on chemistry, three months, and practical chemistry, three months. Materia medica, six months. Midwifery, six months, accompanied by certificates stating the number of midwifery cases personally attended. Botany, six months; or general botany, three months, and medical botany, three months.

N.B.—Six months' lectures on pathology, if given at a university where there may be a professorship on that branch of science, will be admitted in lieu of six months' lectures on the practice of medicine.

In addition to the tickets for the lectures, certificates must be produced from the professors, by whom the lectures were given, stating the periods (in months) *actually* attended by the candidates. The time also of actual attendance at an hospital or infirmary must be certified.

A favourable consideration will be given to the cases of those who have obtained the degree of M.D. at Oxford, Cambridge, Edinburgh, Dublin, Glasgow, London, or Aberdeen; or who, by possessing a knowledge of diseases of the eye, and of any branch of science connected with the profession, such as medical jurisprudence, natural history, natural philosophy, &c., appear to be more peculiarly eligible for admission into the service; observing, however, that lectures on these or any other subjects cannot be admitted as compensating for any deficiency in those required by the regulations.

By the rules of the service, no assistant-surgeon can be promoted to the rank of surgeon until he shall have served three years (one year of which must be in a ship actually employed at sea), and can produce a diploma from one of the before mentioned royal colleges, or the Faculty of Physicians and Surgeons, and it is resolved that not any diploma or certificate of examination from either of the aforesaid royal colleges shall be admitted toward the qualification for surgeon, unless the diploma or certificate shall be obtained on an examination passed after a period of not less than three years' actual service, observing that no one can be admitted to an examination before the Director-General for surgeon, unless, as hereinbefore mentioned, he can produce a diploma, together with the most satisfactory certificates, that he has performed, on the dead body, under the superintendence of a professor or teacher of known eminence, all the capital operations of surgery, and is perfectly competent to perform any operation with skill and dexterity, and thoroughly acquainted with the anatomy of the parts involved in such operation; without which qualification, no one hereafter can be promoted to the higher branches of the service, and whenever assistant-surgeons already in the service (whose professional education may not be in accordance with the above), obtain leave to study previously to their passing for surgeon, they will be required, on their examination, to produce testimonials of their having availed themselves of the period of leave to complete their education agreeably to these regulations generally.

Candidates who may be admitted into the naval medical service must serve in whatever ships, &c., they may be appointed to; and, in the event of their being unable to do so from sea-sickness, their names cannot be continued on the naval medical list, nor can they, of course, be allowed half-pay.

By an Admiralty Circular, dated July 17th, 1850, assistant-surgeons are to be divided into two classes. The first class to consist of all who have completed three years' servitude from the period of their first entry (one year of which must be served on board a commissioned ship, and the other two may be served in one of the naval hospitals), and who have passed their examination for surgeon either at home or abroad. "Assistant-surgeons, who have served more than three years, and have passed the examination for surgeon under the above conditions, are to rank next to naval instructors, and are to mess with the board-room officers, to be allowed cabins when the accommodation and space on board will admit." The second class of assistant-surgeons to consist of all those who have not served three years, and those who have not passed their examination for surgeon. First-class assistant-surgeons, who may be serving in small vessels commanded by lieutenants, are to mess in the guard-room with the other officers.

ORDNANCE MEDICAL DEPARTMENT.

Master-General—The Marquis of Anglesey.
Inspector-General—Mr. James Stewart.
Deputy-Inspector-General—Dr. Verling.

Provisional List.—Medical students who have completed their twentieth year, who have been well instructed in Latin and Greek, the elements of mathematics and natural philosophy, and who can produce satisfactory proofs of being diligent in the study of their profession, and the sciences connected with it, may be entered in the provisional list of gentlemen desirous of being admitted candidates for the Ordnance Medical Department. A knowledge of modern languages, though not indispensable at the time of provisional reception, is highly desirable, and will be duly appreciated.

Candidates.—No applicant is to be received on the list of candidates before he is twenty-two, nor retained on it after he is twenty-five years of age. The age of every individual must be verified by a certificate of his baptism, if it can be procured; but if not, by a solemn declaration of one of his parents, or of some other person who can attest the date of his birth.

Qualifications.—Every candidate must bring proof of having diligently served five years to a surgeon and apothecary, if educated in England; but if not, qualification in the practice of medicine and pharmacy equivalent thereto.

Of having attended the practice of surgery in a recognized hospital or hospitals, where clinical instruction is constantly given for three years, three months being allowed for a vacation in each year. Of having attended:—Anatomical lectures, demonstrations, dissections, three anatomical seasons or sessions; morbid anatomy and pathology, one course; lectures on the principles and practice of surgery, delivered in two distinct periods or sessions, two courses, each comprising seventy lectures; or one course of surgery and one of military surgery; natural history or comparative anatomy, one course; chemistry, one course of 100 lectures; botany, one course; materia medica and therapeutics, one course of 100 lectures; lectures on the principles and practice of medicine, two courses, each 100 lectures, second and third winters; medical practice, with clinical lectures, eighteen months, commencing the second session—viz., twelve months in a recognized hospital and the remaining six months either in a recognized hospital or a dispensary; medical jurisprudence, with toxicology, one course of fifty lectures; midwifery, two courses, each of sixty lectures, second and third sessions; practical midwifery (not less than thirty cases); after the conclusion of the first course on midwifery lectures, a certificate of having passed the usual examination is to be produced; diseases of the eye (with attendance on patients of that class), one course.

He must produce a diploma from either of the Colleges of London, Edinburgh, or Dublin; and if not, a graduated M.D. of Scotland or Ireland, after having actually passed an examination in the university where he has obtained his degree; a certificate also of qualification from the Society of Apothecaries in London. It is likewise expected that candidates shall have attended establishments for the cure of diseases of the ear and skin, and for the treatment of patients affected with mental derangement.

The moral conduct and character of each individual must be certified by the gentleman to whose care his education was confided, and also by a clergyman, who, if practicable, should be the incumbent or officiating minister of the parish in which the applicant usually resides. The candidate is required to sign, before the board that is appointed to examine him, and to report upon his professional qualifications, a *Declaration* to the effect that he has no complaint whatever which can interfere with the effective performance of his duty; that he is unmarried; that he enters upon his duties with a full conviction of their importance, and will endeavour thoroughly to fulfil them.

EAST INDIA MEDICAL SERVICE.

Commander—Lieutenant-Colonel Hay.
Surgeons—Dr. Jackson and Mr. Westall.
Public Examiner and Inspector—Major-Gen. Pasley.
Clerk for passing Cadets and Assistant-Surgeons—Mr. Clarke.
Examining Medical Officer—Dr. Scott.

Regulations.

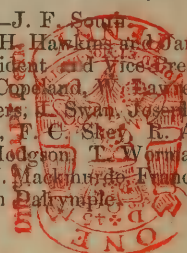
Age.—The assistant-surgeon must not be under twenty-two years, in proof of which he must produce an extract from the register of the parish in which he was born, or his own declaration and other certificates agreeably to forms to be obtained in the East India House for cadets and assistant-surgeons.

Qualification in Surgery.—The assistant-surgeon, upon receiving a nomination, will be furnished with a letter to the court of examiners of the Royal College of Surgeons, to be examined in surgery; or should the assistant-surgeon be previously in possession of a diploma from the Royal College of Surgeons of London, or of the Colleges of Surgeons of Dublin, or Edinburgh, or of the College and University of Glasgow, or of the Faculty of Physicians and Surgeons of Glasgow, either of them will be deemed satisfactory as to his knowledge of surgery, without any further examination. He is also required to produce a certificate from the cupper of a public hospital in London, of being capable of practising, with proper dexterity, the art of cupping.

Qualification in Physic.—The assistant-surgeon will also be required to pass an examination by the Company's examining physician in the practice of physic, as much anatomy and physiology as is necessary, and the art of prescribing and compounding medicines; and he will be required to produce proof of his having attended at least two courses of lectures on the practice of physic; and a certificate of having attended diligently the practice of the physicians at some general *hospital* in London (within the united kingdom) for six months, provided such provincial hospital contain at least, on an average, one hundred in-patients, and have attached to it a regular establishment of physicians as well as surgeons. No attendance on the practice of a physician at any *dispensary* will be admitted.

ROYAL COLLEGE OF SURGEONS, ENGLAND.

President—J. F. South.
Vice-Presidents—Cæsar H. Hawkins and James Luke.
The Council—The President and Vice-Presidents, R. Keate, G. J. Guthrie, T. Copeland, W. Lawrence, Sir B. C. Brodie, Bart., B. Travers, H. Swan, Joseph H. Green, E. Stanley, J. M. Arnott, F. C. Skey, R. A. Stafford, Bransby B. Cooper, J. Hodgson, T. Wormald, George Pilcher, John Bishop, G. W. Mackmurdo, Francis Kiernan, William Coulson, and John Dalrymple.



Court of Examiners—The President and Vice-Presidents, R. Keate, G. J. Guthrie, W. Lawrence, B. Travers, E. Stanley, J. H. Green, J. M. Arnott.
Professor of Anatomy and Physiology—J. Paget, Esq.
Hunterian Professor and Conservator of Museum—R. Owen, Esq.
Assistant-Conservator—J. T. Quekett, Esq.
Secretary—Mr. E. Belfour.

Regulations of the Council (1849) *respecting the Professional Education of Candidates for the Diploma of Member of the College.*

I. Candidates will be required to produce the following certificates—viz.: 1. Of twenty-one years of age. 2. Of having been engaged during four years in the acquirement of professional knowledge. 3. Of having studied practical pharmacy during six months. 4. Of having attended at a recognized hospital or hospitals in the united kingdom the practice of physic during one winter* and one summer† session. 5. Of having attended, during three winter and three summer sessions, the practice of surgery at a recognized hospital or hospitals in the united kingdom. 6. Of having studied anatomy and physiology, by attendance on lectures and demonstrations, and by dissections, during three winter sessions. 7. Of having attended, during two winter sessions, lectures on the principles and practice of surgery. 8. Of having attended, during one summer session, lectures on materia medica and lectures on midwifery; practical midwifery to be attended at any time after the conclusion of the session. 9. And of having attended one course of lectures on the practice of physic and one course on chemistry. [The course of study hereby prescribed is required to be observed by candidates who shall have pursued their studies in hospitals and schools in England. And those candidates who shall have studied in Ireland or Scotland will be admitted to examination upon producing certificates of having attended the required courses of lectures as delivered in the schools of Ireland and Scotland.]

II. Members or Licentiates of any legally constituted college of surgeons in the united kingdom, and graduates in surgery of any university requiring residence to obtain degrees, will be admitted for examination on producing their diploma, licence, or degree, together with proof of being twenty-one years of age, and of having been occupied at least four years in the acquirement of professional knowledge.

III. Graduates in medicine of any legally constituted college or university, requiring residence to obtain degrees, will be admitted for examination on adducing, together with their diploma or degree, proof of having completed the anatomical and surgical education required by the foregoing regulations, either at the school and hospital of the university where they shall have graduated, or at one or more of the recognized schools and hospitals in the united kingdom.

IV. Candidates who shall have attended at recognized colonial hospitals and schools,‡ the medical and surgical practice and the several courses of lectures, with the demonstrations and dissections required by the foregoing regulations, will be admitted for examination upon producing certificates of such attendance, together with certificates of having attended in London, during one winter session, the surgical practice of a recognized hospital, and lectures on anatomy, physiology, and surgery, with demonstrations and dissections.

V. Certificates will not be recognized from any hospital

* The winter session comprises a period of six months, and in England commences on the 1st of October and terminates on the 31st of March.

† The summer session comprises a period of three months, and in England commences on the 1st of May, and terminates on the 31st of July. No provincial hospital will be recognized by this college which contains less than 100 patients; and no metropolitan hospital which contains less than 150 patients.

‡ The recognition of colonial hospitals and schools is governed by the same regulations as apply to the recognition of provincial hospitals and schools in England.

unless the surgeons thereto be members of one of the legally constituted colleges of surgeons in the united kingdom; nor from any school of anatomy and physiology, or midwifery, unless the teachers in such school be members of some legally constituted college of physicians or surgeons in the united kingdom; nor from any school of surgery, unless the teachers in such school be members of one of the legally constituted colleges of surgeons in the united kingdom.

VI. Certificates will not be received on more than one branch of science from one and the same lecturer; but anatomy and physiology, demonstrations and dissections, will be respectively considered as one branch of science.

VII. Certificates will not be received from candidates who have studied in London, unless they shall have registered their tickets at the College, as required by the regulations, during the last ten days of January, March, and October in each year; nor from candidates who have studied elsewhere, unless their names shall duly appear in the registers transmitted during such studies from their respective schools.—By order of the Council,

EDMUND BELFOUR, Secretary.

N.B.—In the certificates of attendance on hospital practice and on lectures, it is required that the dates of commencement and termination be clearly expressed; and no interlineation, erasure, or alteration will be allowed. Blank forms of the required certificates may be obtained on application to the secretary, to whom they must be delivered, properly filled up, ten days before the candidate can be admitted to examination; and all such certificates are retained at the College.

REMARKS ON THE FOREGOING.

Candidates for the London diploma are not required to produce any proof of preliminary, classical, or other education; neither are they examined in the practice of medicine or in pharmacy. The diploma of the College is strictly and exclusively a surgical one, and does not profess to be a qualification for general practice. To become what is called a general practitioner; that is, to practise medicine, surgery, and midwifery, and to supply medicines to patients, the licence of the *London* Apothecaries' Company is necessary; but neither this, nor any other apothecary's licence, qualifies to practise medicine in Ireland.

SCOTCH AND ENGLISH MEDICAL COLLEGES.

We have not space for notice of these institutions in this day's publication. We, however, insert the following because it is the only one of them which has adopted the obvious measure of admitting regularly educated surgeons to examination without compelling them to live in the town where the College is situated for a year, or to pay for another "batch of certificates":—

UNIVERSITY OF ST. ANDREW'S.

Regulations of the Senatus Academicus respecting the Education of Candidates for the Degree of Doctor of Medicine.

I. Every candidate for a diploma in medicine, upon presenting himself for examination, shall produce satisfactory evidence—1. Of unexceptionable moral character. 2. Of having had a liberal and classical education. 3. Of having completed the twenty-first year of his age.

II. Fellows, Members, and Licentiates of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin—of the Royal College of Physicians of London—of the Faculty of Physicians and Surgeons of Glasgow—and of the London Apothecaries' Company, *are eligible as candidates for the degree of Doctor of Medicine, on producing their diploma or licence.*

III. Candidates not holding any of the qualifications enumerated in the above clause, must produce satisfactory proof that they have regularly attended lectures delivered by professors in some university, or by fellows of the Royal Colleges of Physicians or Surgeons of London, Edinburgh, or Dublin, for four complete winter sessions, or for three winter and three summer sessions, on the following branches: Anatomy, two courses of six months each; practical anatomy or dissections, twelve months; physiology, one course of six months; chemistry, one do. do.; practical chemistry, one do. of three months; materia medica and pharmacy, one do. do.; midwifery and diseases of women and children, one do. do.; surgery, one do. of six months; clinical surgery, one do. do.; practice of medicine, one do. do.; clinical medicine, one do. do.; and that they have diligently attended for at least two entire years the medical practice in some public hospital in Great Britain or Ireland, containing at least one hundred beds, and having a regular establishment of physicians as well as surgeons.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, OCTOBER 29, 1851.

We have, as on similar occasions heretofore, to trespass on our subscribers for the use of a number of THE PRESS, to give currency to the annual announcements respecting education. Although not containing the usual weekly record of contributions to medical knowledge, it is not, however, without its value as an index of the component ingredients of this department, which exercises so much influence on the destinies of our profession. The practitioner in the most remote part of Ireland will take a hint from it; reminding him, as it does, of the probable quality of the additions to our ranks, from which his future fellow-labourers or competitors are to be derived. Such a display suggests many considerations, and demands careful comments, in which our space does not permit us now to indulge, but which we may presently make. The educational additions and improvements made within the year, have not been inconsiderable or unimportant, and therefore demand our serious attention.

THE MEDICAL COMMISSIONER.

As we predicted in our last, this event, so anxiously looked for, has taken place, and, as we anticipated, Dr. MACDONNELL, Professor of Descriptive Anatomy in the College of Surgeons, and one of the Surgeons to the Richmond Hospital, has been appointed; and we can, without disparagement to the other candidates for the office, congratulate our brethren on the selection. Dr. MACDONNELL is the son of a worthy, highly-respected, and distinguished physician, the late Dr. MACDONNELL of Belfast; and is himself, as a member of our profession, fully entitled to fill the important office to which he has been nominated. This is perhaps enough to say on the subject, were we not called on to express thanks on the part of the body to which we belong for the respect paid to their opinions by the government on this occasion. They felt that this office should be filled by a gentleman of respectability and integrity, and they have not been disappointed. It now only remains to appoint the Inspectors, and we have every reason to believe that this will be done with the same regard for the public service and the character of our profession. We have heard many names mentioned, and we think we could with safety point out two upon whom the choice will probably fall: one, a surgeon of standing in this city who has heretofore been engaged in similar duty, and who has given ample proofs of practical acquaintance with the subject; the other, an equally eligible provincial practitioner. We must, however, refrain from more particular allusion to the subject.

ROYAL COLLEGE OF SURGEONS IN IRELAND,

List of gentlemen who obtained the Diploma of the College during the present year:—

Henry Banks, Wicklow
Wm. J. Ingham, Belturbet
J. J. E. Jacob, Maryborough
William H. Woods, Dublin
Francis W. Knox, Ballina
John Morgan, Dublin.
G. P. Woodward, Dublin
John K. Leet, Dalkey
Wm. Rogan, Londonderry
John Carroll, Virginia
William Gordon, Co. Down
William C. Shaw, Killyleagh
Robert Macdonnell, Dublin
John Dunlop, Ballycastle
Edward A. Brien, Dublin
M. O'Connor, Ballylongford
Edward J. Morris, Miltown Malbay
James M. Barry, Kingstown
Charles H. Hardy, Dublin
David L. Finlay, Dublin
Stuart Moore, Dublin
Henry Harkan, Dublin
James J. Armstrong, Dublin
G. St. G. Tyner, Lucan
T. Dolan, Drumshambo
Edward Y. Kellett, Drumroo
George H. Halpin, Wicklow
Robert Mack, Lisburn
Robert Murray, Monaghan
Robert Fitzmaurice, Listowel
R. Wm. Jackson, Edenderry
Patrick Kane, Tralee
Michael Flynn, Dungarvan
John S. Bush, Dublin
Samuel Hill, Ballinderry
James Wallace, Omagh
Arthur E. Jacob, Maryboro'
John O'Sullivan
W. P. D'Alton, Ballynakill
G. A. Moorhead, Tullamore
Irving Bagnell, Durrow
John Williams, Macroom.

UNIVERSITY OF ST. ANDREW'S,

The list of gentlemen who obtained the decree of Doctor of Medicine at the University of St. Andrew's, we are compelled to hold over. It will appear in our next.

Sold by all Booksellers, price 12s.,

ELEMENTS OF MATERIA MEDICA:

Containing the Chemistry and Natural History of Drugs, their Effects, Doses, and Adulterations, with the Preparations of the Pharmacopœias.

By Dr. FRAZER,

Licentiate of the King and Queen's College of Physicians, and Royal College of Surgeons, Ireland; Lecturer on Botany and Natural History to the Carmichael School of Medicine.

J. LAMPREY,
29, Westmorland-street.

MANUFACTURING CUTLER,

Begs to call the attention of the Medical Students to his Stock of Superior Dissecting and Pocket Instruments, which will be found most satisfactory in use and moderate price.

N.B.—Every description of Surgical Instruments made and repaired.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

At the stated Meeting of the College, held on St. Luke's Day, the following Officers were Elected for the ensuing year:—

President—Dr. William F. Montgomery.
Vice-President—Dr. Aquilla Smith.
Censors—Drs. Aquilla Smith, Henry Kennedy, Robert Travers, John Ringland.
Treasurer—Dr. John Mollan.
Librarian—Dr. George Alexander Kennedy.
Inspectors of Apothecaries' Shops—The Censors.
Professor of Midwifery—Dr. W. F. Montgomery.
Professor of Medical Jurisprudence—Dr. Thomas Brady.

WILLIAM EDWARD STEELE, M.B.,
Registrar, 15, Hatch-street.

October 18, 1851.

DR. STEEVENS' HOSPITAL.

The Winter Session and Clinical Lectures will commence on Monday, the 3rd of November.

Visiting hour, eight o'clock a.m.

Terms of attendance on the Medical and Surgical Wards, Lectures included:—

Winter six months	...	Eight guineas.
Summer do.	...	Five guineas.
Intern Dressership:—		
Winter six months	...	Twenty guineas.
Summer do.	...	Fifteen guineas.

This hospital receives two hundred patients, and is provided with distinct wards for Venereal Patients, and also affords the accommodation of an extensive Medical Library.

QUEEN'S UNIVERSITY IN IRELAND.

QUEEN'S COLLEGE BELFAST.—SESSION 1851–52.

FACULTY OF MEDICINE.

Lectures will commence on Tuesday, November 4.

Anatomy and Physiology—Dr. Carlisle.
Practice of Medicine—Dr. Ferguson.
Practice of Surgery—Dr. Gordon.
Chemistry—Dr. Andrews.
Materia Medica—Dr. Stewart.
Midwifery—Dr. Burden.
Comparative Anatomy—Dr. Carlisle.
Anatomical Demonstrations—Dr. Murney.

Practical Anatomy under the superintendence of the Professor of Anatomy and Physiology, the Demonstrator of Anatomy, and the Anatomical Assistant.

Practical Chemistry under the superintendence of the Professor of Chemistry and his Assistant.

Clinical Lectures will be given during the session at the Belfast General Hospital by the attendant physicians and surgeons; certificates of attendance on which are received as qualifications by the Senate of the Queen's University, and by the various licensing boards.

No student will be allowed to enter for any of the winter courses later than the 25th of November.

For further information see the Belfast Queen's College Calendar for 1851; or apply to the Registrar of the College.

By order of the President,
W. J. C. ALLEN, Registrar.

MEATH HOSPITAL AND COUNTY OF DUBLIN INFIRMARY.

The Winter Session commenced on the 1st of October. The usual courses of Clinical Instruction will commence on the first Monday in November, and will be continued through the session by the Physicians and Surgeons of the Institution.

Arrangements have been made to prevent the hours of attendance and lectures from interfering with any other place of instruction in Dublin.

The Medical and Surgical Clinical Instruction will be carried on on the alternate days—Mondays, Wednesdays, and Fridays for SURGICAL; and Tuesdays, Thursdays, and Saturdays for MEDICAL Instruction.

Operations, unless in cases of emergency, will only be performed on the days of Surgical Instruction.

A Surgical Registry of all cases admitted into the hospital is carefully preserved, and is open to the inspection of the pupils. A dispensary is attached to the hospital, in which the pupils are allowed to perform all the minor operations in surgery, under the guidance of the attending Surgeons. From 200 to 300 patients are prescribed for and relieved in the dispensary daily.

The following premiums are to be awarded, as usual, at the close of the session:—

1. The Clinical Medical Premiums.
2. The Clinical Surgical Premiums.
3. The Stethoscopic Prizes.

Of these there are two in each class to be awarded according to the order of merit.

The situation of Resident Pupil is open to pupils as well as apprentices of the hospital.

Special recommendatory certificates are given to such gentlemen as have filled the situation of Clinical Practising Assistants in the hospital for at least four months to the satisfaction of the medical officers.

Certificates of attendance on this hospital are acknowledged all over the empire.

The hospital is only a few minutes walk from the College of Surgeons.

The Medical Clinical Instruction is given by Dr. Stokes, Regius Professor of the Theory and Practice of Physic, Trinity College, Dublin, &c.; and Dr. Lees, Fellow of the College of Physicians, Lecturer on the Practice of Physic, Examiner in Medicine to the Queen's University in Ireland, &c.

The Surgical by Sir P. Crampton; Mr. G. Porter, A.M., F.R.C.S.I., &c.; Mr. Porter, A.M., Professor of Surgery, Royal College of Surgeons, &c.; Mr. Collis, A.M., F.R.C.S.I.; Mr. Smyly, A.M., F.R.C.S.I., &c.; and Mr. Rynd, A,M., F.R.C.S.I., &c. &c.

A Course of Lectures on Operative Surgery will be delivered in the course of the session by Sir Philip Crampton.

For further particulars apply to Francis Rynd, Esq., Secretary, No. 19, Ely-place, or at the hospital.

SCHOOL OF SURGERY, ROYAL COLLEGE OF SURGEONS.

The Session 1851–52 commenced on Monday, October 27, at one o'clock.

Anatomy and Physiology—Dr. Jacob.
Descriptive Anatomy—Dr. Hart and Dr. Macdonnell.
Surgery—Mr. Porter and Mr. Hargrave.
Practice of Medicine—Dr. Benson.
Chemistry—Dr. Barker.
Midwifery—Dr. Beatty.
Comparative Anatomy—Dr. Jacob.
Dissections by the Professors of Anatomy and the Demonstrators—Dr. Leeson, Mr. Labatt, Mr. T. D. Hargrave, Mr. Malcolmson, and Mr. Morgan.

Commencing May 3, by order of the College.

Materia Medica—Mr. Williams.
Medical Jurisprudence—Dr. Geoghegan.
Botany—Dr. A. Mitchell.
Practical Chemistry—Dr. Barker.

The Fee for each of the above Courses is Two Guineas, except Comparative Anatomy, which is free.

A Public Course of Lectures on Comparative Anatomy and Zoology, free to all students, is delivered by the Professor of Anatomy and Physiology at the commencement of the session; and additional lectures on the same subject at intervals during the winter.

Practical Instruction in Operative Surgery is given by the Professors of Surgery, separate from the Surgical Lectures. Fee, £5 5s.

The Professor of Chemistry receives operating pupils into the Chemical Laboratory.

The Professor of Medical Jurisprudence gives practical instruction in Toxicology in his Laboratory.

The following Ordinance was made by the Council of the College on the 9th of April, 1851:—"To enable surgical students to devote more time to hospital attendance and dissection during the winter session, the lectures on materia medica, medical jurisprudence, practical chemistry, and botany, shall be delivered during the summer session in the School of the College, and in the schools recognized by the College; and certificates granted subsequent to the 30th of April, 1851, shall not be received as qualification for letters testimonial, unless issued in conformity with this regulation." Similar regulations have been adopted by the Council of the College of Surgeons of England

In order to give full effect to this order, and to secure the advantages contemplated by it, no lectures will be delivered during the winter before one o'clock; from which hour the order of business will be as follows:—

Descriptive Anatomy, at one o'clock every day.
Anatomy and Physiology, at two o'clock every day.
Surgery, at three o'clock on Tuesdays, Thursdays, and Saturdays.
Chemistry, at three o'clock on Mondays, Wednesdays, and Fridays.
Practice of Medicine, at four o'clock on Mondays, Wednesdays, and Fridays.
Midwifery, at four o'clock on Tuesdays, Thursdays, and Saturdays.

Dissections from sunrise to sunset; one or more of the Demonstrators being always present to give instruction.

The Anatomical Instruction on Mondays, from one to three o'clock, will consist of practical instruction in the use of the Microscope, Minute Dissections of Organic Structure, and the making of Anatomical Preparations.

The Professor of Botany will commence a course of Lectures on Structural and Physiological Botany in February. This course, taken in conjunction with that on Comparative Anatomy and Zoology, by the Professor of Anatomy and Physiology, constitutes the Course of Natural History required by the Army Medical Board.

Pupils attending the Lectures on Midwifery and Diseases of Women and Children are admitted to the practice of a recognized midwifery hospital on payment of a fee of £4 4s.

CITY OF DUBLIN HOSPITAL,

Upper Baggot-street.

The Winter Session commenced on Monday, October 27th.

During the summer recess this Hospital has been greatly enlarged. Its arrangements are now such as to afford the student an opportunity of studying disease in all its forms—medical and surgical. The morning visit commences daily at half-past eight o'clock, when the nature, treatment, and progress of each case are explained at the bedside of the patient, and ample opportunity afforded to every student of becoming practically acquainted with the uses of the Stethoscope. Clinical Lectures are also delivered after the hospital visit.

Connected with the hospital is an extensive Dispensary, at which the pupils are allowed to perform the minor operations, under the guidance of the surgeons, and are rendered familiar with the details of dispensary management.

Every facility is given to students desirous of acting as Dressers and Clinical Assistants, subsequent to which all pupils of the hospital are eligible to the situation of House-Surgeon, according to merit.

A distinct Course of Lectures upon Diseases of the Eye is delivered by Dr. Jacob, and special wards are appropriated for the reception of Eye cases. Extended opportunities are thus afforded for acquiring a thoroughly practical knowledge of this important subject.

A ward is appropriated to the Diseases of Females, and clinical instruction is given upon all forms of Uterine Affection by Dr. Beatty.

Mr. Tufnell's Course of Lectures upon Military Surgery is also open to the pupils of the hospital. This Course is recognized in the professional qualification of candidates for admission into the Army, Navy, and Ordnance Medical Departments.

A Lending Library of well chosen books has been provided for the use of the pupils; and a correct registry of the cases in hospital is kept by the house-surgeon, to which they have free excess.

Certificates of attendance at this hospital are recognized by all the Colleges, Universities, and Halls, and by the Army and Navy Medical Boards.

Fee for Winter six months ... ... Six guineas.
" Summer six months ... ... Four guineas.
" Nine months ... ... Eight guineas.

Physicians and Surgeons.

A. Jacob, M.D., F.R.C.S., Professor of Anatomy and Physiology, Royal College of Surgeons.
T. E. Beatty, M.D., F.R.C.S., Professor of Midwifery, Royal College of Surgeons.
C. Benson, M.D., F.R.C.S., Professor of the Practice of Medicine, Royal College of Surgeons.
W. Hargrave, M.D., F.R.C.S., Professor of Surgery, Royal College of Surgeons.
R. C. Williams, M.D., F.R.C.S., Professor of Materia Medica, Royal College of Surgeons.
T. G. Geoghegan, M.D., F.R.C.S., Professor of Forensic Medicine, Royal College of Surgeons.
J. Tufnell, Esq., F.R.C.S., Surgeon to the Military Prison.

Consulting Physicians.

Sir Henry Marsh, Bart., and Professor Apjohn.

Consulting Surgeons.

Sir Philip Crampton, Bart., Professor Porter, and J. W. Cusack, M.D.

For further particulars apply to Dr. Benson, 34, York-street.

PRACTICE OF PHYSIC.

Dr. Benson will commence the Course of Lectures on the Principles and Practice of Physic in the Royal College of Surgeons on Friday, the 9th day of November, at four o'clock p.m.

The Description, Pathology, Diagnosis, and Treatment of *Medical* Diseases will form the subject of the Course.

Pathological preparations, plates, and recent specimens of diseased parts, will be exhibited for the purpose of illustration.

The Lectures will be delivered on Mondays, Wednesdays, and Fridays throughout the session, at four o'clock.

N.B.—Gentlemen entering the Army are required to attend Two Courses of Lectures on the Practice of Medicine; and those entering the Navy to attend Three such Courses.

Fee for each Course ... ... Two guineas.

DISEASES OF THE EYE.

DR. JACOB will deliver a full Course of Lectures on the Anatomy, Physiology, and Optical Mechanism of the Eye, during the ensuing Session, in the College of Surgeons, and also a separate Course on its Pathology and Diseases, with the Operations required in their Treatment, in the City of Dublin Hospital.

THE

RICHMOND SURGICAL, WHITWORTH MEDICAL,

AND

HARDWICKE FEVER HOSPITALS,

North Brunswick-street.

The course of attendance and Clinical Lectures at the above mentioned hospitals will commence on Saturday, the 1st of November, 1851, at ten o'clock a.m., when Dr. Corrigan will deliver the Introductory Lecture. The Course will be continued during the Winter and Summer Sessions.

These hospitals contain 300 beds, and have attached to them the Talbot General Dispensary, the Lunatic Asylum at Island Bridge, and the Truss Establishment for the Relief of the Ruptured Poor of Ireland; also a well-selected Medical and Surgical Library.

There is also an extensive Museum, containing nearly four thousand Morbid Preparations, Casts, and Drawings, available for clinical instruction, and accessible to the hospital class at all times.

The Surgeons visit daily at half-past eight o'clock, and the Physicians daily at ten o'clock a.m.

Two Surgical and two Medical Clinical Lectures will be delivered in each week.

The resident pupils and clinical clerks of the Richmond, Whitworth, and Hardwicke Hospitals are selected from the class according to merit.

Two prizes will be given at the end of the Winter Session—one in Clinical Surgery, and one in Clinical Medicine.

The instruction in Clinical Medicine is given by—

Dr. Corrigan, M.R.I.A., Physician in Ordinary to the Queen in Ireland, Lecturer on the Practice of Medicine in the Carmichael School of Medicine, &c.;
Dr. Banks, M.R.I.A., Honorary Fellow of the King and Queen's College of Physicians in Ireland, King's Professor of the Practice of Medicine;
Dr. McDowel, F.R.C.S.I., Lecturer on Anatomy and Physiology in the Carmichael School of Medicine, &c.;
Dr. Gordon, F.R.C.S.I., M.R.I.A., Physician to the Government Lunatic Asylum at Island Bridge.

The instruction in Clinical Surgery is given by—

Dr. Hutton, M.R.I.A., Vice-President of the Royal College of Surgeons in Ireland, Surgeon to Simpson's Hospital, &c.;
Dr. Adams, F.R.C.S.I., M.R.I.A., &c.;
Dr. MacDonnell, F.R.C.S.I., M.R.I.A., Professor of Practical and Descriptive Anatomy in the Royal College of Surgeons in Ireland, &c.;
Mr. Hamilton, F.R.C.S.I., M.R.I.A., Examiner in Surgery to the Queen's University, Lecturer on Surgery in the Carmichael School of Medicine, &c.;
Dr. R. W. Smith, F.R.C.S.I., M.R.I.A., Professor of Surgery in the University of Dublin.

In the immediate vicinity of these hospitals is the Carmichael, late the Richmond Hospital, School of Medicine, where regular courses of lectures are delivered on the several subjects of medical science.

Attendance for nine months on the practice of a General Hospital, with attendance on the Clinical Lectures on Medicine and Surgery therein delivered, is, by a recent regulation of the Board of Trinity College, required from candidates for the degree of M.B.

The London College of Surgeons require a list of the pupils entering for the Winter Session, to be transmitted to their Secretary, on or before the 25th of November next.

Terms of Attendance.

For the Winter Session of six months, ... Eight guineas.
For the Summer Session of three months, Three guineas.

For further particulars apply to the Secretary, Dr. Hutton, 29, Gardiner's-place, or at the hospitals.

JERVIS-STREET HOSPITAL, DUBLIN.

The Winter Session for 1851–52 begins on the first day of November.

The hospital, which contains eighty beds, will be visited daily at nine o'clock a.m., and arrangements have been made to prevent the hours of attendance and lectures from interfering with any other place of instruction in Dublin. An extensive Dispensary is attached, in which the pupils are allowed to perform all the minor operations in surgery, under the guidance of the attending surgeons; and two wards have been recently fitted up for the treatment of Diseases of the Eye.

Two Medical and two Surgical Clinical Lectures will be delivered weekly by the attending physicians and surgeons; and due notice of operations will be given, unless in cases of emergency.

The situation of Resident Pupil is open to pupils as well as apprentices of the hospital, and the election for the ensuing session will take place by public examination on Monday, November 10th, at ten o'clock a.m.

Certificates of attendance at this hospital are recognized by the King and Queen's College of Physicians, the Queen's University, the University of Edinburgh, the Army Medical, Navy, and East India Boards, and by all the licensing bodies in the kingdom.

In addition to the ordinary Clinical Instruction, special Courses of Lectures will be delivered during the ensuing session on Diseases of the Skin by Dr. Neligan; on Diseases of the Eye by Mr. Ellis; and on Syphilitic Diseases by Dr. Stapleton; for all of which distinct certificates will be given.

Physicians.

J. Moore Neligan, M.D., M.R.I.A.. Lecturer on the Practice of Medicine in the Dublin School of Medicine.
John Hughes, L.K. and Q.C.P., and R.C.S.I., one of the Medical Officers of the Richmond Lunatic Asylum.

Surgeons.

R. P. O'Reilly, F.R.C.S.I.
Andrew Ellis, F.R.C.S.I., Professor of Surgery to the Apothecaries' Hall, Dublin.
M. H. Stapleton, M.D., M.R.I.A., F.R.C.S.I., Professor of Anatomy to the Royal Hibernian Academy.
R. Harrison, M.D., M.R.I.A., F.R.C.S.I. and E., Professor of Anatomy and Physiology, Trinity College, Dublin.
A. Banon, M.D., F.R.C.S.I., Medical Attendant of the Richmond Government Prison.
James S. Hughes, M.D., F.R.C.S.I.
J. H. Power, M.D, F.R.C.S.I., Lecturer on Surgery in the Carmichael, formerly Richmond Hospital, School of Medicine.

For further particulars apply to Mr. Macgrath, at the hospital, or to any of the physicians or surgeons.

LYING-IN HOSPITAL,

Rutland-square, Dublin.

This Hospital, established by Royal Charter of Geo. II., 1756, contains 140 beds, 15 of which are appropriated to the diseases of females. Upwards of 2000 women are annually delivered in this institution by the pupils, under the superintendence of the resident medical officers.

There is a Museum and Library for the use of the students, and comfortable accommodation for *intern* pupils.

This hospital is recognized as a School for the delivery of Lectures on Midwifery by the Master, by the Royal Colleges of Surgeons in England and Ireland, the Apothecaries' Hall of Dublin, and all other licensing bodies.

The Winter Course of Lectures begins in November, the Summer in May.

Application to be made to the Master, Dr. Shekleton, at the hospital.

THE [illegible] AND DOUBLE-ACTIONED PATENT TRUSS.

Invented by FRANCIS L'ESTRANGE, Esq., F.R.C.S.I.

WILLIAM DUFF, of 37, Molesworth-street, Dublin, calls the attention of the medical profession and the public to this Truss. He can state with confidence it is the only instrument constructed on scientific principles, having for its object the Radical Cure of Rupture. It acts not merely as a palliative, but will produce a radical cure, as is attested by numerous certificates.

W. D. is the only Manufacturer of the Instrument. The trade and public institutions will be liberally dealt with.

ST. VINCENT'S HOSPITAL,

Stephen's-green.

The Winter Session for the attendance of pupils on the practice of this hospital will commence on Saturday, 1st of November, 1851.

The hospital, which is on the principle of the hospitals in Paris, contains one hundred beds, *constantly* occupied by instructive cases.

A large ward has been opened for the reception of children, on the plan of the "*Enfans Malades*," and will afford opportunities for studying the diseases of early life.

Connected with the hospital is an extensive Dispensary, where abundant means are presented for the acquisition of medical and surgical knowledge.

The hospital will be visited daily at eight o'clock a.m.

Clinical Lectures will be delivered twice every week during the session, and Clinical Instruction daily.

The Clinical Lectures will be illustrated by a splendid collection of Original Drawings, Casts, and Preparations.

Certificates of attendance on the practice of this hospital are recognized by the Colleges of Surgeons in London and Dublin; the London University; the Queen's University in Ireland; the Apothecaries' Halls, Dublin and London; the Army and Navy Medical Boards, &c. &c.

☞ In order to encourage that branch of study, Dr. O'Ferrall will, at the end of the session, award a prize to the pupil who shall produce the series of cases containing the most accurate description of Diseases in Children.

Medical Advisers.

First: J.M.O'Ferrall, Esq., M.D., M.R.I.A., F.R.C.S.
Second: O'B. Bellingham, Esq., M.D., F.R.C.S.

Consultants.

Sir Philip Crampton, Bart., M.D., F.R.S., F.R.C.S.
Sir Henry Marsh, Bart., M.D., M.R.I.A.

Further particulars may be learned by inquiring at the hospital during the hours of attendance.

SCHOOL OF PHYSIC IN IRELAND.

(Established by act of parliament 40 Geo. III. and under the joint Government of the Board of Trinity College and the King and Queen's College of Physicians.)

The Professors will commence their Annual Courses of Lectures and Hospital attendance,

On Monday, the 3rd of November,

At 10 o'clock, Dr. Law, on the Institutes of Medicine and Pathology, every Wednesday, Thursday, Friday, and Saturday.
11 ,, Dr. Osborne, on Materia Medica and Pharmacy, every Wednesday, Thursday, Friday, and Saturday.
11 ,, Dr. Robert W. Smith, on Surgery, every Monday and Tuesday, and at one o'clock every Saturday.
1 ,, Dr. Harrison, on Anatomy and Physiology.
2 ,, Dr. Apjohn on Chemistry.
3 ,, Dr. Banks, on the Practice of Medicine, every Monday, Tuesday, Wednesday, and Thursday.
4 ,, Dr. Montgomery, on Midwifery and the Diseases of Women and Children, every Monday, Tuesday, Wednesday, and Thursday.

The course of Practical Anatomy, and of Anatomical Demonstrations, will be conducted by the Professor of Anatomy, assisted by the Demonstrators, Dr. J. Hill and Dr. Samuel Gibson.

Sir Patrick Dun's Hospital will be visited at twelve o'clock daily by the Clinical Professors, and Clinical Lectures will be delivered twice in each week during the Winter Session, as also during the months of May, June, and July.

The Lectures on Botany, by Dr. Allman; and on Medical Jurisprudence, by Dr. Brady; and the Course of Practical Chemistry by Dr. Apjohn, will be delivered during the Summer Session.

The fee for each course of lectures is two guineas; for each course of clinical lectures, three guineas; for attendance on the practice of Sir P. Dun's Hospital to students in arts of two years' standing, three guineas; to other students, ten guineas.

Richd. Macdonnell, D.D.,
Registrar, T.C.D.
Wm. Edward Steele, M.B.,
Registrar to the King and Queen's College of Physicians in Ireland.

CARMICHAEL SCHOOL,

FORMERLY THE

RICHMOND HOSPITAL SCHOOL OF ANATOMY, MEDICINE, AND SURGERY,

North Great Brunswick-street,
(Near the Linen Hall,)
DUBLIN.

WINTER SESSION OF 1851-52.

The Winter Course of Lectures will commence on Thursday, the 30th of October, at twelve o'clock, and continue Six Months.

Anatomy and Physiology—Dr. Mayne, Dr. McDowel, and Dr. Maconchy.
Theory and Practice of Surgery, and Operative Surgery—Dr. Power and Mr. Hamilton.
Theory and Practice of Medicine—Dr. Corrigan.
Medical Jurisprudence—Dr. O'Reilly.
Midwifery and Diseases of Women and Children—Dr. Denham.
Chemistry—Dr. Davy.
Materia Medica and Therapeutics—Mr. Macnamara.
Botany and Natural History—Dr. Frazer.
Demonstrations—Dr. Maconchy, Dr. Cryan, and Dr. Byrne.

An extensive Museum of Materia Medica has been lately furnished.

A spacious and thoroughly ventilated Dissecting-room has been recently erected.

Dr. Maconchy and the Demonstrators, Dr. Cryan and Dr. Byrne, will attend constantly in the rooms to assist the students in practical anatomy.

Certificates of attendance on the Lectures delivered in this school are received by the Queen's University in Ireland, the different Colleges of Surgeons, the Army and Navy Medical Boards, the Universities of Glasgow, London, St. Andrew's, and Aberdeen, the Faculty of Glasgow, and the Apothecaries' Halls, London and Dublin; by the King and Queen's College of Physicians in Ireland, &c.

CARMICHAEL PREMIUMS.

By a bequest of the late Richard Carmichael, Esq., these premiums have been continued in the school. Public Examinations will therefore be held, and premiums awarded, at the termination of the Course, to the best answerers in the various branches taught in the school.

For further particulars apply to Dr. Power, 95, Harcourt-street; Dr. Mayne, 13, Upper Gloucester-street; Mr. Hamilton, 37, Westland-row; Dr. McDowel, 10, Great Denmark-street; or Dr. Maconchy.

G. OLDHAM and Co., Pharmaceutical Chemists and Apothecaries, 107, Grafton-street, Dublin, corner of Suffolk-street (Agents for the sale of Mr. Coxeter's Surgical Instruments), invite the attention of the Medical Profession to their present Stock of Instruments, all of which are manufactured on the most approved principles.

Superior Dissecting Instruments well worth the inspection of the Student.

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MEDICAL SCHOOL.

ANDERSON'S UNIVERSITY, GLASGOW.

The Winter Session will begin on Tuesday, November 4, 1851. Lectures will be delivered daily for six months on the following branches of medical science:—

Anatomy, Descriptive and Physiological—Dr. M. S. Buchanan.
Anatomy, Demonstrative and Surgical—Dr. M. S. Buchanan.
(Demonstrator—Dr. George Buchanan.)
Principles and Practice of Surgery—Dr. Hunter.
Principles and Practice of Medicine—Dr. A. Anderson.
Institutes of Medicine—Dr. Eben. Watson.
Materia Medica, Pharmacy, and Dietetics—Dr. Easton.
Chemistry—Dr. Penny.
Practical Chemistry—Dr. Penny.
Midwifery and Diseases of Women and Children—Dr. Paterson.
Medical Jurisprudence and Police—Dr. Crawford.
Natural Philosophy (three times a week)—Dr. Taylor.
Mathematics—Mr. Laing.

Summer Courses of Anatomy, Midwifery, Chemistry, Materia Medica, and Botany, begin in May.

Botany—Mr. Bell.

Fee for each Class, £2 2*s*.

Classes for French, Drawing, and German are also taught in the University.

Certificates of attendance on the above courses are received by the Universities of Oxford, Cambridge, London, Aberdeen, and St. Andrew's; by all the Royal Colleges of Surgeons in Great Britain and Ireland; by the Faculty of Physicians and Surgeons in Glasgow; and by the Army, Navy, and East India Boards; and the Apothecaries' Company.

Students attending the Medical Classes have the opportunity of witnessing the practice of the following hospitals:—viz., Lying-in Hospital, 10*s*. 6*d*. for six months; Eye Infirmary, £2 2*s*. for six months; Royal Infirmary, £8 8*s*. for two years, including Medical and Surgical Clinical Lectures, which are delivered four times weekly. The patients admitted to the Eye Infirmary average 900 annually; those admitted to the Royal Infirmary, nearly 3000; besides 6000 out-patients, treated at the Dispensary. Average number of surgical operations 120 annually.

The Dissecting-room is free to those attending either of the above Courses of Anatomy, and attached to it there have been opened a Reading-room and Museum for the use of the Anatomical Students.

The new and extensive Laboratory of the Institution, fitted up expressly for gentlemen desirous of pursuing Practical and Analytical Chemistry, is open daily from eleven till four o'clock. No charge for apparatus and materials in the class for Practical Medical Chemistry.

The University Museum, a splendid collection of specimens of Natural History, including more particularly those of Zoology, Mineralogy, and Antiquities, is open to all students attending the University.

A valuable Medical Library is also attached to the Medical School.

TO THE MEDICAL PROFESSION.

JOHN GEORGE BOILEAU AND CO.,

In calling the attention of their Medical Friends to the Quality of their Drugs, which they guarantee as perfectly genuine, would also inform them that, in connexion with their business, they have attached a large and voluminous branch—namely, "Druggists' Sundries and Medical Appliances," consisting of Glass Bottles of every size, Glass Measures, Trusses, Pill Boxes, Scales and Weights, &c., &c., and for these articles we solicit your orders. We are always supplied not only with the British Chemicals, but with the German and French of finest description, and shall esteem any orders you may kindly favour us with.

Wholesale Druggists and Manufacturing Chemists,
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beg particularly to state, that henceforth

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will constitute a *legitimate* and prominent department of the Business of their Establishment, and that special attention will be devoted to its cultivation. No pains will be spared in order to obtain the implicit confidence of the medical profession and the public, as well in regard of promptitude and carefulness in the execution of orders, as in the genuineness and quality of the medicines employed.

Besides the Compounding of Prescriptions, as referred to above,

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embraces the SALE OF EVERY ARTICLE properly connected with the business of Pharmaceutical Chemists and Apothecaries, and of use in the sick-room and nursery.

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of the finest description.

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For the reception and treatment of the INSANE, and of persons suffering from a disturbed state of the Nervous System,

Under the direction of Dr. JACOB,

Physician to the Maryborough District Lunatic Asylum (containing 200 patients), Surgeon to the Queen's County Infirmary, &c.

THIS ESTABLISHMENT, which has recently been considerably enlarged on the most improved principles, consists of two separate and commodious residences—Anne Brook for the reception of Ladies—Woodville for Gentlemen,—each situated on extensive and highly ornamented grounds, with large well-enclosed gardens. Neither house presents any of the usual characters of a lunatic asylum, as they are handsome, well-furnished country residences, where the patients enjoy all the comforts and indulgences of a private house, without being exposed to what might distress the feelings by giving rise to the idea of confinement. Arrangements have been made by which the inmates have been secured the benefit of the professional services of the parochial clergy. Restraint is not, under any circumstances, practised, and the closest attention is paid to the medical treatment and general health of the patients. Evidence of the most conclusive character as to the efficient and superior manner in which the establments are conducted can be presented on reference to the Proprietor. There is daily communication, by means of public conveyances, with Dublin, Cork, Limerick, Waterford, Clonmel, Kilkenny, Carlow, Enniscorthy, Galway, Athlone, &c., and intermediate towns.

PROFESSOR PORTER'S SURGICAL WORKS.

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Chiefly with a view to Illustrate the Affections of those Organs which may require the operation of Bronchotomy.

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Surgeon to the Meath Hospital and County Dublin Infirmary, Consulting-Surgeon to the City of Dublin Hospital, and Professor of the Theory and Practice of Surgery in the Royal College of Surgeons in Ireland, &c. &c.

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Mr. Porter is preparing for publication his Lectures on VENEREAL DISEASES, with additional Notes and Illustrations.

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A TREATISE ON CATARACT;

Including the Structure of the Crystalline Lens, the Nature of its Opacities, and the Operation for its Removal by Absorption, with the Fine Needle through the Cornea.

By ARTHUR JACOB, M.D., F.R.C.S.,
Professor of Anatomy and Physiology in the Royal College of Surgeons, and one of the Surgeons of the City of Dublin Hospital.

Also, lately, by the same Author, 12mo, price 5s.,

THE INFLAMMATIONS OF THE EYEBALL:

Being a Treatise on all the Species and Varieties of Iritis.

Dublin: Fannin and Co., 41, Grafton-street, or the Office of the MEDICAL PRESS, 15, Molesworth-street. London: John Churchill, Princes-street, Soho.

Just published, 8vo, price 7s. 6d., cloth,

PATHOLOGICAL AND PRACTICAL OBSERVATIONS ON STRICTURES, AND SOME OTHER DISEASES OF THE URINARY ORGANS.

By FRANCIS RYND, Esq., A.M., M.R.I.A.,
Fellow and Member of Council of the Royal College of Surgeons in Ireland; Surgeon to the Meath Hospital and County of Dublin Infirmary; Her Majesty's Medical Superintendent of Convicts in Ireland; Member of the Royal Medical Society of Edinburgh, of the Pathological Society of Edinburgh, of the Pathological Society, &c. &c.

"In this treatise the causes, nature, and symptoms of stricture are explained; and its consequences, including disease of the bladder, retention of urine, and abscesses in the perinæum, described. The treatment, both local and constitutional, is laid down; and the management of the catheter and bougie fully detailed. Disease of the prostate gland is also investigated, and its treatment considered. It contains in brief space, and at a moderate price, much valuable and instructive matter touching a subject which no surgeon can overlook. To us it appears a useful addition to our stock of information on this subject, and creditable to Irish surgery."—*Medical Press.*

"No volume was ever more correctly named according to its contents than that which is now before us, the diseases of which it treats are described from nature, the views which it propounds are based on pathological science, and the treatment recommended is derived from an extensive practical acquaintance with the almost endless forms under which diseases of the urinary organs present themselves to the surgeon. We know of no work that presents such comprehensive or such admirable rules on the subject of treatment."—*London Medical Gazette.*

"The book is very carefully written, and may be consulted with advantage by those who are desirous of refreshing their knowledge, as also by the student."—*London Journal of Medicine.*

"The subject of fistula in perineo and its complications are treated of in this book in a remarkably clear and judicious manner. The remarks, &c., may be read with profit by all reflecting surgeons. It is, without doubt, an able and thoughtful production, and has our cordial recommendation as one of the best of the modern contributions to this branch of surgery."—*British and Foreign Medico-Chirurgical Review.*

"There is much that is good, both as regards the matter contained, and the manner in which the work is written. The remarks upon forcibly penetrating an impermeable stricture in retention, are excellent. There is much sound and valuable matter in this book."—*Lancet.*

"The practical precepts with which it is replete will amply remunerate the reader for the time expended in its study. We again repeat it as our deliberate opinion, that these 'Pathological and Practical Observations on Stricture' reflect great credit upon the Author."—*Dublin Quarterly Journal.*

"We have been much pleased with the perusal of this work: it is full of sound practical research, and contains much that will prove valuable to the surgeon."—*Medical Times.*

"It is eminently practical, which is the highest praise that, in my opinion, can be given to a surgical essay."—*Sir Philip Crampton's Letter to the Author.*

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By Sir Henry Marsh, Bart.

(Reported by Henry Freke, A.B., M.B.)

(Continued from Vol. XXV., p. 35.)

We meet occasionally, gentlemen, with cases of simple or non-tubercular abscess from which no fœtid or offensive odour emanates. Such cases, compared in frequency of occurrence with other pulmonary diseases, and with pneumonia as it ordinarily occurs in practice, are rare. They are also far less frequent than pneumonia ending in fœtid abscess. They, however, run the same course, and present the same phenomena as those which are characterized by a highly fœtid odour. Pneumonia without abscess is amongst the diseases which, affecting the pulmonary tissue, we, in the course of daily experience, both in and out of hospital, perpetually meet with. Pneumonia grows as it were out of bronchitis. It is coexistent very frequently with pleuritis. It is kindled up during the progress of pertussis, and augments its danger. In rubeolous and other exanthematous fevers, its ingress throws a gloom over the whole ultimate prospect of the case. In typhus and maculated fever it sometimes stealthily establishes itself, and, like a thief in the night, often robs the patient of the little remaining chance of recovery.

More than once we have had epidemics of typhoid pneumonia. It is remarkable how very few of all these cases of pneumonia terminate in abscess. The tendency of the disease when typhoid is to terminate in a diffused exudation of purulent matter rather than in an abscess. Very frequently in such cases the pneumonia is double: in obedience with the law of symmetry, both lungs are simultaneously affected. Generally, too, in such cases, the inflammation is diffuse or erysipelatous, and therefore much more likely to end, not in circumscribed abscess, but in a purulent infiltration. When the pneumonia is single, circumscribed, and in a great measure uncomplicated, it is apt (if not nipped in the bud by prompt treatment) to issue in abscess. When conjoined with and growing out of other serious affections, particularly adynamic fevers, when it affects both lungs, it is then diffuse in its character, and such, too, is the purulent exudation. I have spoken of a latent pneumonia in adynamic fever. Be careful never to confound mere gravitation of fluids and consequent consolidation with true pneumonia. When the respiration is feeble and scarcely audible—when muscular power is in utter abeyance—when the impulses of the heart and arteries are barely perceptible—when the patient is unable to change position, and lies totally supine—when, at the advanced stage of fever, the blood is wholly altered in quality, then the fluids will gravitate even as they do after death. The air-cells posteriorly will be choked up, no air admitted, and a deceptive semblance of pneumonia will be generated. I have known this all but cadaveric state to be mistaken for true pneumonia, and antiphlogistic treatment substituted for that which is sustaining and stimulating. I deviate from my track to give you this warning. Even after death accuracy of observation is required to distinguish between the extravasation and congestion caused by gravitating fluids and the same phenomena produced by inflammatory action.

The signs of pneumonia, local and constitutional, are, during the progress of adynamic fevers, so masked, that without the utmost vigilance, its early symptoms may escape detection. The difficulty of an accurate diagnosis is sometimes much increased by the extreme prostration of strength and feebleness of muscular power to which the patient is reduced. The patient is incapacitated from maintaining the erect position for a length of time sufficient to admit of an accurate examination of the lungs posteriorly; even the change from one side to the other (particularly if the patient be corpulent) is often difficult of attainment. In these circumstances you will find much advantage in using the curved stethoscope invented by Dr. John Jacob, Surgeon to the Queen's County Infirmary. One of these, exceedingly well constructed, and finished in the nicest manner, he some time since very kindly presented to me. It is metallic, and conducts sound as truly

any stethoscope I have ever applied to the ear. A curved joint is screwed on at the lower extremity, at that farthest from the ear-piece; by this the stethoscope is lengthened, and its form curved. The patient's chest may be examined posteriorly, requiring only the slightest lateral change of position. The curved joint may be screwed off. It is easily carried; it being removed, and the bulb screwed on, you have a straight stethoscope for ordinary purposes. The bulb, which may be screwed either to the straight or curved form of stethoscope, is made of ivory, as is the ear-piece, which also may be screwed on and off. I have repeatedly tested Dr. John Jacob's newly-invented stethoscope. It has answered fully my expectation. It enables the auscultator to estimate the respiratory sounds without subjecting the patient to any difficult or distressing change of position. It may be well to mention that Dr. Jacob's stethoscope is furnished with the gum-elastic ring invented by me many years ago. The first ear-piece of this kind which has ever been made was constructed upon my plan by Dr. Philip Crampton, then clinical clerk at Steevens' Hospital. The ear-piece was turned and grooved by Mr. Betham with his own lathe. It was excellently well done. The first percussor attached to the ear-piece which I ever possessed was constructed, under my direction, by these gentlemen. By it percussion can be practised with the greatest accuracy. In general the elastic ring is too small. The vulcanized Indian rubber is less elastic than the pure caoutchouc, and therefore I think less suited to the purpose. The greatest difficulty I had to encounter was so to attach the Indian rubber ring to the groove, that not any, even the slightest jingling sound, should be produced. I tried a variety of intervening glutinous substances; they soon lost their adhesive property; at length it occurred to me that, by putting the ring into its place at a temperature not below 98 or 100, it would, when cooling, contract and adhere firmly and spontaneously. This was carried into effect under the superintendence of my friend Dr. Hill: it has been completely successful. The ear-piece which I employ is of ivory, the upper surface being concave to fit the ear, the under surface perfectly flat: its diameter is two inches and a half: its thickness at the margin half an inch, and thickness at the centre five-twelfths of an inch. The margin of the ear-piece is grooved, to receive a thick Indian rubber ring or bolster, which projects four-twelfths of an inch beyond the margin. The value of this percussor is proved by its having been so generally adopted. Its dextrous and successful application requires practice.

I have said, gentlemen, that we occasionally (by no means frequently) meet with a case of simple pulmonary abscess without fœtor.

The following is an unusual example of it:—The patient was an infant only eleven months old, a fine and well-nourished child nursed by its mother. Its brothers, sisters, and parents were exempted from any strumous taint or imperfection. For several days before my first visit, the child suffered from almost incessant cough, with fever, restlessness, and urgent dyspnœa. The symptom so well known to nurses, and by them termed "a draw," existed in a remarkable degree. At each inspiration, accomplished with great muscular effort, a deep pit or depression is created between the thyroid muscles, and also at the epigastrium; this, in infants, is one of the surest signs of the existence and degree of dyspnœa. The child was so unquiet that I could not for some time effect a satisfactory examination. Taking advantage of a moment of exhaustion and sleep, I was enabled to attain the object. The contrast between the sides of the thorax was remarkable; most so, at the inferior angles of the scapulæ. On the left side, this region when percussed was perfectly dull, and a breath-sound scarcely audible; whereas, on the right side, these sounds were loud and sonorous; few and slight were the bronchial râles. In all other regions the percussion-sounds were tympanitic, and the breath-sounds puerile. The early history of the disease would have led one to suppose that an extended bronchitis had been the starting point of morbid action. Fever, distressing cough, and sleeplessness had reduced the child to an extreme degree of prostration, which, with the urgent dyspnœa, deprived it of the power of suction. It was nourished by its mother's milk from a spoon. Several days were in this manner passed in a desperate struggle between life and death, when, at length, in the act of vomiting, a mass of purulent matter (at least two tablespoonfuls) was ejected. It was scarcely intermingled with any foreign matter; there were few air-bubbles, and it was inodorous. It was reserved for my inspection as a curiosity. Great relief and abatement of every urgent symptom ensued. For several successive days purulent matter in lesser quantities was ejected. The symptoms gradually subsided, and in no long time health was reëstablished. The duration of the disease, from the commencement to convalescence, involved a period of eight weeks. Months afterwards I examined this child's chest, and could perceive no difference between the affected and unaffected side of the thorax. This is the only instance of pulmonary abscess in an infant that I have it in my power to record. Perhaps if the chests of infants were more minutely examined (not always an easy task) the result might be different.

During the time of my attendance upon this infant I saw several times, in consultation with Dr. Churchill, a very interesting case of inodorous pulmonary abscess. The lady before her confinement was affected with acute bronchitis of great extent and severity. In no instance have I witnessed greater rapidity of pulse and breathing, nor a more harassing and unintermitting cough, and these in a constitution innately nervous, restless, and in the extreme excitable. While in this perilous state she was seized with labour pains, and was safely delivered.

This lady was treated and managed with great skill by Dr. Churchill. Soon after parturition, the symptoms of bronchitis rather suddenly passed away; still all was not right. Fever, cough, dyspnœa, though in degree much mitigated, persisted. At this period the examination of the chest made known the cause. The local signs of pneumonia, and subsequently of abscess located at the base of the left lung, were unequivocally evinced. I shall not trouble you with the minutiæ of this case; so to do were to traverse ground already trodden. Suffice it to say, that in no instance were the paroxysmal nature of the cough and the completeness of the remissions more distinctly and strikingly observable. After the first severe cough with profuse purulent expectoration, so perfect was the relief, so total the subsidence of pulmonary distress, that no words I could employ availed in convincing the patient or her friends that the disease still persisted. After the lapse of about forty hours, a similar paroxysm, with an equally abundant expectoration, dispelled the illusion. At varying intervals, and with varied degrees of severity, these paroxysms recurred; nor did they wholly cease till after her removal to pure country air. It may

be worthy of remark, that the exacerbations and remissions which characterized this case were not manifested till the first and second stages of pneumonia had passed away; not till an abscess was formed and the bronchial communication fully established. It strikes me that the communication must, to give rise to this phenomenon, be a free and open one. The pent-up matter must escape with facility, so that, during a single coughing paroxysm, the abscess may be very much evacuated. Paroxysmal catarrh characterizes many thoracic affections. It is always an important symptom; peculiarly so when the result of the catarrhal paroxysm is a muco-purulent expectoration, with or without the admixture of blood. In some cases of tubercular abscess I have noticed these remissions; rarely, however, so perfect as in some cases of non-tubercular abscess.

The more perfect the remission, the longer the interval of time between the paroxysms, the better, I would say, as a general rule, is the omen. There is a something in the sound of the cough, as well as in the manner of coughing, which distinguishes the efforts to force up matter from a cavity with open tubes from the cough which results from every other pathological condition of the lungs, air-passages, and membranes. The sound of the cough is peculiar; the manner of coughing is peculiar. This is notable in large tubercular abscesses; even the uninitiated recognize the sound. Often have I heard it said, such an one has a hollow, and but too truly, a churchyard cough. A non-tubercular abscess is frequently formed at or near the base of the lung; and when so situated the labour of expectoration is much increased, and often far greater than in a tubercular abscess located near the apex.

(To be continued.)

ORIGINAL COMMUNICATIONS.

CASES OF PULMONARY DISEASE.

By Edmund Sharkey, A.B., M.B., T.C.D., Ballinasloe.

The following cases are scattered over a practice of about twenty years, and having been treated in different localities may, perhaps, appear interesting on that account:—

Case 1.—*Incipient Phthisis—Treatment by Frictions of Ointment of the Iodide of Potassium—Recovery.*

Dublin, 28th of November, 1830. An interesting little girl, ætat. 11, presenting the scrofulous complexion and features, had scarlatina, accompanied by pectoral symptoms, some years ago; this was followed by intermittent fever. Since that time her chest has continued delicate; she has had a cough for three years, aggravated within the last few weeks, and accompanied by loss of appetite, depression, and emaciation to a certain extent. Her present symptoms are cough, so severe as to prevent sleep; expectoration copious, principally at night; pulse 120; tongue clean; bowels regular. *She has distinct rigors towards evening.*

Physical signs.—Percussion clear over every part of the chest except the right supra-scapular region, where a shade of dulness coexists with feeble respiration; slight vocal resonance and distinct sound of heart's action, and a little mucous râle, heard occasionally, accompanying inspiration, in this situation; respiration is puerile over left scapula.

Considering the foregoing symptoms as presumptive of a tubercular deposit, of greater or less extent, at the top of the right lung, I determined to try the effect of hydriodate of potass—a remedy just then brought into general use. In order to fulfil the several indications—viz., allaying pulmonic irritation, promoting the absorption of the tubercles causing it, correcting the tendency to their deposition, and supporting the strength, I ordered flannel to be worn next to the skin, light nutriment, exercise in the open air proportioned to her strength, and with due regard to the state of the weather. Mucilaginous mixture with camphorated tincture of opium, frictions of unguent. hydriod. potass, twice a day, over the right scapula, and half a wineglass of lime water in milk three times a day. The report of the 11th of December is:—Considerable general improvement; diminution of cough; countenance more lively; appetite better; rigors less frequent; pulse 76. On the 21st, improvement continues; rigors altogether gone; pulse 76.

February 12, 1831. She has continued to improve since last report, notwithstanding the weather was very severe. On examination by percussion and the stethoscope, it appears that the dulness over the right scapula, and resonance of voice in the same situation, have disappeared; and there is no perceptible difference in the strength of respiration as compared on both sides in this situation. No râle audible.

November 25, 1831. I have seen this patient a day or two since, she has continued to improve, and has acquired quite a healthy appearance. It is important to add, that the sister of this girl had been examined by Dr. Stokes, who pronounced her to have a cavity under the right clavicle, and she died with all the symptoms of rapid phthisis.

Case 2.—About this time I also tried the same treatment in the case of a boy who, besides having been long affected with scrofulous complaints of various kinds, presented all the phenomena of a large cavity at the top of the left lung, with great hypertrophy of the heart, and with considerable (though I fear but temporary) benefit; but in the latter case chlorine inhalation was used in conjunction.

Case 3.—Dublin. In the winter of 1842, I was consulted by a young woman of clear, bright complexion and spare form, who complained of short cough, emaciation to some slight extent, and flying pains in the chest. Percussion detected a slight shade of dulness under one clavicle. I gave her pills of hydriodate of potass, gum ammoniac, soap, and oil of juniper. She improved rapidly under this treatment, and when I left was quite well.

Case 4.—Jersey, Sept. 1843. A young unmarried female presented herself to me complaining of the same train of symptoms, and exhibiting similar physical signs. She likewise recovered under the use of the same pills, and, in addition, frictions of iodine ointment under the axillæ, having been directed to inhale the vapour of the iodine contained in the ointment, by keeping her head under the bedclothes for some minutes at a time, and repeating this process. For this simple mode of combining the endemic exhibition of iodine with its inhalation, I am indebted to my friend Dr. Leigh of St. Helier's, Jersey, who has practised it in several instances with the most marked success.

Case 5.—*Incipient Phthisis—Internal use of the Hydriodate of Potass with Decoct. Uvæ Ursi—Recovery.*

Berehaven, county Cork, May, 1841. A boy aged 14, was attacked some weeks ago by a severe pulmonary affection, considered at the time to be pneumonia, and treated with calomel and tartar emetic, by which he was cured. Symptoms, however, succeeded which strongly indicated incipient phthisis—viz., cough, dyspnœa, accompanied by hectic paroxysms. And he also presented the following physical signs:—Lungs generally clear, except over the superior angle of the left scapula, where well-marked bronchophony accompanies the dulness. I ordered him a mixture containing hydriod. potass 3ij, to one pound of mucilaginous mixture, of which he was to take a wineglassful three times a day. Tartar emetic ointment was rubbed over the left scapula, and he was ordered to drink a decoction of uvæ ursi as his common drink. On the 9th of June the report is that he is much improved, the cough diminished, and he is gaining flesh and strength. In December he had quite recovered.

Case 6.—*Incipient Phthisis.* Ballinasloe, April 16, 1850. A young lady, aged 20, with light hair, fair skin, delicate complexion, and great sensitiveness, of a scrofulous family, and whose elder sister died of well-marked

phthisis, has been for some time affected with short cough, flying pains in the chest, and evident bronchitis of the upper part of the right lung, manifest to her own sense of hearing by a wheezing, which she describes as a constant "tick," accompanying inspiration and expiration, and which is only removed by expectoration of mucus. She has enjoyed until lately a good state of health; has had a good appetite, took constant exercise in the open air, and was possessed of an exuberant flow of spirits, often betraying her into acts of imprudence, such as exercise beyond her strength, exposure to damp and night air, singing to the extent of producing pain of her chest, &c. Since the present affection commenced, she has suffered frequently from very deranged stomach, evidenced by a very morbid condition of tongue, loss of appetite, and depression of spirits. There is now a mucous râle heard in the right subclavicular region, with feeble respiration, and a slight but very decided dulness on percussion. I recommended frictions with iodine ointment under the axillæ, and directed her to inhale its vapour, as elsewhere mentioned, and the following pills—viz.,

℞ Gum. ammoniac 5j,
Potass. hydriod. 3ss,
Olei juniperi gtt. xvj,
Saponis q. s., ft. Massa in pil. xxxvi.
Dividenda quarum sumatur i. ter in die.

Diet to consist principally of milk, but not to the exclusion of tender meat; no wine nor other stimulant drink. She was also sent to the sea-side.

January 10, 1851. She returned, very much improved, in the autumn, and has since gained flesh and strength, and quite lost her cough. I should add that she used cod-liver oil also.

These are a few of the cases treated on this plan, in which the good effects seemed striking. In others, of course it was less beneficial, or altogether failed, as, I need scarcely say, has every other mode pursued in this disease.

I bring them forward, not for the purpose of proclaiming a panacea, but merely to show that there is a chance of rescuing an occasional victim by the judicious selection of a particular line of treatment suited to the case in hand. There are other cases of incipient phthisis to which this line of practice is not adapted—cases calling for a modification of the antiphlogistic treatment suited to the character of the disease, and to which I shall hereafter direct attention. I know it may be said that, after all, these might not have been cases of phthisis at all; that they might have been instances of mere localized pulmonary irritation, or circumscribed congestion at the heart; but I would ask what more are we to expect to be substantiated in any incipient case—in that stage which alone we are warranted in considering curable? Dr. Stokes and other high authorities are of opinion that the tubercular deposit in every case is preceded by a degree of solid deposit, which, *when situated near the thoracic parietes*, will yield dull sound on percussion. It is impossible to distinguish by the ear, or by any other known means of diagnosis, whether a shade of dulness accompanying such a train of suspicious symptoms as those above detailed, is a congestion of the ordinary kind, or the specific one preceding the deposit of tubercle. There is, however, a strong presumption of the latter where it is found occurring in a scrofulous subject, as in a member of a phthisical family.

The cases in which the practice here detailed appears to me to be suited are those of the chronic kind, in which there is either an absence of hectic, or also the amount of hectic present is rather a constitutional sympathy accompanying a deranged function, than that arising from inflammation in the pulmonary tissue or minute bronchial tubes, and where there is, therefore, time allowed for a remedy directed specially to stimulation of the absorbent without injurious excitement of the vascular system. These, it will be perceived, present a narrow field enough, but it is well to be able to say

"Est quodam prodire tenus si non datur ultra."

The uvæ ursi I have fancied did some service; and this is not inconsistent with analogy and the known sympathy between the bronchial mucous membrane and the urinary system, of which familiar instances are presented in the utility of liquor potassæ and the carbonate of soda in bronchitis and pertussis, and that of turpentine and tinctures of squill and lytta in the same diseases, with others which the reader's experience will readily suggest.

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON—Oct. 18.

Mr. B. W. Richardson made a communication to the society

ON THE THERAPEUTIC USES OF CREASOTE.

He stated that during the last visitation of Asiatic cholera his attention had been called to a short notice, communicated to the *Lancet* and *Medical Gazette* by Mr. Spinks of Warrington, on the astringent value of creasote in that disease. Mr. Richardson had never used creasote in true Asiatic cholera, because the subject had not come before him until the epidemic was nearly over, but he had since fully tested its value as an astringent, and he must say, that in some cases of diarrhœa, he had never before seen half so good a remedy. The cases in which it is most useful are of three kinds: 1st. Cases of diarrhœa during ordinary epidemics, where the disorder cannot be traced to the presence of foreign matter in the intestines. 2nd. Cases where profuse diarrhœa follows the employment of purgatives, given to remove foreign matters during intestinal disorders. 3rd. Cases in which, after an acute diarrhœa, the patient continues to be troubled with frequent and sudden liquid evacuations, not attended with pain or great constitutional disorder. Illustrative cases were supplied. The advantages of creasote are the following: It often succeeds when all other astringents fail; of this the author is thoroughly convinced from repeated experiments; it is speedy in its action; lastly, it does not leave the bowels constipated, unless carried too far in its administration. Occasionally, during its use, it produces a dry, white, filmy state of tongue, and other symptoms of feverishness. When this occurs, the remedy must not be continued longer; indeed, it is rarely required after such symptoms, the purging being usually arrested before they appear. With children the dose given must be very small, or such good results will not follow; the one eighth, one-sixth, and one-fourth part of a drop, is sufficient for babes from one to two years of age. With adults, the dose, as an astringent, is from one and a half to two minims. A late writer in the *Medical Gazette* (Mr. Kesteven) had also alluded to the value of creasote as an astringent, and had opined that this value depended on the power which creasote was known to have, of coagulating albuminous fluids. To this it may be objected, that the quantities of the creasote employed medicinally are not sufficient to produce such coagulation in the intestines. Mr. Richardson also alluded to other effects of creasote. He denied that, in ordinary doses, it possessed some of the properties described as belonging to it in elementary treatises on therapeutics, such as narcotic, sedative, and diuretic properties. At the same time he assigned to it powerful diaphoretic and antispasmodic qualities, and said, that on the vascular system it rather acted as a stimulant than as a sedative. Its power in stopping vomiting depended upon the dose, which should be small. Given in its full dose, as an astringent, it sometimes *excites* vomiting, in which case hydrocyanic acid is usefully combined with it. To lessen its nauseous qualities, it is best to unite it with syrup of tolu and tincture of cardamoms, and camphor julep or water. It may also be prescribed advantageously with the preparations of ether when they are indicated.

Mr. Dendy suggested that the creasote did good in some cases of diarrhœa from its antiseptic properties. Diarrhœa often depended on acidity, and this was removed by the creasote.

Mr. Richardson knew it to be astringent from its effects. It was, no doubt, also a powerful antiseptic.

Mr. Streeter trusted that it would not go forth with the sanction of the society that the premonitory diarrhœa of Asiatic cholera was identical with the ordinary English cholera. They were different affections, and required different treatment. The practice commenced by himself in the epidemic of 1832, and continued in 1834, of giving superacetate of lead with opium after each action of the bowels, had been attended with the most satisfactory results in warding off the impending collapse in that of 1849. He had strongly recommended this practice in the spring of 1849, when his communication of the statistical results of the cholera cases at St. Giles's in 1832 was read at the Medico-Chirurgical Society, and which facts, to the disgrace of the executive, had not appeared in their Transactions. Let it not, however, be supposed that lead was the remedy for collapse—a state which his subsequent studies of Asiatic cholera led him to regard as arising from the abnormal presence of a prussic acid poison in the blood in the place of the normal cyanic element of the true urinous excretion.

Mr. Richardson explained that he did not allude to cases of Asiatic cholera.

Mr. Harrison said that prussic acid was the only remedy which he had found effective in cholera.

Mr. Richardson, in reply to a question of Dr. Lankester, said, that out of 100 cases in which he had employed creasote, he had combined opium with it in six only.

Dr. Lankester believed that in ninety cases out of one hundred, it was the opium that did good in cholera.

GELATINOUS POLYPUS—NEW POLYPUS FORCEPS.

Mr. Harvey exhibited a gelatinous polypus which he had extracted from the ear by means of a new kind of forceps which he had invented for the purpose. He observed that in these cases it was most desirable that the morbid growth should be extracted entire; for if it was broken or otherwise injured in attempts at its removal, it gave rise to much inconvenience, and required tedious and troublesome after-treatment. The forceps which he had constructed, and which he had been in the habit of using for a long time with satisfactory results, were not dissimilar to those of Assalini, but had a somewhat longer blade, were flattened on either side, and terminated with three rows of teeth. The foreign body was firmly grasped by these teeth, and removed by a rotatory motion, the instrument admitting of that. This Mr. Harvey regarded as of great importance to the operator on the ear. It was also sufficiently small to admit of being used with a bivalve speculum in the auditory canal, the operator being thus afforded an opportunity of investigating the origin of polypi. The instrument was shown to the society.

REMARKS ON THE HYDRO-ELECTRIC-CHAIN OF DR. PULVERMACHER.

By Golding Bird, M.D., F.R.S.

The ingenious modification of Volta's pile, contrived by Dr. Pulvermacher of Vienna, has attracted so much attention, that the following account of the value of the apparatus, as a source of electricity, may perhaps not be uninteresting, at least to those who may not have had time to devote much attention to the study of these subjects.

Everybody is aware that the apparatus contrived by Volta consisted of plates of metals, differing in their respective affinities for oxygen, alternated with pieces of cloth dipped in a saline solution. Thus, in the most common modification of this pile, a plate of copper is placed on the table, on this a plate of zinc, and then a piece of flannel or cloth, dipped in a solution of common salt; on this a second plate of copper, and so on. The theory of the apparatus is so well known, that it is unnecessary to say more than that, under the chemical action of the saline fluid on the zinc, the combined electric fluids existing normally in both the two metals employed, are separated,—the positive electricity being found on the zinc, and the negative on the copper surface. Wollaston's and Cruikshank's troughs are but modifications of the same contrivance,—cells filled with the saline fluid replacing the moistened cloth or flannel. The cumbrous nature of these contrivances, the time required to excite them, the rapidity with which the intensity of the electric current diminishes, as well as the tact and management required to apply the current they evolve, have always presented most serious obstacles to their adoption into medical practice. On this account they have been almost completely replaced by the different machines for furnishing a current of induced electricity. These, it is true, possess many advantages, and become most important appliances in the treatment of disease, as has been repeatedly pointed out by myself and others. Still we have often felt the want of an apparatus by which an uniform and uninterrupted current of voltaic electricity could be at our command at a short notice, and without involving the necessity of any manipulative tact in its application. The hydro-electric chain completely fulfils these desiderata.

The apparatus I have used, was placed in my hands, during last winter, by Dr. Pulvermacher himself. He is a scientific man, and well acquainted with physical science generally, nor is he, I presume, responsible for the manner in which his invention has been extolled, as a sort of universal panacea, by the London agent, in the public advertisements. Each element of this battery consists of a small piece of wood, around which are wound two wires, nearly but not quite in contact, one of these wires consisting of zinc, the other of gilded copper. These represent the plates in Volta's pile; each terminates in a ring, by which it is connected with the wires of the next link or member of the chain, the zinc of one being united with the copper of the next, and so on. When one of these links is immersed in a fluid capable of exciting a chemical action on the zinc, enough is retained by capillary attraction between the folds of wire to disturb the electric equilibrium of the metals, and to throw the negative and postive fluids into a state of current. The exciting fluid recommended by Dr. Pulvermacher is common vinegar, and if one of his chains be immersed in that fluid for a minute, and then lifted out, so that all not retained by capillarity may drain off, it will be at once fit for use.

The electricity excited by this apparatus is necessarily small in quantity, as the amount of electricity evolved must be in a ratio with the intensity of the chemical action exerted on the more oxidizable metal; yet its tension is tolerably high. It is indeed, sufficient, both in quantity and tension, for the development of physiological phenomena. The following experiments will illustrate these properties, a chain of fifty alternations being employed:—

A. A thin piece of platinum wire being attached to the terminal links, they were immersed in water acidulated by sulphuric acid, and very distinct evolution of exceedingly minute bubbles of oxygen and hydrogen were evolved from the two wires. The dilute acid being replaced by a solution of iodide of potassium mixed with starch, iodine was almost immediately set free at the wire where the positive current entered the fluid. The quantity of these electrolytes decomposed was exceedingly small, as the electrolytic power of the evolved current would of course bear relation to the amount of effective chemical action going on in the links of the chain.

B. The platinum wires were then connected with an astatic galvanometer; the wires were immediately deviated under the influence of the current, but the latter was not sufficient to retain the needles at right angles to their normal position. The astatic galvanometer was then replaced by an ordinary one, having a coil of thirty folds of wire, and carrying a magnetic needle, five inches long. The current was barely able to produce a permanent deviation from the magnetic meridian of five degrees. This feeble action on the magnetic needle is explained by the small *quantity* of electricity circulating through the chain.

C. The chain being held in a vertical position by one end, the terminal link was allowed to touch for an instant the lower plate of a condenser, six inches in diameter, in

connexion with a gold-leaf electrometer. On lifting off the upper plate the gold leaves separated to the extent of a couple of inches. When only half of the chain was brought in contact with the electrometer, considerable divergence also occurred. This experiment well illustrates the comparative high tension of the evolved electricity.

D. The first and last link of the chain being placed in cups of water, and a finger of each hand being immersed respectively into the two cups, a smart shock was experienced in each finger. This shock was repeated every time one finger was *raised out* of the fluid and re-dipped. But no shock was felt all the time the finger *remained* immersed, as the electricity passed in a continuous stream through the body from one end of the chain to the other. The physiological phenomenon of "shock" being produced only at the moment the current first entered the body. This is of course the same with all voltaic apparatus which yield an uninterrupted current.

These experiments are sufficient to demonstrate the electro-genic power of Pulvermacher's apparatus, and to point out that the current evolved is small in quantity, but of moderately high tension.

When a continuance of sensible shocks is required, an ingenious apparatus, contrived by the inventor of the chain, may be used. This consists of a small helix of thin wire fixed in a glass tube; one end of this wire passes through a cork in the tube, and ends in a hook; the other end is free, and is barely in contact with a metallic plate (also furnished with a hook), which closes the other opening of the tube. On connecting a chain of fifty elements to each of the hooks of this apparatus, the first and last link being grasped in the hands, a rapid succession of rather violent shocks will pass through the arms. These occur in consequence of the slight motion communicated to the chain by the hands, being sufficient to make the helix vibrate, and thus rapidly approach and recede from the plate at one end of the tube.

It must not be supposed, however, that sensible shocks are required to develop physiological phenomena or therapeutical effects. We are chiefly indebted to the laborious researches of Dr. Marshall Hall for teaching us the vast amount of therapeutical influence developed by a continuous current of voltaic electricity. I cannot, indeed, too strongly impress upon those who have to treat a case of old paralysis (unconnected with spasm) the vast importance of allowing a current of voltaic electricity to traverse the palsied limbs persistently for half an hour or more daily for weeks and months, nor to be disappointed at not witnessing any *immediate* good results. Nutrition of the limb is certainly thus increased, its waste and emaciation prevented, at least to some extent, and the probabilities of cure are much increased. Pulvermacher's chain, when once excited by immersion in vinegar, soon begins to evolve a current of decreasing intensity; but so long as even a small quantity of fluid remains unevaporated between the folds of wire, evidence of the circulation of electricity can be made out by the electrometer. A moment's re-immersion in vinegar will at once restore the energy of the current.

The advantages of this apparatus to the medical man consist in its giving him a means of obtaining a current of electricity, of amply sufficient tension and quantity for all physiological purposes, at a moment's notice. He can, moreover, diminish or increase the tension by making use of a greater or smaller number of links. He can make the current continuous or interrupted, painful or painless, at will,—and he has, moreover, an apparatus so easily managed as to require no especial tact for its application. On the other hand, it must be recollected that the current evolved has no *peculiar* properties, and that it will effect nothing more than that evolved by any other means. It is, indeed, deeply to be regretted that so convenient a source of electricity runs the risk of losing favour in the sight of educated men generally, and of our profession in particular, by being injudiciously puffed in the public prints, by advertisements claiming for it a medical influence it in no wise possesses.—*Lancet.*

POPLITEAL ANEURISM CURED BY PRESSURE UPON THE FEMORAL ARTERY.

By G. M. Humphry, Esq.,
Surgeon to Addenbrooke's Hospital, Cambridge.

William Mitchell, aged 24, from Wisbeach, admitted into Addenbrooke's Hospital, August 1849, in ill-health, with anxious pained expression, sallow complexion, pulse 104.

The ham and lower third of the inside of the right thigh occupied by a firm swelling, giving a circular measurement of eighteen inches and a half; the left limb, in a corresponding situation, giving only thirteen inches and a half. The swelling was most prominent a little above the internal condyle, and at the middle of the ham, uniformly firm, but communicating an indistinct sense of fluctuation. Its outline could not be clearly ascertained in consequence of an œdematous condition of the subcutaneous tissues. The integuments were natural, with the exception of a faint blush in places, and a few white starry spots, like cicatrices, which he said had appeared within the last few days. There was effusion into the knee-joint, raising the patella and still further distorting the limb. The part was exceedingly tender, and he suffered great pain in the swelling, and agonizing pains shooting down the limb; the skin of the leg and foot feeling, to use his expression, as if it were being burnt in a fire. He was restless, incessantly turning about to find a more easy position. The limb below the knee was œdematous, rather cold, and devoid of sensation below the middle of the leg; he could not move the foot or toes. The femoral artery could be traced to the lower third of the thigh, where the swelling began. No pulsation could be felt in the anterior or posterior tibial arteries. No pulsation whatever could be felt in any part of the swelling, nor was his severe pain in the slightest degree relieved, or the size of the swelling diminished by pressure upon the artery at the groin, though it was continued for several minutes, so as to prevent the passage of blood. A distinct bruit was audible over the tumour; and there was also a bruit, synchronous with the first sound of the heart, heard over the commencement of the aorta.

He was a sailor. Seventeen weeks before his admission he had been compelled to leave his ship in consequence of an attack of rheumatic fever, which continued severe for about five weeks. During the whole of that time he suffered a good deal of pain about the right knee, more particularly in the neighbourhood of the inner condyle of the femur. When the pain subsided in other parts it continued unabated in the knee. About this time he first observed the swelling, which began on the inside of the ham; it increased quickly and was attended with distinct beating, which he could see and feel with his fingers. He was clear upon this point, and said that several surgeons had examined the swelling and had perceived the beating within the last few days. It seemed probable, therefore, that the cessation of the pulsation was dependent upon some inflammatory changes in the aneurism or the surrounding parts caused by the journey to Cambridge.

He suffered acute pain all night in spite of fomentations and opium, and on the 2nd was still in great agony. The œdema had rather increased. No bruit or pulsation could be perceived in the swelling. Twelve leeches and fomentation applied, and a grain of morphia given at night. 3rd. Less pain; swelling rather less tense; the bruit had returned; still no pulsation. 4th. A further diminution of pain. The swelling softer and fluctuation more evident. Pulsation could now be distinctly seen and felt; but it was limited to the course of the popliteal artery, not being perceptible in any other part of the swelling. 7th. The pulsation of the whole tumour being to-day quite decided and the bruit audible, there remained no longer any doubt as to the nature of the case; so we determined at once to commence treatment by pressure. The arch tourniquet (Santorini's) was applied a little above the middle of the thigh, and the common tourniquet at the groin; the latter being retained in place by a strap round the pelvis and

another round the upper part of the thigh. Great pains were taken to stop completely the pulsation in the artery, and in the tumour; and it required considerable pressure to do this. However, the tourniquets being used alternately, the object was attained continuously for several hours without much inconvenience to the patient; and after fifteen hours of effective treatment, the pulsation in the tumour had entirely ceased. Constant pressure was kept up for two days longer; afterwards the tourniquets were applied only at intervals. In three or four days, when the swelling had begun to diminish, he was greatly troubled with pains in the feet and toes. This was probably dependent on some change going on in the nerve consequent on the partial remission of pressure upon it as the aneurism decreased in size, for on August 30th the pain had nearly ceased. Still there was no sensation below the middle of the leg, and no power to move the foot and toes.

September 4th. No pulsation or bruit; the size of the tumour decreases slowly; the movements of the knee are much more free.

October 4th. Has for some time moved about the ward on crutches, swinging the right leg. Moves the knee boldly though not quite freely. The size of the swelling diminishes very slowly, the circular measurement being still seventeen inches. It is soft and indistinctly fluctuating. Sensation exists over a greater space than it did, but he cannot move the foot and toes, which remain swollen. The femoral artery may be traced to the lower third of the thigh. There is no pulsation perceptible in the tumour or in the tibial arteries. The œdema of the foot might prevent its being felt in the latter. Returned to his home.

In the course of the following winter he was again in the hospital for several weeks, on account of the paralytic condition of the foot, which continued, although the aneurismal tumour was smaller and soft, and pulsation had entirely ceased. Electricity was used with some benefit, and he again went home. Some months afterwards he was attacked with inflammation of the chest, and died. Mr. Burnam, who attended him at Wisbeach, wrote me word that he had recovered the use of the limb, and that the swelling in the ham had almost disappeared before his death.

In this case the origin of the disease in the popliteal artery was clearly traceable to rheumatism. It is very seldom that such a cause can be assigned for the commencement of aneurisms in the extremities; the disease being usually attributed to an injury, a sprain, or to free movement of the part. Even in the thorax the diseases of the arterial coats that give rise to aneurism, are more generally dependent upon age or intemperance than rheumatism.

The extent to which the characteristic symptoms of aneurism were, on the patient's admission, masked by a tense inflammatory condition of the surrounding tissues deserves particular attention. At one time both pulsation and bruit were entirely absent, and pressure upon the femoral artery failed to produce any alteration in the swelling; indeed the swelling then resembled an abscess more than an aneurism, and it is certainly no wonder that mistakes in diagnosis should, under similar circumstances, have, in more than one case, led to serious mistakes in treatment. As the inflammation and tension diminished, first the bruit and then the pulsation returned.

The cure by pressure upon the artery above the aneurism was effected in a shorter space of time than in any other case of which I have seen an account; all pulsation in the tumour having ceased fifteen hours after the treatment was commenced, and it never returned. A case is related in Dr. Bellingham's Observations on Aneurism, treated at the Royal Military Infirmary, Dublin, in which pulsation ceased after ten hours of compression, maintained by two instruments alternately relaxed (the pressure upon the artery being sufficient to check completely the pulsation in the tumour), and it did not return. In this case, however, it is to be observed, that pressure had previously been applied to the artery in the groin by a weight, and had, it was supposed, caused some deposition of fibrin in the aneurismal sac. Not long ago a case was related at the Medico Chirurgical Society, by Dr. Bellingham, in which the pulsation had ceased twenty-three hours after compression had been commenced. In the greater number of cases of which reports have been published, weeks, and even months, of patient endurance and constant attention have been required to bring about a successful issue. Indeed the great, perhaps the only, valid objection to the treatment of aneurisms by compression of the artery above the tumour, is founded on the tediousness of the process, and the pain to which the patient is subjected by the long-continued pressure of the tourniquet. In all other respects there can, I think, be no question that preference is due to the treatment by compression in comparison with that by ligature. Its general efficacy has now been proved in a sufficient number of cases. Of thirty-six cases treated in this way, in Dublin, we are informed that twenty-nine have been cured. If properly conducted, the procedure is almost entirely devoid of danger, either to the limb or to the patient; and, if it fails to effect a cure, the patient has not been placed in a more unfavourable position for the treatment by ligature. In cases where it has been necessary to operate under such circumstances, or where an opportunity has been afforded of dissecting the parts after compression, it has been found, with one or two exceptions, that neither the artery nor its investing cellular tissue, have been subjected to any material alteration at the part pressed upon, so as to increase the difficulty of the operation, or to modify its results.*

From the history of cases, and the dissections that have been made, it appears almost certain that the cure of aneurism, whether the means used be compression or ligature, takes place in much the same manner—viz., by the formation of coagulum in the cavity, and the subsequent absorption of that coagulum and contraction of the sac. The formation of the coagulum appears, in most instances, to be the primary and essential part of the process, and the treatment is likely to be effectual and speedy, in proportion to the degree in which it favours the coagulation of the blood in the sac, by placing it at rest. It is by no means necessary that the artery should be obliterated at any part of its course. True, it commonly is obliterated in the vicinity of the aneurism; but in all the instances of dissection after cure by compression that I have met with, the artery has remained pervious above the aneurism; and even where ligature has been employed, it has not unfrequently remained pervious between the ligature and the aneurism. It is not even necessary that the circulation through the artery should be completely arrested, a mere retardation of the current of blood being sufficient to permit the deposition of fibrin in the sac, which is already favoured by inequalities in the surface of the sac and other causes. Nevertheless it must be borne in mind, that the more completely the current is suspended, the more quickly will coagulation take place in the sac, and the more speedy, as well as more certain, will be the cure. I do

* In a recent discussion at the Medico-Chirurgical Society, Mr. Cock is reported to have said, that he "had experienced some difficulty in applying the ligature after compression had been used, in one case, from thickening and absorbent inflammation over the sheath." I do not find any mention of this difficulty having been encountered in other cases of the same kind. Mr. Hewett has, in two instances, made most careful dissection, without discovering any thickening in the sheath or cellular tissue surrounding the vessels. In one case dissected by Dr. Bellingham, where pressure had been applied for twenty days, when the patient died suddenly from disease of heart, there was "some slight thickening of the cellular tissue around the vessel, at the situation where the pressure had been made, but no alteration whatever in the vessel itself." In two other cases there was nothing to indicate the points at which compression had been made; and in a fourth, the artery above and below the aneurismal sac is said to have been healthy.

not think that this point has been sufficiently attended to in the treatment of aneurism by compression. So much has been said about its being requisite only to moderate the force of the arterial stream, that surgeons have been content in many cases with applying very slight pressure, have thus prolonged the treatment over an unnecessary period, and have sometimes failed to produce the desired result altogether. This at least has, I believe, been the the case in most instances where so much time has been required to effect a cure; or, what amounts to the same thing, the instruments have been clumsy and insufficient, or the patient intolerant of pain.* Surely more numerous and more speedy cures would be obtained, and the new treatment would lose some of the reproach which now attaches to it, if the attempt were made in each case to carry it out more vigorously and effectively. In doing this, great care and great attention is required. Two, or even three, tourniquets should be used, so as to distribute the pressure over a greater surface, and to permit of a variation in the points at which it is applied. The instruments should be well adapted, and the surgeon should visit the patient frequently to adjust the apparatus, and regulate the pressure. If it can be done, without giving much pain, the pressure upon the artery should be maintained with such force as completely to stop the pulsation in the tumour; and great pains should be taken to effect this. If that cannot be done, we should endeavour to effect this, as nearly as possible, by maintaining as much pressure as the patient is able to bear. In a great number of the recorded cases no mention is made of the amount of pressure employed; but so far as I have been able to gather, the cures have been far the most expeditious, and on the whole the least painful, where the surgeon has made it his object not merely to *moderate*, but to *stop* the pulsation of the aneurism.—*Prov. Med. Jour.*

EFFECTS OF CHLOROFORM ON MUSCULAR CONTRACTION.

By William Barlow, M.R.C.S.,
Resident Medical Officer to the Westminster Hospital.

It has been shown by Nysten, in his ingenious researches, that a long time intervenes, as a general rule, between dissolution and this peculiar rigidity, during which time the muscles remain irritable; and that the rigor does not approach until the muscular irritability is either completely or nearly extinguished. This is, of course, a main fact. All kinds of muscular action prove the irritability of muscles, except rigor mortis; this, on the contrary, is a form of contraction which prevails not until muscular irritability is lost. After *excessive voluntary* action, such as that of the hunted animal, which though exhausted to the utmost, still runs for life, and forces to contraction muscles become almost too languid to respond effectually to any stimulus, however violent, rigor mortis has been commonly noted to ensue with unusual rapidity. As Nysten says, "c'est parceque l'action vitale du liévre que le chasseur a forcé est, pour ainsi dire, epuisée par une fatigue excessive, que, cet animal se roidit en mourant." So, too, *extreme involuntary* muscular contraction has been known to lead to the swiftest possible death-rigor. And it is very probable that the exhaustion of muscular irritability after death by galvanism would be found to hasten the phenomenon.

These things considered, what would seem more probable than that *any* agent possessing the power of lessening or destroying muscular irritability should have also the property of expediting rigor mortis?

Now nothing so rapidly and effectually subdues this irritability as chloroform; and it has been observed, that animals destroyed by it have become almost instantly rigid. I have watched frogs die most speedily from its vapour, and in these, after death, have failed to produce muscular action by a galvanic force which might have been expected to powerfully operate; in this state rigidity rapidly came on. Death by chloroform is peculiar; it is most rapid, but in every sense most absolute; let it be compared to other forms of dissolution which leave the muscles unimpaired in irritability, and wherein rigor mortis is long deferred. Do *human* subjects who die of chloroform stiffen with unusual rapidity? It is most important that this question should be answered. This case may be imagined: a person might be destroyed by chloroform, and being found rigid, a medical practitioner might *consequently* infer that death must *necessarily* have happened some hours. I need not say that in many kinds of medico-legal inquiry the *time* of dissolution is a principal point on which acquittal or conviction turns.*

How long might the body of the deceased have remained warm is an occasional question raised in investigation. But, under other circumstances, the inquiry might be,—how long may rigor mortis be deferred? or how rapidly may it happen? It would be as well to ask ignorance itself as a medical witness, considering the too neglected subject of rigor mortis for the first time.

But let me proceed to the experiments, which are very simple:—

I. I took a frog and wrapped it in wet lint, quite covering every part except one of the lower extremities. This I put into a glass tube, at the bottom of which were a few drops of chloroform, so that the limb was freely exposed to its vapour, which was of course prevented from escaping. In a very few minutes the limb was in a state of most perfect rigidity, and looked much as in confirmed rigor mortis. Then I withdrew the leg and uncovered the animal. It was somewhat drowsy from the narcotic; but yet it was obscurely conscious, and crept languidly along, trailing after it the rigid limb, which looked like a dead thing attached to a living. The part was, I need hardly state, quite anæsthetic and lost to volition.

II. I repeated the experiment with the same result, so far as producing rigidity was concerned; but the animal was so affected as to be unconscious. Soon after it appeared about to rally, but breathed at very distant intervals, and in the end relapsed and died.

III. A frog was decapitated, stripped of its skin, and exposed to chloroform vapour. The muscles gradually started into full view, the toes became outstretched and separate, and perfect rigidity ensued in less than four minutes.

IV. A frog was exposed after the same manner to the vapour of ether. The result was similar, but more gradually effected. It was observed that the muscles on both sides were *symmetrically* influenced, precisely as they are always in rigor mortis.

In these experiments the heart remained still pulsating after the removal of the head; and the chloroform to *some extent* circulated through the blood, though, from the hæmorrhage and shock sustained, feebly. But the continuance of the circulation was by no means *necessary* to the production of that influence of chloroform on the fibre which I would here exemplify: on the contrary, we may believe rigidity to be retarded even by a slow and feeble blood-current. In the following instances the heart was removed, after decapitation, before the chloroform was employed, in order to show more fully the *direct* influence of this agent on the muscular fibre. The spinal marrow was also destroyed previous to the trials.

V. A frog—the brain, spinal marrow, and heart being removed—was divested of its skin completely. I then placed one of the lower extremities in a glass tube and

* Doubtless, as Mr. Paget suggests in his remarks upon a case lately published in the *Medical Gazette*, the particular form of aneurism, whether it be "saccular" or "tubular," must have great influence on the facility with which coagulation of its contents will be brought about; the uniformity of the dilatation in tubular aneurism being very unfavourable to such a process. But this is not sufficient to explain the lengthy periods consumed in the treatment of popliteal aneurism by compression in so many cases, because the "tubular" form of aneurism is very rare in the ham.

* Dr. A. Taylor was very lately examined on this matter at a most important criminal trial, the issue of which was very much determined by his able evidence.

exposed it to the vapour of chloroform. It became almost instantly rigid, whilst the remainder of the body continued as lax as possible. It is of consequence to note that the vapour acted far more rapidly in this instance than in a former one, *in which the same part of the perfect animal, with the blood still circulating through it, was similarly treated.*

VI. The same experiment was repeated, and with the anticipated consequence. It was curious to watch the *distinct movements* induced by the establishment of the rigidity. First one toe was extended, then another, then the next, and so forth, until the web of the foot was put wholly on the stretch.

The change of position which may be found to take place from the occurrence of rigidity is very remarkable; and its degree is greatly or altogether owing to the swiftness with which the irritability is destroyed, and the rapidity and violence wherewith the rigor happens. In the following experiment, wherein a perfect frog was exposed to chloroform, that the degrees whereby rigidity approaches might be watched, the alteration of attitude was extremely striking. In order that such alteration may be seen to the full, the hind legs of the animal should be flexed during the period of its becoming rigid.

VII. A frog was exposed to some chloroform vapour: soon it became unconscious; but, on narrowly observing it through the glass covering under which it rested, I could every now and then see the faintest possible respiratory movement, and also trace occasional, languid beatings of the heart. Soon the latter were hardly discernible from their weakness, and the circulation must have been brought to extreme feebleness; and then I observed a slight movement of a lower extremity, quickly repeated, which gave notice of the commencement of rigor mortis. In a minute or two the pulsations were altogether imperceptible, and probably had ceased, and the manifestation of rigidity became much plainer. Peculiar, slow movements were seen from time to time; and it might, at least, have been thought that their effect in altering the posture of the frog would be insignificant. But it was far otherwise: soon the extensors became quite rigid, and so contracted that the bent legs became straightened to the utmost; and the toes, which lay side by side, were seen to diverge and expand to full tension the web between them. The head was drawn upwards, and the spine arched as in opisthotonos. The whole position would have seemed changed by some one sudden and violent spasmodic action, had it not been noted accurately to be the aggregate effect of movement following movement.

I have only performed one or two experiments on warm-blooded creatures, with the view of producing the same kind of muscular contraction after the cessation of the circulation.

VIII. A recently killed sparrow was stripped of its skin, and exposed to chloroform vapour. I was prevented from observing the effect of the trial for three-quarters of an hour; but, at the expiration of that time, I found the bird most completely rigid.

IX. The leg of another destroyed sparrow was exposed to chloroform vapour: it became rigid in three minutes.

X. A mouse, decapitated, deprived of its skin, and suspended in the vapour of chloroform, was made quite rigid in about ten minutes. A very gradual but most evident alteration of the position happened, and the spine was arched forwards in a striking manner.

In performing these experiments I have suspended the animals in a glass jar where I wished to affect all the muscles, and employed a common test tube where I only desired to influence those of a limb. The vapour of about half a drachm of chloroform will be quite sufficient so to impregnate the air of a closed quart-jar as to bring about the condition described; but the celerity with which it happens bears, of course, a due relation to the amount of the vapour, which, when much concentrated in a test-tube, will be found to act very rapidly.

It can hardly be necessary to observe that the form of contraction thus produced by chloroform is to be well distinguished from that rigidity of muscle which commonly takes place from the administration of this agent during surgical operations. The former implies the *loss* of irritability, whilst the latter distinctly denotes its *presence*; the former is always a persistent, whilst the latter is oftentimes a most transient act; in the former the fibres are seen to be affected universally and alike, whilst in the latter the action is often extremely partial; the former is constant, and can be produced at will, whilst the latter is of uncertain event, and cannot be occasioned at the wish of the experimenter; the former is a purely *physical* effect, whilst the latter is frequently of *psychical* origin, being due to the emotions of dreaming, or delirium, or of the waking state. But it is superfluous to pursue the obvious contrast: for life and death are not more different than these two kinds of muscular contraction.—*Med. Gaz.*

ON SANTONINE.

By G. W. Patterson, M.D.,
Physician of the Northern Dispensary of Philadelphia.

Having recently made free use of santonine for the expulsion of the *ascaris lumbricoides*, I desire to express the satisfaction which I have had from its employment, being in a concentrated form, and possessing neither taste nor odour, qualities which at least should be sufficient to give it some claims to consideration.

As an anthelmintic, it has a special mortal action upon lumbricoid worms. This I infer to be the case, from the fact that while it has failed in my hands when used *against tænia* and the *ascaris vermicularis*, it has rarely done so when there has been sufficient evidence of the existence of the *common round worm* to warrant its use.

Whether the presence of such parasites in the alimentary canal is deserving of the notice or regard of physicians, which some seem to deny, it is not my purpose at present to consider; but as there are those who do believe them to be a source of annoyance, and especially to children, I would recommend a trial of this vermifuge. It is a medicine that at one time had a considerable degree of celebrity; but, from some unknown cause, it is at the present time but little employed. It is somewhat expensive, and the articles which I used were presented to our institution by Messrs. Powers and Weightman, chemists of this city.

I am in the habit of prescribing it in the following manner, say to a child four years of age:—℞ Santonine gr. xii.; pulv. g. acaciæ gr. vi.; m. et in chart. iij. div. One to be given night and morning, and followed by a dose of fluid ext. of senna. I have been informed, in some instances, that worms were expelled before the cathartic was given, still I consider its administration desirable, serving to discharge that superabundant mucus which is usually an attendant upon such cases. The subsequent administration of the syrup of the citrate of iron, I have usually found will correct that state of the system which is so favourable to their production and multiplication.

Those who may use this medicine for the first time will probably have their attention directed to the colour of the patient's urine, the santonine having caused it to assume a saffron hue. This is not the result of irritation, which I have never known it to produce.

While in the choice of remedies, it should be our object to select such as are the best suited to meet the indications presented to our notice, we should never lose sight of the fact that medicines are, for the most part, repulsive to persons in a state of health, and become even more so when suffering from morbid derangements; that it is our absolute duty to administer them in as palatable a form as possible, and always to prefer such as are insipid or inodorous when no benefit can be obtained by a different course. I have had frequent occasion to witness the embarrassment which practitioners have experienced from want of attention to this matter. Entertaining such views, I have been prompted to make use of santonine as an anthelmintic, with which, after a fair trial, I have every reason to be pleased.—*New Jersey Medical Reporter.*

ULCERATION OF APPENDIX VERMIFORMIS.

W. H——, aged 26, a waterman, of spare make, pale complexion, and of industrious and temperate habits, was admitted into the London Hospital June 16, 1831, under the care of Mr. Luke. He complained of much pain in the abdomen, which he embraced with his hands; his countenance was anxious, and he moaned very much; he passed urine with great difficulty, at long intervals and in small quantity, although there was a constant desire of evacuating both the bladder and rectum.

The patient could not assign any cause for his illness, excepting that a day or two before admission he had had an attack of diarrhœa, and suffered much from tenesmus while at stool. He had taken a small dose of castor oil on the previous day, but the stomach had rejected it. For the last few weeks there had been much irregularity of bowels, and the present illness had come on suddenly.

He was placed into a warm bath, and afterwards into a warm bed; and when seen, in the space of an hour, expressed himself as much easier, and conversed cheerfully. On making an examination, the abdomen was found tense, and resonant on percussion, the sound being loud along the course of the ascending and transverse colon. *Firm pressure* gave some degree of pain in the right iliac and lumbar regions, and deep-seated uneasiness was felt about the umbilicus. The patient seemed to experience relief from the pressure in some parts, and never objected to it. Pulse full and strong, beating about 90; tongue moist, and slightly coated in the centre.

Mr. Luke ordered five ounces of blood to be taken from the right lumbar region by cupping, and a gentle dose of castor oil to be administered. The night was restless; the legs were drawn up in the morning, and the bowels still constipated; the oil had been rejected, and only two or three ounces of high-coloured and turbid urine had been passed. Saline medicine was now ordered; but as no amelioration took place on the next day, eight leeches were placed on the lower part of the abdomen, and a full dose of laudanum administered. This treatment was continued, and two days afterwards the patient seemed much better; he wished for some beer, and to be allowed to rise. Vomiting recurred soon after this, but several stools were passed, and the tension and resonance of the abdomen diminished. These favourable symptoms were not, however, of long duration; the patient became gradually worse; all the former signs returned, though pain in the abdomen was no longer complained of; and he died six days after admission.

Post-mortem examination.—Body pale and features contracted; the head was not examined, but the thoracic viscera were found healthy. On opening the abdomen, much fœtid gas escaped, as also a considerable quantity of serо-purulent fluid, in which several flakes of lymph were diffused. The peritoneum was much thickened, and rough with deposition of lymph, and the omentum covered by a layer of thick, cream-coloured pus and lymph, and firmly glued to the intestines. On breaking down the adhesions, and reflecting the omentum, the distended intestines were exposed; they were glued together by pus and fibrinous exudation.

On tracing out the convolutions of the small intestines to the termination of the ilium into the cæcum, the latter and the extremity of the ilium were found surrounded by fibrine, and the appendix vermiformis much enlarged and covered by the same exudation. Close to the origin of the appendix a small quantity of clay-coloured fæces were observed lying in the pelvis, surrounded by a large quantity of fibrinous matter. Several smaller portions of feculent matter were found within and around the appendix, and that process presented a *perforation*, evidently resulting from ulceration, which readily allowed the passage of the little finger. This solution of continuity existed at about three-quarters of an inch from the cæcum. The latter intestine was highly congested, its lining mucous membrane much thickened and of the colour of coffee-grounds. The ileo cæcal valve was perfect, but the opening of the cæcum into the appendix evidently defective. The intestines generally contained but little feculent matter, and the remaining abdominal viscera presented no evident alteration, though they were thickly coated with the fibrinous exudation which was pervading the whole cavity.—*Lancet.*

COUP DE SOLEIL.

By Drs. Pepper and Condie.

Very erroneous notions respecting the nature of this affection prevail. Twenty patients have been admitted on account of it into the Philadelphia Hospital in seven years, of whom seven recovered, ten died, and three continued to suffer from chronic disease of the brain; all these persons having been bled prior to admission. The prominent symptoms are violent convulsions, with muscular tremors in the intervals; a small, thready, irregular pulse, and dilated pupil. Dr. Pepper has of late had the opportunity of witnessing four autopsies (from six to eight hours after death), at which there was found no congestion, or other unusual appearance of the brain; but in all the heart was pallid, flaccid, and softened, though the other muscles were florid and firm. Its lining membrane (and that of the bloodvessels) was of a dark purple colour; its cavities contained little blood, and no coagulum. Similar appearances are described by M. Louis as occurring in typhoid fever that proves rapidly fatal. Apoplexy may occasionally, as it is too generally supposed to do, result from insolation; but the cases usually met with in hot summers bear no resemblance to it, and require stimuli instead of depletion. In all the fatal cases Dr. Pepper has met with, death occurred in six hours, and in the others recovery was slow, the mind continuing long in a confused state, and the case sometimes passing into one of insanity. The accident usually occurs to persons laboriously employed while exposed to the sun's rays. Muscular exertion and excessive heat, combine to stimulate the heart to morbid activity; copious perspiration and fatigue ensue; the organ becomes exhausted, and a passive congestion of the capillaries of the body occurs. It is a disease of nervous exhaustion, to be carefully distinguished from the cerebral congestion occasionally arising from the same cause. Of five cases treated by stimuli, three recovered and two died.

Dr. Condie observed, that the cases thus described are of common occurrence during hot summers, in persons engaged in laborious occupations, while exposed to the sun, and especially in those of intemperate habits. There is, however, another class of cases due to the same cause, in which the head, and often the entire surface, is intensely hot, the eyes are injected, the pupils contracted, the pulse small, quick, and corded, and the tongue red and dry. Such patients are delirious, morose, or constantly agitated; and if the acute meningitis, upon which these symptoms depend, is not treated by depletion, they die comatose.—*Amer. Jour. of Med. Sci.*

Tracheotomy in Œdema Glottidis.—M. Séstier has published a paper in the *Archives Générales* urging the earlier and more frequent resort to this operation in suitable cases. He gives an analysis of 138 cases of œdema glottidis, in 36 of which the operation was performed, with the result of preserving life in 13 and materially prolonging it in 8. He has also ascertained that the success of the operation very much depends upon the previous healthy state of the larynx, and recommends it chiefly in such cases, but does not consider it contra-indicated where prior disease has been known to exist, unless it be of an advanced stage and incurable character. As regards the time of performing the operation, M. Séstier would not be precipitate; as in several apparently very severe cases the disease has been got under by vigorous treatment. But, on the other hand, he counsels against waiting until no other chance is evident. He is guided by the amount of suffocative dyspnœa, together with feebleness of respiratory murmur. With reference to the operation itself, the author gives the preference to crico-tracheotomy. It is easier than tracheotomy, and less likely to be followed by the entrance of air into the veins, or of blood into the trachea.

EFFECTS OF CONCUSSION OF THE SPINE.

By J. Grantham, F.R.C.S.E.

The spinal column, considered mechanically, is weakest at the convex portion—that is, in the upper part of the cervical vertebræ, and from the tenth dorsal to the third upper lumbar vertebræ; the ten upper dorsal vertebræ are particularly defended from the influence of shock or fracture by the ribs and sternum, but when there is a yielding in the dorsal vertebræ, it will be found to occur at the centre of the arch or greatest convexity of that portion of the spine, which is between the fifth and sixth dorsal vertebræ. The purport of this paper is to detail the symptoms and effects of a shock of the spinal column. Concussion is conveyed to the spine when the patient falls from any height; whether the fall be on the head, or feet, or side, the back will receive a proportionate amount of the injury.

The first symptoms will be an inability, with pain, of movement in some part of the muscular structure pertaining to the spinal column. It is in the intervertebral structure of the spine where the first effects of lesion take place; and it would be enough for Mr. Grantham to direct the eye of the anatomist to the strong mechanical arrangement of the bones and ligaments, when it will be at once perceived how admirably the bodies of the vertebræ are held together, so as to render it almost impossible for any movement to take place apart from that of a general yielding. It will now be readily seen, that, should inflammatory action be commenced in this structure (intervetebral), and the body be allowed to remain in the erect position, pressure will be made on the seat of injury, pain will be felt, and *waste must ensue*; and for the sake of rendering this statement more evident, it may be well to consider the nature of the intervertebral substance. It is lowly organized, having neither vessels nor nerves; the cellular tissue does not become apparent; this cartilaginous structure contains a great quantity of water or serous fluid; according to Beclard, "in the adult man the proportion of water which they contain is to the solid substance as two and a quarter to one." The cells of this cartilaginous structure are very different from those occurring elsewhere in the animal organization—they are irregular in size and shape; in the condensed margin of the intervertebral structure, the cells are compressed, and lie with their long axes disposed parallel to the surface. It is said cartilage does not readily become atrophied by pressure. The author presumes this observation must have the condition stated—namely, when in a normal state; but if otherwise, or according to Bichat's nomenclature, it be "organically sensible," then he inferred atrophy or waste would be the result of pressure, as the reparative law of this structure would necessarily be imperfect, as every morbid phenomenon must in this structure be characterized by a remarkably slow progress; that inflammation must, as in bones, assume a chronic type, and should a cartilage be divided, in contradistinction to the skin or muscles, it closes instead of separating; the edges of their sections are drawn together; they never distend or lengthen. The absence of ossification in cartilages proceeds solely from the laws relating to the nutrition of bones. Here Nature has placed the limits for the exhalation of the calcareous phosphate, as she has also restricted to the origin of a tendon the exhalation of fibrin. The nature of the articulation of the vertebræ is of a mixed character, named Amphiarthrosis, partaking of the nature of Synarthrosis, in having the articular surfaces united by means of an intermediate substance, and of that of Diarthrosis, in having a considerable extent of mobility. Therefore, should the primary symptoms of concussion of the spine be unobserved or unattended to by either the patient or surgeon, partial paralysis will ensue, and be succeeded by complete paralysis below the injury or seat of lesion; the difficulty of movement will increase, until the formidable character of the malady will be evident to the most common observer; and, on examination, it will be found there will be an angular curvature of the spine, which can only arise from defect in the intervertebral substance.

Secondly. The assimilative laws of life will be functionally deranged. MM. Becquerel and Rodier state their is invariably a marked diminution of the quantity of the blood-corpuscles in the blood in injury of the spinal cord. The author has found in such injuries an elimination of the triple phosphates with the oxalates in the secretion of urine. The most important indication in the treatment of such cases is to relieve the injured part from the superincumbent weight of that part of the spine above the seat of lesion, by attention to the general health, and by an active *continued* application of counter-irritation to the region of pain. The author is an advocate, and has had some experience in the use, of the prone position as a mode of giving rest to the spine. He ventures to affirm four months is generally long enough to effect whatever good perfect rest of the spine can produce; but the most important and most difficult measure to be adopted at this part of the treatment, is being enabled to give the spinal column that kind of mechanical support which may be so applied as to gradually regulate the return of pressure, and at the same time to be sufficient for maintaining the erect position of the body for the restoration of the previously lost muscular support.

It is much to be regretted the great expense of the apparatus needful for these cases prevents their more frequent use; and may it not be narrow policy on the part of our rich hospitals that such cases are considered inadmissible, unless application is made soon after the injury is received?

There is one question which remains unsettled in the minds of the profession—viz., is it possible to have anchylosis of the bodies of the vertebræ without caries? If so, when the intervertebral structure becomes absorbed, then ossific matter will necessarily be generated without fracture: a fact of great importance as regards the favourable issue of lesion of the intervertebral cartilages. This question bears some analogy to the one regarding the union by bones of fracture through the neck of the femur.

The more the author reflected on the necessity of removing pressure or weight, when there may be any injury pertaining to this lowly organized structure, and maintaining a protracted state of quiescence in the early part of the treatment of concussion of the spine, the more was he convinced of the great importance of attending to this injunction.—*Med. Gaz.*

REVIEWS AND NOTICES OF BOOKS.

ON THE PRESERVATION OF THE HEALTH OF WOMEN AT THE CRITICAL PERIODS OF LIFE. By. E. J. Tilt, M.D., Senior Physician to the Farringdon General Dispensary and Lying-in Charity, &c. &c. London. 1851. 12mo. pp. 142.

Dr. Tilt is already favourably known to the profession by an excellent and original treatise on the "Diseases of Menstruation and Ovarian Inflammation." For some length of time he has been engaged, he states, "in collecting observations relative to the *natural history* of the functions peculiar to women, convinced that a more minute investigation into the phenomena of the healthy performance of these functions would throw light on the causes of disease, and promote their prevention and cure."

The present essay is founded upon a series of papers "on the right management of women before, during, and after the cessation of menstruation," communicated by Dr. Tilt to the *Provincial Medical and Surgical Journal*. It commences with a chapter upon the "right management of young women before the first appearance of menstruation.' The symptoms which indicate the approach of the menstrual flow are first given, followed by a table of the period of first menstruation in 11,429 women, in hot, temperate, and cold climates. These statistics are somewhat at variance with those of Dr. Roberton upon the same point, and they show that the first appearance of menstruation is influenced more by climate than the latter author is willing to admit. This table is followed by another, from which it appears that men-

struation occurs earlier in girls belonging to the higher classes than in the humbler ranks of society.

Dr. Tilt next makes some judicious remarks upon the danger of the administration of drugs by parents or other non-professional persons, in order "to force the first appearance of the menses." The author is of opinion that "the period of the first menstruation may be retarded in many girls much beyond the average age, and often without producing ill-health, or the slightest inconvenience."

"As the importance and relative value of a living being may be estimated by the length of time it takes to attain perfection—a criterion which gives us a high estimation of the value of man, who requires so many tedious years to achieve the fulness of his permitted power—I may reasonably propose what, on the other hand, the study of diseases of women leads me to infer—that the longer the reproductive apparatus lays dormant in women, the stronger will be their constitution, the more harmoniously will its functions be performed, and the more favourable will be the influence of this apparatus on the whole system.

We constantly hear parents talk of 'bringing girls forward,' but all my observations, reading, and meditations on the subject, confirm me in the opinion which I have long entertained, that the art of educating girls in order to bring them to the full perfection of womanhood, is '*to retard as much as possible the appearance of first menstruation.*'

If there be any possibility of effecting this purpose, it must be by maintaining in its integrity an essentially English institution—*the nursery*. The nursery, in the usual acceptation of the term, means rational food, rational hours of rest and of rising, and rational exercise at judicious times. It means the absence of sofas to lounge on; the absence of novels fraught with harrowing interest; it means the absence of laborious gaiety, of theatres, and of operas; the absence of intimacies which are of a too absorbing nature, and a wholesome subjection of every minute to rule and discipline."

The second chapter of Dr Tilt's essay is devoted to the "right management of women at first menstruation, and during the continuance of that function;" and the third to the "right management of women during matrimonial life." In the latter, the occasional occurrence of menstruation during pregnancy or lactation is considered; followed by rules "relative to the weaning of infants on the occurrence of menstruation, or during illness."

The "management of women at and after the cessation of menstruation," forms the subject of the next chapter. In it the author has given several tables illustrating the morbid phenomena by which the cessation of menstruation was ushered in, or accompanied, in 100 cases:—

"With respect to the quantity of the menstrual flow,

It terminated gradually in	39	per cent.
,, by a succession of floodings in	19	,,
,, by a terminal flooding in ...	14	,,
,, by alternations of a little, and a considerable flow in ...	10	,,
,, by a sudden stoppage in ...	18	,,
Leucorrhœa had existed in	58	per cent.
,, it was augmented in ...	44	,,
,, was stationary in	8	,,
,, was diminished in	6	,,
Diarrhœa existed in	12	per cent.
,, it was irregular in	8	,,
,, was regular by coming on every month in ...	4	,,

When diarrhœa occurs at the change of life, it generally appears at irregular intervals; it may, however, adopt the regularity of the menstrual function. . . . . As a general rule, however, when diarrhœa has habitually accompanied menstruation, there is at the change of life a gradual diminution of both discharges, the cessation of the one marking the termination of the other."

The last chapter is devoted to the "treatment of diseases at the change of life;" the following are the principal contents of this chapter:—

"Utility of bleeding at the change of life shown by the natural history of menstruation; cases; manner and amount of blood-letting; utility of leeches exemplified; utility of outward application of sedatives; alkaline preparations justified by the frequent morbid state of the urine at the change of life; the state of the urine previous to each menstrual epoch a new field of inquiry; the utility of purgatives suggested by the natural history of the change of life; mode of exhibition of purgatives; utility of sulphur; local treatment; statistics of leucorrhœa occurring at the change of life and its prognosis; mineral waters, and proposition relative to their employment; conclusion; rules of conduct, the inculcation of which by the profession would be useful to society."

Although numerous treatises are in the hands of the profession in which the diseases of females are fully considered, we are not aware of any devoted exclusively to the prevention of these diseases. Dr. Tilt, in the essay before us, has entered upon this hitherto almost untrodden path; we hope that he may follow up the subject, as, from the specimen he has given, it could scarcely have fallen into more able hands, and we trust to meet him again in the same field of inquiry.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, NOVEMBER 5, 1851.

MEDICAL EDUCATION.

The vexed question of medical education and its objects seem about to have a practical solution. Be the cause what it may, shadows are no longer held sufficient guides or leaders, and men seek substantial agents to secure substantial results. Wigs, caps, gowns, and hoods, which once so fascinated the world, no longer serve to relax a purse-string, and we of the healing art seek more potent means to convince the sceptical that we are of the realities. Without act of parliament or royal charter, but rather regardless of them, men seeking a livelihood from the practice of our profession prepare, as if instinctively, to meet this new state of things, and hence the present disrelish for empty titles, and the strong desire to secure more convincing proofs of positive qualification. No law has been made, no practice pursued, which forbids or discountenances the taking of medical degrees in universities, yet it is evident that this ancient method of establishing a claim to medical character is rapidly falling into disuse. The guardians of the fountains of "medical honours," and those who at the present moment are anxious to draw from them, may be startled by such an assertion, but it is nevertheless a true one. For general practice or public employments, it is now admitted on all hands, a degree or licence merely medical is no adequate qualification. Pure Physicians are required in large towns, and appointments are reserved for them in large hospitals, but General Practitioners they cannot become, neither can they well be appointed Medical Officers to Workhouses or Dispensaries. We do not deny that there are physicians in good practice, and in the care of public institutions, labouring successfully and creditably, but these have been created by a system now obsolete, and for a state of society which has disappeared. Now, be he what else he may, a man must be a Surgeon to occupy such a position, a Surgeon *de facto* and *de jure*. A physician with such a smattering of surgery as universities and medical colleges can afford will

not answer; the public and the authorities call for an accredited Licentiate of a College of Surgeons. This is a remarkable result. Sixty or seventy years ago there were few regularly educated surgeons in Ireland, or even in England; so much so, that in 1784, a sufficient number of respectable practitioners in this department could scarcely be mustered to found the College of Surgeons of Ireland: while now this College alone includes about a thousand members within its government and protection. But the advocates of institutions merely medical will retort that, although a man must be a surgeon for general practice and the care of our mixed medical charities, he must also be a physician; which we admit to the extent of conceding that he should be as well acquainted with diseases called medical as those called surgical. We do not, however, admit that he should be compelled to seek a nominal title to establish his right to treat these so-called medical diseases, especially from bodies which have no authority to grant anything but a title. After a surgeon has had an ample surgical education, and, in addition, a medical one, fully equal to that required for a medical degree or licence, it would be a great hardship to him, at much expense of time and money, to be subjected to a compulsory repetition of that education. In England the qualification for general practice and public appointments is a surgical diploma and a licence from the London Apothecaries' Company, in consequence of the College of Surgeons of England declining to examine candidates in medicine and pharmacy; but in Ireland the College of Surgeons enforces a full medical education, and examines as strictly in medicine and pharmacy as any medical college. Formerly many surgeons in Ireland sought medical degrees because, having finished their surgical education, they found such an addition to their qualifications both useful and creditable, but now that little is gained in the way of instruction by such a course, and little in the way of character, they do not often do so; they cannot see the advantage of being lectured over again, and examined over again in surgery by men who hold exactly the same surgical diploma they themselves possess. In public estimation, too, the magical M D. has lost much of its value since it became notorious that it was to be had on very easy terms, and since it began to figure on the lids of pillboxes. So much so, that wise men begin to discover that plain "Mister" is a more attractive designation than the common title of Doctor. But medical reformers, and especially those of the "one-faculty" sect will say, "a plague o' both your houses," why not have a comprehensive diploma granted by some one body which shall declare the bearer to be fully qualified at all points? And why not, seeing that the thing is, as we have just said, virtually done by the College of Surgeons? The medical colleges, feeling the old medical ground going, like a quick-sand from beneath their feet, wax chirurgical, and threaten to tack *magister chirurgiæ* to the M.D., and why not let them try their hands in this way; M.D.C.M. would settle the matter. We must, however, cut short our cogitations touching these weighty questions, lest a recollection of former days, when grave doctors eschewed surgery as an unclean thing, should provoke our risibilities to unseemly explosion. In the meantime, it may be that while we write the gordian knot is severed. The piece which has lately been under rehearsal in the Medical Hall of Dublin Castle, and which is, we hear, cast for speedy representation, with new scenery, machinery, dresses, and decorations, may have such a run as will settle this matter for a season. What it may in the sequel achieve, when divested of its theological and political appliances, is another question. One word and we have done. We merely wish to suggest that the parties who so joyously announce the intelligence of their "recognition" by the managers of this new medical theatre, will, in return, for the special favour conferred on them, attend the first representation to display their gratitude. Some "nice pickings" in the shape of Professorships, Examinerships, Scholarships, and "Exhibitions," may from time to time drop, and it may be well to be on the spot to see where they may fall.

TRESPASSERS ON MEDICAL CHARITIES.

The change now in progress in Ireland with respect to the Dispensaries makes the following extract one of interest. The administration of gratuitous medical aid to persons not paupers, at dispensaries, is no longer lawful, and those obtaining it are liable to be called on to pay for it if discovered. Right or wrong this is now the law, and the sooner the surgeons of Ireland look to it the better, for out of such change will arise a new state of things. Guinea fees are out of the question in dealing with the parties who were heretofore quartered on the dispensaries for medical aid, but more moderate fees are not; and the moment has arrived when men must make up their minds as to the class of practitioner who is to enjoy them. Irishmen seem to have as yet to learn that there are twenty-one shillings in a guinea:—

That persons attend our public hospitals *in forma pauperis*, who are able to afford a fee to their medical adviser, is well known, and it is a difficult and painful task to detect amongst a number of patients those who would abuse the means thus offered for the benefit solely of persons not able to procure advice essentially necessary for the cure of specific disease. The particulars of the case are these:—A child was brought to the Kent Ophthalmic Hospital in the month of March in this year, under the care of a nurse, when she was at first attended to, and received advice and medicine. It was subsequently ascertained that her father was a large out-fitter at Chatham, and in good circumstances. It was then explained to the friends of the child the next time she was brought to Maidstone, that the hospital was established only for *poor and indigent* persons, and that she could not be received there, but must be attended to by their own medical man at Chatham; or if they wished to receive the advice of the surgeon of that institution, she must be placed under his care as a private patient, and attend at his house. The friends preferred the latter, and lodgings were taken in the neighbourhood of my residence. When the child returned home, I requested the payment of my fee for professional attendance—ten guineas. This not being sent after frequent applications, I determined upon endeavouring to protect the hospital and the profession from so glaring an evil as the passing by of this case unnoticed might give rise to. The case was tried on the 6th of October before J. Espinasse, Esq., in the county court at Maidstone, and it was attempted to be proved by the counsel for the defendant that he was not liable for the debt, the child having been entered on the out-patient's book of the hospital, and that the surgeon had no authority to say which should be hospital patients and which not; and further, that it was the intention of his client to give a donation to the hospital, not having authorized the plaintiff to treat his child as a private patient. The learned commissioner by whom the cause was tried, said that there could be no doubt that the defendant was fully aware that his child was attended as a private patient, for he acknowledged he had paid for the medicine prepared at a druggist's from a prescription given by the plaintiff, which would at once have assured him that the child was no longer an hospital patient; and he considered it a gross abuse for persons in the defendant's station of life to seek relief at a charitable institution.—Judgment for plaintiff.—*Mr. Woolcott of Maidstone in Lancet.*

UNIVERSITY OF ST. ANDREW'S.

Examiners for Degrees in Medicine.

George E. Day, M.D., F.R.S., Professor of Anatomy and Medicine.
Arthur Connell, F.R.S.E., Professor of Chemistry.
William Pyper, LL.D., Professor of Latin.
Andrew Anderson, M.D., Professor of Medicine in the Andersonian University, Glasgow.

The examinations take place twice in the year, commencing on the first Wednesday in May, and the third Wednesday in October. The graduation fee is twenty-five guineas. In the event of a candidate being found unqualified, he shall forfeit five pounds of the graduation fee; which however will be accounted for to him when he passes his examination at a subsequent trial. Candidates can only be admitted to examination at other periods by a special grace of the Senatus Academicus. The graduation fee in this case is fifty guineas. The examination extends over two days, and is conducted partly in writing, and partly orally. On the first day candidates are required to give a written translation of a passage from a Latin medical author, and are examined in the elements of chemistry, in materia medica, and in anatomy and physiology. On the second day they are examined in pathology and the practice of medicine, in the principles of surgery, and in midwifery. The degree is conferred on the following morning by the Rector, in the Hall of the Public Library of the University, and the diplomas are signed by the principals and professors of the University. Every candidate is required to present himself for registration to the secretary, on or before the day preceding the examination, and to communicate by letter with the professor of medicine, at least a fortnight previously, stating what diploma or certificates he intends to produce.

"*To the Rector and Senatus Academicus, University of St. Andrew's.*

We, the undersigned candidates for the degree of Doctor of Medicine in this University, having understood that our diplomas will probably be signed by the Professor of Civil History, who is an avowed homœopathist, and holding as we do the opinion that the doctrines of Hahnemann are utterly irreconcilable with common sense, and with those medical tenets in which we have been educated, and which we trust will ever guide our professional career, respectfully request of the Senatus Academicus that they will adopt such measures as they may deem expedient for the purpose of preventing that desecration of our diplomas which we consider would be inflicted on them if a homœopathic signature were affixed thereto.

John Brown, John Cowie, H. W. Watson, Edwin Humby, N. J. Highmore, Fred. Goodchild, George Miller, Charles Gibson, Thomas Torney, John Walling, C. D. Kingsford, Robt. Beales, T. J. W. Marsh, Alex. S. Fogo, John F. Gruie, John Pearson Nash, John Roulston."

List of gentlemen who had the degree of Doctor of Medicine conferred upon them, 17th October, 1851:—Robert Beales, L.A.C., London; John Brown, M.R.C.S., and L.A.C., Islington; John Cowie, M.R.C.S.E., Zetland; Alexander Scott Fogo, M.R.C.S., London; Charles Gibson, M.R.C.S., and L.A.C., Newcastle-upon-Tyne; Frederick Goodchild, M.R.C.S., Middlesex; John Frederick Grace, M.R.C.S., London; Nathaniel Jarvis Highmore, M.R.C.S., and L.A.C, Bradford, Wilts; Edwin Humby, M.R.C.S., and L.A.C., London; Charles Dudley Kingsford, M.R.C.S, Middlesex; Thomas Joseph William Marsh, M.R.C.S, and L.A.C., Surrey; George Miller, M.R.C.S., and L.A.C., London; John Pearson Nash, M.R.C.S., Calcutta; John Roulston, M.R.C.S., and L.A.C., Yorkshire; Thomas Torney, M.R.C.S.E., Dublin; Henry Uwins, M.R.C.P., and M.R.C.S., London; John Walling, M.R.C.S, and L.A.C., Yealand, Lancaster; Henry Waldron Watson, Arnold, near Nottingham.

ERRATUM IN THE STUDENTS' NUMBER.—The name of Robert Law Nixon was accidently omitted in the list of Examiners of the Royal College of Surgeons.

INSURANCE COMPANIES *v.* THE MEDICAL PROFESSION.

Royal Exchange Assurance of London,
8, Westmorland-street, Oct. 20.

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—I have just seen an article in the columns of the last number of your journal, setting forth the resolutions of the Faculty of Physicians and Surgeons at Glasgow in reference to the payment of fees to medical referees of life assurance companies.

It may not, therefore, be deemed inopportune, now that the attention of the Irish faculty has been thus drawn to the subject, if I should state for their information, that the practice of the corporation of the Royal Exchange Assurance (one of the oldest life offices in existence) has been to pay the fees of the medical referees of *all* lives proposed to them for assurance; the scale adopted being *one guinea* where the sum proposed amounts to £500 or upwards, and *half a guinea* if the proposal be for any smaller amount; and when it is taken into account that the corporation have likewise to pay the fees of their own medical examiners, it must be admitted that they have not been illiberal to the profession.

In originally adopting the system (in which I believe they stand alone as a senior company), the Court of Directors were induced to expect the confidence and medical aid of the profession in the careful selection of eligible lives; and if same has not been fully reciprocated, they would fain hope that any reserve which may have occurred has been traceable rather to a misconception of duty towards their patients than from a desire to mislead the corporation.

Permit me to avail myself of this opportunity to remind the medical profession in Ireland, that the corporation have at all times acted with a degree of liberality towards them, as regards the assurance of *their own lives*, which has not been surpassed by any other company; in confirmation of which I would instance the occasion of the recent epidemic fever and cholera, when the doors of almost every other institution were closed against them, or terms so excessive required as to preclude acceptance on their part, the Royal Exchange Company freely entertained their proposals without charging *one farthing* extra premium.—I am, sir, your obedient humble servant,

THOMAS TROUTON, Agent.

MEDICAL SOCIETY OF LONDON.

AT a Special General Meeting of this Society held on Friday, October the 10th, the following resolutions recommended by by the Council were unanimously adopted:—

"That in the opinion of this Society, the practice of homœopathy, or the prescribing medicines in what are called 'infinitesimal doses,' under a pretence that they are useful in the cure of disease, is founded in palpable error, is a delusion on the part of the practitioner, a deception on the public, and manifestly dangerous to its welfare."

"That the Fellows of the Medical Society of London cannot honourably hold any professional communion with homœopathists."

"That consequently, any Fellow of this Society who shall hereafter practise homœopathy, or who shall knowingly meet in consultation any professed homœopathist, will thereby render himself unworthy of the Fellowship of this Society."

MEDICAL CHARITIES' BILL FUND.

The Treasurer acknowledges the receipt of the following:—

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Mr. Porter is preparing for publication his Lectures on VENEREAL DISEASES, with additional Notes and Illustrations.

THE PHARMACEUTICAL JOURNAL (Nov. 1.)

CONTENTS:

THE Pharmaceutical Meetings—Proposed Board of Examiners for Scotland—Close of the Great Exhibition—Distribution of Prizes—Destination of the Contents of the Great Exhibition—Protection of Inventors—Medicine Stamp and Licence Acts—Presence of Hydruret of Salicyle in Aqua Castorei—On Cassia Fistula—Black Balsam of Peru—Manufacture of Opium *(with Cuts)*—Hyraceum—Essence of Jargonelle Pear—Essence of Pine Apple—Artificial Essence of Bugs—Monopoly of Calisaya Bark—Pharmacy in Sweden—Ashton's Minim-Meter—Dr. James Arnott's Local Anæsthetic Agent—Warburg's Fever Tincture—Great Exhibition—Longmaid's Process for Treating Ores—Boracic Acid—Artificial Ultramarine—Manufacture of Alum—Oil intended to Replace Cod-Liver Oil, &c. &c. Price 1*s.*

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CLONLEIGH DISPENSARY.

AT a Meeting of the Governors of the Clonleigh Dispensary, held at Lifford, October 30th, 1851, the following resolutions were unanimously adopted:—

Resolved—"That the Legislature having placed the management of Dispensaries henceforth in other hands, we cannot resign our trust without bearing testimony to the professional skill and humane attention with which Wm. John Greer, M.D., has discharged the duties of Physician and Surgeon of this Dispensary for more than twenty-one years, within which eventful period it pleased God to visit us with cholera, fever, and the many diseases consequent on want."

Resolved—That as Trustees for the poor, and influenced by a regard for their interest, we recommend him to the favourable attention of those to whom these interests are now committed, trusting in any arrangement which may be made as regards districts, this locality may not be deprived of his services, and that in adjusting the scale of future remuneration, a more liberal salary may be awarded to him than our limited funds for many years enabled us to grant."

Resolved—"That we offer our warmest thanks to the Rev. John King, our Secretary, and George Knox, Esq., our Treasurer, for their gratuitous and valuable services."

B. G. HUMFREY, Chairman.
JOHN KING, Secretary.

PRACTICE OF PHYSIC.

DR. BENSON will commence the Course of Lectures on the Principles and Practice of Physic in the Royal College of Surgeons on Friday, the 7th day of November, at four o'clock p.m.

The Description, Pathology, Diagnosis, and Treatment of *Medical* Diseases will form the subject of the Course.

Pathological preparations, plates, and recent specimens of diseased parts, will be exhibited for the purpose of illustration.

The Lectures will be delivered on Mondays, Wednesdays, and Fridays throughout the session, at four o'clock.

N.B.—Gentlemen entering the Army are required to attend Two Courses of Lectures on the Practice of Medicine; and those entering the Navy to attend Three such Courses.

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TYNAN DISPENSARY, COUNTY ARMAGH.

AT a numerous Meeting of the Governors, held in the Surgeon's House, Tynan, on Thursday, the 2nd day of October, 1851,

ACHESON ST. GEORGE of Woodpark, Esq., in the chair,

the following Resolutions were proposed and passed *nemine contradicente*:—

Resolved—"That the Governors of Tynan Dispensary, impressed with a deep sense of the professional ability, humane attentions, and unwearied attendance of their Medical Officer, Charles T. Huston, Esq., L.R.C.S.I., hereby tender to that gentleman the sincere and unanimous expression of their approval and warm congratulations on his well-merited professional position and prospects."

Resolved—"That the Governors cannot separate without recording their appreciation of the perseverance and energetic services of their respected Treasurer and acting Secretary, Thomas J. Tenison, Esq., whose untiring zeal and judicious management has mainly contributed to the present prosperous condition of the Institution."

ACHESON ST. GEORGE, Chairman.

Mr. St. George having left the chair, and Mr. Cross having been called thereto, it was

Resolved—"That the grateful thanks of the Governors are due and hereby given to the chairman, Acheson St. George, Esq., for his generous contributions to the funds, and uninterrupted support of this excellent charity during the last thirty-three years."

MAXWELL CROSS, Chairman.
THOMAS J. TENSION, Acting Sec.

SCHOOL OF SURGERY, ROYAL COLLEGE OF SURGEONS.

The Session 1851–52 commenced on Monday, October 27, at one o'clock.

Anatomy and Physiology—Dr. Jacob.
Descriptive Anatomy—Dr. Hart and Dr. Macdonnell.
Surgery—Mr. Porter and Mr. Hargrave.
Practice of Medicine—Dr. Benson.
Chemistry—Dr. Barker.
Midwifery—Dr. Beatty.
Comparative Anatomy—Dr Jacob.
Dissections by the Professors of Anatomy and the Demonstrators—Dr. Leeson, Mr. Labatt, Mr. T. D. Hargrave, Mr. Malcolmson, and Mr. J. Morgan.

Commencing May 3, by order of the College.

Materia Medica—Mr. Williams
Medical Jurisprudence—Dr. Geoghegan.
Botany—Dr. A. Mitchell.
Practical Chemistry—Dr. Barker.

The Fee for each of the above Courses is Two Guineas, except Comparative Anatomy, which is free.

A Public Course of Lectures on Comparative Anatomy and Zoology, free to all students, is delivered by the Professor of Anatomy and Physiology at the commencement of the session; and additional lectures on the same subject at intervals during the winter.

Practical Instruction in Operative Surgery is given by the Professors of Surgery, separate from the Surgical Lectures. Fee, £5 5s.

The Professor of Chemistry receives operating pupils into the Chemical Laboratory.

The Professor of Medical Jurisprudence gives practical instruction in Toxicology in his Laboratory.

The following Ordinance was made by the Council of the College on the 9th of April, 1851:—"To enable surgical students to devote more time to hospital attendance and dissection during the winter session, the lectures on materia medica, medical jurisprudence, practical chemistry, and botany, shall be delivered during the summer session in the School of the College, and in the schools recognized by the College; and certificates granted subsequent to the 30th of April, 1851, shall not be received as qualification for letters testimonial, unless issued in conformity with this regulation" Similar regulations have been adopted by the Council of the College of Surgeons of England.

In order to give full effect to this order, and to secure the advantages contemplated by it, no lectures will be delivered during the winter before one o'clock; from which hour the order of business will be as follows:—

Descriptive Anatomy, at one o'clock every day.
Anatomy and Physiology, at two o'clock every day.
Surgery, at three o'clock on Tuesdays, Thursdays, and Saturdays.
Chemistry, at three o'clock on Mondays, Wednesdays, and Fridays.
Practice of Medicine, at four o'clock on Mondays, Wednesdays, and Fridays.
Midwifery, at four o'clock on Tuesdays, Thursdays, and Saturdays.

Dissections from sunrise to sunset; one or more of the Demonstrators being always present to give instruction.

The Anatomical Instruction on Mondays, from one to three o'clock, will consist of practical instruction in the use of the Microscope, Minute Dissections of Organic Structure, and the making of Anatomical Preparations.

The Professor of Botany will commence a course of Lectures on Structural and Physiological Botany in February. This course, taken in conjunction with that on Comparative Anatomy and Zoology, by the Professor of Anatomy and Physiology, constitutes the Course of Natural History required by the Army Medical Board.

Pupils attending the Lectures on Midwifery and Diseases of Women and Children are admitted to the practice of a recognized midwifery hospital on payment of a fee of £4 4s.

CITY OF DUBLIN HOSPITAL,

Upper Baggot-street.

The Winter Session commenced on Monday, October 27th.

During the summer recess this Hospital has been greatly enlarged. Its arrangements are now such as to afford the student an opportunity of studying disease in all its forms—medical and surgical. The morning visit commences daily at half-past eight o'clock, when the nature, treatment, and progress of each case are explained at the bedside of the patient, and ample opportunity afforded to every student of becoming practically acquainted with the uses of the Stethoscope. Clinical Lectures are also delivered after the hospital visit.

Connected with the hospital is an extensive Dispensary, at which the pupils are allowed to perform the minor operations, under the guidance of the surgeons, and are rendered familiar with the details of dispensary management.

Every facility is given to students desirous of acting as Dressers and Clinical Assistants, subsequent to which all pupils of the hospital are eligible to the situation of House-Surgeon, according to merit.

A distinct Course of Lectures upon Diseases of the Eye is delivered by Dr. Jacob, and special wards are appropriated for the reception of Eye cases. Extended opportunities are thus afforded for acquiring a thoroughly practical knowledge of this important subject.

A ward is appropriated to the Diseases of Females, and clinical instruction is given upon all forms of Uterine Affection by Dr. Beatty.

Mr. Tufnell's Course of Lectures upon Military Surgery is also open to the pupils of the hospital. This Course is recognized in the professional qualification of candidates for admission into the Army, Navy, and Ordnance Medical Departments.

A Lending Library of well chosen books has been provided for the use of the pupils; and a correct registry of the cases in hospital is kept by the house-surgeon, to which they have free excess.

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Wednesday, November 5, 1851.

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METEOROLOGICAL TABLES.

LECTURES.

EXTRACTS FROM LECTURES DELIVERED AT VARIOUS TIMES IN STEEVENS' HOSPITAL.

By Sir Henry Marsh, Bart.

(Reported by Henry Freke, A.B., M.B.)

(Continued from p. 291.)

The following case of inodorous pulmonary abscess is, I think, an instructive one. The notes were taken and given to me by my young and talented friend Dr. Robert Macdonnell, whose ardent zeal in the prosecution of medical science has particularly attracted my notice. The presence in this case of an amphoric resonance distinguishes it from all other cases of the same kind which I have witnessed. It was signalized, too, by a slight attack of hæmoptysis:—

John Gillespie, ætat. 23, is a rather spare and pale man, but not in other respects of strumous appearance; he states that he enjoyed good health until about five months since, when he became affected with cough, muco-purulent expectoration, and general hectical symptoms, such as night-sweats, &c. In this state he continued, not getting much worse, and without seeking medical aid, until a month since, when he coughed up about an ounce of florid, frothy blood. A few days afterwards, while marching, he expectorated several mouthfuls of "corrupted matter." From that time to the present, he had no return of hæmoptysis, but he expectorates a large quantity of viscid muco-purulent, nummulated sputa.

On examining the chest, the right lung appears to be perfectly healthy, and the apex of the left offers no indication of tuberculous deposit or other disease. Over the lower part of the left lung posteriorly (from about its root to its base), there is a coarse gurgling crepitus, with slight but decided dulness on percussion, as compared with the opposite side, and marked increase of vocal resonance. In the apex of the axilla the respiration is quite natural; when we come down to the level of the nipple, most distinct amphoric blowing is heard, accompanying both inspiration and expiration; but the most careful examination fails to detect any metallic tinkling, succussion sound, or pectoriloquy. Neither is there any displacement of the heart or difference on percussion between this locality and the corresponding part of the opposite side. This remarkable amphoric blowing was some time inaudible for several days at a time, yet for more than a month occasionally returned with as much distinctness as in the most marked case of pneumothorax.

Gentlemen, if you seek for information on the subject of fœtid abscess of the lung in the writings of our ablest pathological authors, you will in general find but a scanty amount of information. If we were to seek to derive our knowledge from exclusively anatomical researches, we should be at fault; for in this as in many perfectly curable diseases, no trace of organic change remains for the eye of the anatomist. It is from experience, from the recorded facts of many practitioners, that we must hope to derive statistical knowledge. Simple non-tubercular abscess of the lung, then, is by no means so infrequent as some systematic writers would lead us to suppose. I have met with many cases of the disease; so have others with whom I have conversed. Long ago, I have repeatedly heard the late Dr. Perceval speak on this very subject. His history of this disease, though unaided by auscultation, was singularly accurate. He argued (guided principally by the fœtor) that the abscess was formed in the liver, and that the matter was (to use his own phrase) "pumped up" through the lungs. The late Dr. Cheyne, with whom, in more than one case of fœtid abscess I have held consultations, adopted the same view. Occasionally, not often, there is a difficulty in determining whether the abscess be seated centrally in the base of the right lung or in the liver. I remember having several times seen an interesting case of fœtid abscess with my friend Dr. Croker King, now Professor of Anatomy in the Queen's College, Galway. The illness was protracted for many weeks; great quantities of fœtid matter were expectorated; irregular hectic fever, emaciation, anorexia, sleeplessness, paroxysms of oft-recurring and harassing cough, resisted all treatment, and brought the patient in the meridian of life down to a premature grave.

The chest was repeatedly examined by the most able auscultators in Dublin, and no pulmonary disease could be detected, until about three days before death, when dulness and impermeability to air over a very small space at the base of the right lung seemed to indicate the locality of the disease. A post-mortem examination was not permitted. The evidence in this case appeared to me to favour the view of its having been an hepatic abscess.

The following reasons may, I think, be assigned for the supposed infrequency of non-tubercular pulmonary abscess. First, many recover so completely as to preclude anatomical information; when recovered from, it does not appear to interfere with future health and longevity. Secondly, when the disease (as I have shown) becomes chronic, changes may take place in the parenchyma of the lung, which may obliterate every trace of the primary abscess. Thirdly, when the fœtor is intense, cases of true fœtid abscess are described and named as gangrene or sloughing abscess of the lung.

There is not any variety of pneumonia less apt to terminate in gangrene than that which is single, circumscribed, and terminating in abscess; much more likely is the diffuse inflammation so to terminate. Yet one cannot be surprised at the mistake, so offensive in some cases is the odour. True gangrene of the lung I believe to be a comparatively rare affection; no case of fœtid abscess that I have seen has so terminated. Such may be the result, but I have not witnessed it. In the few cases of gangrenous pneumonia which I have observed, I cannot easily forget the alteration, rather suddenly wrought, in the traits of the countenance; the leaden, wild aspect, the suspirious breathing, the rapid, feeble, intermitting, flickering pulse, the clammy sweat, the putrid odour—all foretold that life must soon be extinguished. The few cases in which the opportunity has been afforded me to institute a post-mortem investigation, the putrified lung was all but identical in appearance with the putrescent areolar tissue in gangrenous erysipelas. The characters, too, of the morbid action, constitutional and local, the type of the fever, the uncircumscribed nature of the inflammation, establish a very striking accordance.

I saw a fatal case of gangrene of the lung in which the morbid appearances bore a considerable analogy to those of a large anthrax.

It happens now and again that, at the most advanced stage of phthisis, the internal lining membrane of a tubercular abscess is seized upon by gangrene, of which the putrid odour is very offensive. Mortification extends not more deeply than a few lines, and seems to be confined to the flocculent adventitious membrane with which the cavity is overlaid. Its softened, shreddy, black aspect, and putrescent smell, indicate this change; and also indicate that local death antecedes—but for a brief period of time—universal death. The system having been utterly broken down by preëxisting disease, such might be the close of a simple as well as of a tubercular abscess. There are other forms and varieties of pulmonary gangrene; these it is not my object at the present moment to dwell upon, nor would I have said even thus much upon the subject were I not anxious to impress upon your minds that the distinction, symptomatic, therapeutic, and pathologic, between fœtid abscess and gangrene of the lung is well-marked, and is one which, when you engage in practice, you ought not to discard from your minds.

Let me remind you, gentlemen, that fœtor is an attribute by no means limited to pulmonary abscesses; it is characteristic of many others in different regions of the animal frame. Abscesses situated where mucous glands and follicles abound, as the nares, fauces, vagina, rectum, emit frequently a most offensive odour; as also do those which are in contact with diseased bone—an odour which is modified and augmented by exposure to atmospheric air. Abscesses have been found in the brain, which, though unapproached by mucous membrane and untouched by atmospheric air, have emitted an intensely fœtid odour: a proof that contact with air is not essential to the production of fœtid emanations. It appears to depend primarily as well upon constitutional as on local causes. We find that during the progress of an illness it varies in intensity, and is sometimes intermitting. I remember having been consulted many years ago by a gentleman who was compelled to lead the life of a hermit, who was excluded from society by the exceedingly offensive smell which issued from the spaces between the toes. It was disagreeably perceptible the moment he entered a room; no amount of cleanliness or repeated ablutions dissipated the fœtid odour. Deodorizing applications of various kinds had been tried, and with only slight and temporary benefit. The treatment from which, as long as he remained under my observation, he appeared to derive advantage, was a daily tepid bath, a diet exclusively vegetable and farinaceous, and the frequent application between the toes of the following ointment:—

> Mercurial ointment, one ounce;
> Creasote, one drachm;
> Muriate of morphine, half a drachm.

He returned to thank me for the good he had derived from the treatment; but whether the cure was perfect and permanent, is more than I can affirm. Many cases I have seen of exaggerated natural effluvia from the spaces, or rather from the cutaneous follicles between the toes, but none so intense and distressing as that which I have just sketched. Those who feed largely on animal substances, and take little exercise, are apt to emit from the axillæ an offensive odour, and also from the mouth, fauces, and nares, so as to produce a most unpleasant impregnation of the breath. It is a curious fact that I have met with several monomaniacs in whom the solitary mental error which unyieldingly prevailed was, that a foul emanation, which in reality had no existence, rendered them unapproachable by any without disgust. I have exerted all my ingenuity without success to liberate the mind from this, as I found it, incorrigible error.

The cultivation of the sense of smell is oftentimes in diagnosis of considerable value. The mercurial fœtor is, by one whose perception of odours is both acute and educated, readily distinguishable from other fœtors, and often affords the earliest announcement that a course of mercury has been already carried sufficiently far, or at least that it is time to press it less energetically. The odour of the perspiration in miliary or sudatory fever at once bespeaks the nature of the disease. The exhalations from the breath and persons of those labouring under saccharine diabetes are often very characteristic. In every variety of bowel derangement and diarrhœa, the presence or absence of the specific feculent odour holds a by no means unimportant place amongst diagnostic signs. The same observation is applicable to many of the morbid conditions of the urine. Habitude and attention greatly improve the sense of smell, as they do the other senses so

valuable in diagnosis: how excellent soever they may be by nature, they will be greatly advanced in excellence by education. To the physician and to the surgeon, in many ways, an acute and experienced sense of touch renders clear and certain to the mind's eye what were otherwise obscure and doubtful; and by determining the diagnosis, determines the treatment. I need not adduce instances; they are obvious. The value of the sense of vision it were superfluous to dwell upon. Very much, indeed, of medical acumen and sagacity depends upon the innate powers and indefatigable culture of the observant and eagle eye. Of all the organs of sense, that which is most valuable in the detection of the seat and nature of invisible disease is the ear. The application of the sense of hearing to the diagnosis of invisible disease ranks amongst the most important discoveries, the greatest triumphs of modern science. Of this discovery the glory is entirely due to the immortal Laennec. Whilst medical science exists, his name will live in the grateful memory of mankind. The discoverer of auscultation has rendered the whole science of diagnosis more accurate, more conclusive, than it had ever before been. Nor is this accuracy limited to thoracic; it extends to abdominal and other affections. It is a great step in advance for medical science; it is one of the most important epochs in its history. It is an interesting fact that the late Dr. Perceval of this city was in the habit of applying his ear to the chest in cases of which palpitation was the prominent symptom; but he did not see the magnitude of the discovery, he did not follow it to its vast and legitimate results—he touched the cord, but its vibrations ceased. There is little reason to doubt that the coast of North America had been reached by a Danish skiff before the transcendent genius, indomitable perseverance, and lofty enthusiasm of Columbus accomplished one of the greatest feats the world's history can record. A discovery is no discovery unless its value and importance be also discovered, appreciated, and its results worked out. The application of an additional sense to the diagnosis of disease has, like the discovery of a new world, laid open a mine of immense wealth; and effectually and splendidly has it been worked by its immortal discoverer, and by his highly gifted countrymen and successors, amongst whom I may mention the names of Louis, Chaumel, Andral, &c. Ably have they followed in the footsteps of the discoverer of auscultation, and greatly have they enlarged the domain of medical science; and I may be permitted to add, that there is perhaps no part of the world in which auscultation, conjointly with pathology, therapeutics, and morbid anatomy, is cultivated with more zeal, energy, and success, than in this our city.

We find, then, that a naturally perceptive and well-educated ear enables us to judge of internal disease with surprising minuteness and accuracy: this were, however, impracticable without the aid of the other senses, and of the valuable and correcting information derived from morbid anatomy; all must coöperate. You may have remarked that I have substituted the word auricular for physical, now so universally adopted. I will tell you why I like it better: I prefer a term which embraces within its import every sign of disease of which the ear takes cognizance. It embraces percussion and auscultation, immediate, mediate, and remote. Before the time of Laennec great attention was given to, and great stress was laid upon all vocal as well as catarrhal sounds. Pertussis is recognized at once by the sound of the cough. In croup and laryngitis the vocal and catarrhal tones, at first hoarse, rough, and sonorous, then dwindling down into a suppressed and scarcely audible cough and whispering voice, and even into the extinction of the power of utterance, mark with certainty the changes which are hourly taking place along the course of the inflamed membrane. The cough of bronchitis is by its sound alone at its different stages distinguishable from that of pleuritis. The sound of the cavernous cough is peculiar, so are also the sounds of the purely spasmodic and hysterical coughs. The heart-sounds are sometimes audible at a distance of several inches from the thorax: all these, and many others, are signs which, without immediate or mediate auscultation, convey, through the ear, to the mind, a clear diagnostic perception. I use the word "auricular" for the purpose of placing it in its proper category, and in conjunction and coöperation with the other organs of sense, the fundamental sources of all our knowledge, that thus the term employed may embrace every sign, immediate, mediate, and remote, for the perception of which we are indebted to the special sense of hearing.

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

REMOVAL OF THE OS CALCIS.

Mr. Gay showed a patient from whose foot he had about six months since taken the os calcis. For extensive and irreparable disease of that bone, the foot would, in former days, have been amputated. The case presented, however, shows that the functions of the foot are very slightly interfered with by the loss of so large and important an element of its structure; for, as may be seen, the man can walk, and he can climb a ladder, almost as well as he ever could, and his gait was not seriously affected by it in any way.

Mr. W. Cooke presented a

REMARKABLE SPECIMEN OF ANEURISM OF THE ARCH OF THE AORTA,

taken from an American who had died three days previously at the Royal Free Hospital. Mr. Cooke stated that he had been requested by his friend and colleague, Mr. Thomas Wakley—whose unavoidable absence he regretted—to exhibit this diseased aorta to the society, and in doing so to state a few of the circumstances connected with the case. It appeared that the patient was an emaciated tailor who had been sent over from America to this country for change of air, by Dr. Mott of New York, under the impression, according to the patient's statement, that he was suffering from secondary syphilis. On the 25th of September, when he presented himself at the Royal Free Hospital, it was discovered that he had the aneurism of which he died, and there were no symptoms indicative of secondary syphilis, unless the pain about the left shoulder and down the left arm could be so considered. The poor fellow was only in the hospital a week before the aneurism burst and he died, having during that week coughed up or vomited frequent portions of blood, sometimes amounting to as much as a pint. Mr. Wakley having satisfied himself that the disease was in the arch of the aorta, of course could render no operative assistance, and the treatment consisted simply of acids, acetate of lead, and opiates. There was a very distinct bruit in the aneurismal tumour, which was situated just behind the first bone of the sternum and between the first and second ribs, producing a bulging at this part. The pulsations in the tumour were perceptible to the eye. Sometimes, but not at others, the pulse could be felt in the left subclavian and radial arteries of the left arm. The stethoscope revealed no lung disease. In the post-mortem examination it appeared that the aneurism was situated at the bend of the arch just as it begins to descend, and would have held a small orange. The sac

was rent in two places, anteriorly and posteriorly, the former having adhesions to the sternum and pleura, and the latter opening itself into the cellular tissue surrounding the œsophagus, and into the œsophagus itself, by a circular ragged hole the size of a sixpence. Through this opening the blood had escaped into the mouth and stomach, which latter organ contained a pint of coagulated blood. The left subclavian artery was very nearly closed, even when the clot was removed from the tumour, and when present it doubtless would sometimes be entirely so. The clot itself was very large, and in a great measure organized. In the water which was used to wash the preparation, there was deposited a quantity of earthy matter. The rest of the artery did not appear to have any earthy deposits in it. The left ventricle was considerably hypertrophied. There were a few pleuritic adhesions, but the substance of both lungs was perfectly healthy, as were the rest of the organs. Mr. Cooke stated that he had only that afternoon been requested by Mr. Wakley to present this interesting morbid specimen to the society, and therefore would not offer any general observations upon the case, but leave the preparation on the table for the inspection of those gentlemen present who took an especial interest in diseases affecting the heart and arteries.

Dr. Murphy then read an address. He congratulated the society, that the difficulties in which they were involved were likely to be removed, the appeal which had been made to the members for pecuniary assistance having been warmly responded to. There were only eighteen dissentients in the whole list of the society. The property in Bolt-court was also let to an eligible tenant; so that their prosperity might be considered to be assured.

HOMŒOPATHIC QUACKERY—DR. MURPHY'S DEFENCE.

He next referred to the question of homœopathy, which, he said, had been considered with great anxiety by the Council, the result being, the submitting the resolutions respecting it, which were adopted by the fellows on the preceding night, one of which had reference to the course to be pursued by them, when, in ordinary professional intercourse, they are brought into contact with the professors of this new mode of practice. On this and on the other points, he said, under any other circumstances, it would be a work of supererogation for him to assure them, that he fully agreed with them; and that while he occupied that chair, he should endeavour to render these resolutions as efficient as possible (hear, hear). Dr. Murphy then referred to the accusations that had been made against him; and desired the fellows to pardon a slight digression, while he sought to correct the misrepresentations, and replied to charges, of which, were he guilty, he should resign the president's chair (hear, hear). To the first accusation, that he had met a homœopath in consultation, his answer, in the terms of the resolution, was, that he had never knowingly done so, and, more than that, that he never would. He had invariably refused when asked so to do. This reply he had already placed on record; but to another and equally serious one—that in a certain certificate he had assigned as a cause of disease that which could not be true: that if true, its only effect would be to injure the reputation of a most respectable practitioner, and that therefore he was bound to retract his words,—he had not yet given any public reply. He now stated, that his opinion had been most completely misunderstood and misrepresented. In giving it, he had no intention that it should injure the gentleman alluded to, which it could only do by straining it from its proper meaning. He would willingly have given that gentleman any explanation of that certificate necessary to exonerate him, but his correspondence showed that he did not desire it. It could only be by the most gross misrepresentation that that opinion could be made to indicate any want of skill, attention, or judgment, on the part of that practitioner; for it presumed that the placenta was morbid, that it was of necessity adherent, so that it could not be completely removed, and further, that the disease which rendered it so was the same that afterwards appeared. In this opinion he (Dr. Murphy) may have erred, from not having been made acquainted with all the facts of the case; but he trusted that, while admitting this, the society would discriminate between such an acknowledgment and an admission that his opinion was absolutely erroneous—that it could not possibly be true. In his correspondence on this subject, he had explained this his view of his opinion, and he still held that it was within the limits of truth. It was formed on the facts that had been placed before him, and if there were other facts which might change that opinion altogether, he had not received them. Whether his opinion were right or wrong, he did not think it conveyed any injurious imputation on any one's professional reputation. There was not, therefore, the slightest foundation for either of the charges against him. Dr. Murphy then expressed his opinion respecting homœopathy, and classed the professed homœopathists, mesmerists, and hydropathists, with the professed charlatan, who sells his cures under a thousand different disguises. With such men homœopathy becomes a form of quackery, the more dangerous because it assumes the garb of a science. The secret remedy vendor is far more harmless; the public, if they trust in him, do it with their eyes open; but the charlatan who entangles them in the intricacies of a pseudo-science, who bewilders them in the subtleties of the absurd dogma, "similia similibus curantur," and presents to them his infinitesimal dose as the ultimate result of his scientific inquiries, is calculated to do a much greater evil, just in proportion as the scientific garb he assumes is calculated to deceive even the judicious and the reflecting (cheers). Still he (Dr. Murphy) felt that such a stigma should not be affixed to a professional brother without just cause, as it would lead to an abuse as great as homœopathy itself. There may be some honest men in the profession anxious to obtain some valuable grains of wheat from the mass of chaff, and who therefore may order smaller doses than hitherto, and consequently may look like homœopathists. Great caution should be used in classing these with the others, as, so far from aiding in the suppression of homœopathy, he feared it would give it unexpected support, by the dogged resistance to an act of injustice, and its effects on the human mind. He would say for such men, who have been educated as ourselves, and who through life have observed the same honourable course, that it is neither just nor prudent to hold them up to public reprobation merely because they happen to order an unusually small dose of medicine. Stronger and more decided evidence of homœopathic dementia should be first obtained, such as an open acknowledgment of the principles of homœopathy as the foundation of their practice, and an admission that they are converts to these novel doctrines. Then is the time to act with decision and effect. In saying this, he did not wish to shelter the secret homœopathist, or to say that he should not be called upon to declare his faith, to make his election, but to caution the society against the abuse that may be made of its honest intentions. Professional character is the only property a professional man has; deprive him of that and you deprive him of everything. This being the case, the evidence against any one of our professional brethren should be of the clearest nature before he is singled out as an object for attack or accusation.

ACADEMY OF MEDICINE, PARIS.

M. Grisolle read, in his own name, and those of MM. Louis and Bricheteau, a report on a work by Doctor Dubreuilh of Bordeaux. M. Grisolle observed that he had, in 1849, presented a work which went to prove that pregnancy, so far from arresting the march of phthisis, tended to its precipitation; that labour and the puerperal state do not hasten the fatal termination, but prolong it, provided that the disease is not already far advanced. Dr. Dubreuilh's memoir furnished additional evidence in support of these opinions. In the thirteen observations collected by M. Dubreuilh, phthisis had been declared during the three first months of gestation. Four women had

been in good health at the time of conception, whilst eight others had presented more or less definite symptoms of disease for a long time before. Contrary to what would have been looked for on the ordinary view of these cases, the symptoms of phthisis, instead of improving, became more confirmed. In no case was the alleged suspensive power of pregnancy upon phthisis observed; on the contrary, it seemed always to perform the part of aggravating that malady. According to M. Grisolle, the cases are more common where the first signs of phthisis coincide with the commencement of gestation, than where pregnancy follows on the first symptoms of disease. Women in whom the development of phthisis is decided are less disposed to become pregnant. M. Dubreuilh had made the same observations. M. Delafond had also noted a similar fact in animals. Pregnancy does not modify the character of the phthisical disease. M. Dubreuilh states the opinion—in which, however, M. Grisolle does not concur—that in the last week of gestation pregnancy interrupts the progress of disease. Exceptional cases only are admitted by M. Grisolle. It is rarely, he remarks, that phthisis, complicated with pregnancy, offers those remissions or suspensions which occur in ordinary phthisis.

M. Dubreuilh has arrived at the conclusion that parturition and the puerperal state precipitate the termination of phthisis to a greater extent than is allowed by M. Grisolle, who asserts that, except where the disease is far advanced, and actual suspension of phthisis may follow on parturition.

Dr. Dubreuilh has observed that parturition is generally easy in phthisical patients; at the same time he states that lactation is attended with injury both to mother and child in the phthisical patient.

Dr. Alexis Favrot submitted an ingenious contrivance, which consisted of an empty bladder, to be introduced into the rectum, and when there to be distended with air from another bladder, connected externally by a tube and stop-cock to the former. By gradually filling the bladder in the rectum, the displacement, especially retroversion, is restored effectually, and without pain.

M. Champouillon gave the following results of his experiments—102 phthisical patients were treated with cod-liver oil. Of these, 51 were in the first stage; of which 21 were cured: 37 were in the second stage; of which 9 were cured; 3 died: 14 were in the third stage; of these 6 were cured; 4 died: 75 other phthisical cases were treated with iodated oil. In none of these did any amelioration take place: in many the disease was aggravated.

M. Malgaigne read a report on an essay by M. Parise, in which the author treated of the strangulation formed by a diverticulum having become twisted around one or more folds of the intestines. M. Parise pointed out two forms of this accident,—one in which a single fold of a diverticulum causes strangulation through its extremity becoming distended by gases, and thereby preventing its liberation. The second variety consisted in a double fold of a diverticulum around the intestine.

The appendices being situated at the lower part of the ileum, the author observed that these strangulations are generally to be found in the right iliac region. With regard to treatment, the author suggested the puncturing the end of the diverticulum as a means of relaxing the constriction after the performance of gastrotomy.

M. Monneret related a case of anæmia occurring in a young woman, aged 28, in whom the diseased condition had arrived at its worst. The debility was extreme; the decoloration of every part complete; and all the usual signs of a disordered circulation aggravated in the highest degree. Tonics and full diet were useless. The symptoms became worse and worse; syncope, vomiting, agitation; pulse imperceptible; incessant urgent thirst, &c. In short, the patient resembled a corpse and death seemed imminent.

M. Monneret very slowly injected about three pints of defibrinated blood—*i.e.*, the serosity and globules. The pulse rapidly rose, and became full. In about ten hours afterwards, however, the improvement vanished, and the patient sank rapidly.

M. Monneret proceeded to consider the question, whether the patient's rapid death was owing to the disease or to the transfusion. M. Monneret attributed the result to the progress of the anæmia; at the same time he observed that it must not be forgotten that the fluid injected was very different from living blood; that it was, in fact, the *cadaver* of normal blood; the foreign blood having but little relation to the vessels into which it was forced.—*Med. Gaz.*

POPLITEAL ANEURISM CURED BY COMPRESSION.

By James Allan, M.D.,
Deputy-Inspector of the Royal Naval Hospital, Haslar.

William J——, aged 27, a pensioner from the Royal Marines, was admitted, on the 10th October, 1848, into the Royal Naval Hospital at Haslar, by Admiralty order, with aneurism in the right popliteal space, about the size of the longitudinal section of a turkey's egg; the pulsation strong and bruit distinct. He stated that it had been gradually increasing for the last five weeks; he walked lame, suffering from pain and numbness of the leg and foot; had been employed as a labourer, and obliged to carry heavy weights frequently.

He was put upon low diet, his bowels freely opened, and the part occasionally looked at, until the 16th, when a flannel bandage was rolled from the toes to the groin, and a tourniquet applied, the pad resting on the artery about half an inch above the tumour. The pressure was only carried to the extent of making a slight impression upon the pulsation, and to give him little or no pain.

On the 19th, a second tourniquet was applied on the femoral artery, at the lower third of the thigh, and regulated so as to relieve the lower instrument. He then took the following pill three times daily:—Acetate of lead, half a grain; powder of opium, one-fourth of a grain,—made into a pill with extract of liquorice; and, at the same time, a draught of one drachm of distilled vinegar and one drachm of syrup of poppies, in an ounce of water.

On the 27th, a third tourniquet was applied, as nearly as possible below the giving off of the profunda, and the pressure regulated to ease the other two, but not to suppress the pulsation entirely. The process of cure was fully explained to the patient, and strict directions given to keep up such a degree of pressure as only to control the circulation, and not to give pain. He was seen frequently daily, and the nurse, an intelligent woman who had previously had the care of two cases successfully treated by compression, kept a watchful eye upon him, reporting every circumstance, and was obliged occasionally to call the medical officer on duty, to relieve the pressure when it had been carried too far. The bandages were removed daily, and the tourniquets shifted, so as to keep up a certain degree of pressure, and prevent the full impetus of the circulation into the tumour, which had been getting firmer and smaller since the 27th.

On the 4th of November, the pulsation being indistinct, the tourniquets were removed, to allow one of the medical officers to examine the part; and although only off for a few seconds, the pulsation returned in the upper part of the tumour, causing pain down the leg and in the foot, but which was in a short time relieved by the application of the bandage and tourniquets.

On the 8th, he complained of faintness, coldness about the heart, and pain in the stomach. The pills and draughts were omitted, and these feelings disappeared.

On the 10th, no pulsation could be felt in the tumour, from which date the pressure was gradually relaxed, until the 27th, when it was entirely removed, and friction with soap-liniment applied to the limb. The tumour was then solid, and several vessels were felt pulsating round the knee and sides of the limb.

On the 2nd of December, he was allowed to sit up; on the 8th, to walk about the grounds; and on the 29th, the tumour being almost entirely absorbed, and his health good, he was discharged cured.

Remarks.—This case is considered interesting, as, from the size of the tumour, and thinness of its parietes, treatment by compression was thought a very doubtful remedy.

Two of the tourniquets used were half-circles of iron, with a screw and pad at one end, and a flat splint at the other. The third was a forceps, with the pad and splint on the ends of the blades, the regulating screw passing through the opposite extremity of the instrument, the pressure being thus applied only over the artery, and the counter-pressure on the back of the limb, leaving the circulation otherwise uninterrupted.—*Lancet.*

The success of pressure in this case is decisive of its merits as a means of treating aneurism. The rude and imperfect instruments employed tested the practice severely. We would suggest that a set of the proper compressing apparatus should be sent to Haslar by those to whom such matters are entrusted.

ON IODOGNOSIS.

M. Dorvault has published a series of researches on the chemical, therapeutical, and medical properties of iodine. To these, as embracing the entire knowledge of all the properties of that substance, he has given the name of iodognosis. We submit an abstract of the medical portion of these researches from the *Gazette Médicale de Paris*:—Iodine, as a therapeutic agent, according to M. Dorvault, is unimportant; it is to its combination as *iodide* that its medical value is due. Even when introduced alone into the system its therapeutic effects are to be attributed to its combination with the alkalies which exist in the fluids of the body. Under either circumstances the terms *iodic medication* express the same fact. Iodide of potassium is taken by M. Dorvault as the type of iodides.

Physiological Action of Iodides.—Iodides belong to that class of therapeutic agents to which M. Dorvault gives the name of *chemico-catalytic*, and form its most striking representative. This proposition is founded on the following facts:—If the animal fluids (blood, lymph, semen, milk), or their proteic elements (albumen, fibrin, casein), be subjected to the action of a solution of iodide of potassium, it will be seen to prevent their coagulation and dissolve them. In producing this effect the salt remains unaltered; it acts, therefore, by virtue of what chemists have called the *catalytic* force. The same may be shown to have obtained when employed in certain pathological cases. The salt may be detected unaltered in the blood or urine, or other secretions.

These facts have been observed by many other investigators, and all have found practically that iodide of potassium promotes secretion, increases the functions of the mucous glands of the alimentary canal, and of the liver, kidneys, skin, pancreas, parotid, &c.

Iodide of potassium is rapidly eliminated from the animal fluids. Dr. Scharlau (of Stettin) found that a patient to whom he gave fifty-three grammes daily, eliminated fifty-one grains by his urine. The five grains lost were accounted for by the elimination of this salt by the saliva, sweat, and tears. Dr. Kramer satisfied himself, from his experiments, that six days sufficed for the complete elimination of this salt after its exhibition during fifty days. The researches of Dr. Marchal, at Vâl de Grace, also prove the rapid passage of iodide of potassium by the urine.

Iodine introduced into the system has been separated by the action of alkalies on the blood.

Special Action of Iodides.—The accidental or consecutive action of iodides has often been mistaken for their primary or efficient action. Some physiologists have considered iodine as a stimulant, others as a contra-stimulant. M. Dorvault observes that neither view expresses the exact truth. He admits a certain degree of general constitutional excitement under its employment; also that in severe pains of the bones, and other tumours, the action of iodide is sedative by allaying pain. But in both these cases the stimulation and the sedative action are the consequence, not the cause, of the beneficial therapeutic agency for the remedy.

A third opinion, that iodine is alterative, M. Dorvault regards as nearer the true explanation, but as insufficient in fact, as the medicinal influence of the iodides is often seen after the first dose, therein differing from alteratives. M. Dorvault admits, however, the alterative action of some substances in which iodine exists in minute quantities—*e.g.*, sponge, cod-liver oil, &c.

M. Dorvault also considers the purely chemical theory of the action of iodine as incorrect; his own opinion being, that the medicinal virtue of the iodides consists in their power of dissolving or further liquefying the *humours* of animal bodies, of separating their constituent or proteic elements, and disposing these to the formation of new products, such as coagula, false membranes, and pathological concretions: that the iodine and the potassium united both concur in the production of this result, by a special and peculiar chemico-physiological power which iodides possess of liquefying the fibrin of the blood without destroying the globules; while potash, ammonia, and other substances, dissolve the blood in all its parts.

Therapeutic Action of Iodine. The pathological states in which it is employed.—Goitre, scrofula, syphilis, skin diseases, white swelling, caries of the vertebræ, tapes mesenterica, rickets, phthisis, leucorrhœa, amenorrhœa and chlorosis, cancer, cachexies, dropsy, poisoning, tumours, rheumatism, various chronic diseases, hypertrophy. These are the forms of disease in which, M. Dorvault observes, the administration of iodine is indicated.—*Med. Gaz.*

GUTTA PERCHA—ITS USES TO THE PHYSICIAN AND SURGEON.

By John P. Little, M.D., Richmond City, U.S.

As this article is not as well known as it should be, I have put together some account of its uses and advantages, and of the manner in which it is wrought into various shapes. My wish is to call the attention of country physicians to the fact that it will save them much trouble if they possess and know how to use this excellent substance. It is a product of the East Indies—the dried juice of a tree; a tough, fibrous substance, of a dark brown colour. As it seems scarcely acted on by any other agent than heat, and as when heated it will take any form you give it; as it is very tough and strong, and is unaffected either by the temperature or by the secretions of the body, the physician will at once perceive its great value and the variety of uses to which it may be put. Of it are made splints, stethoscopes, bougies, catheters, uterine, and ear specula, stomach tubes, pessaries, handles for surgical instruments, caustic holders, tents, eye-glasses, sheets of waterproof stuff for dressing injuries, &c. &c. &c. The good sense of each physician will teach him how to make use of it in various cases. It will be found specially adapted to fracture occurring in children, to fractured jaw, or to injuries of joints.

To ascertain a good article, take a small piece, soften it by heat and roll it; if when cold it is tough and strong, the gutta is good; sometimes it breaks like a pipe-stem and is good for nothing.

To prepare it for use it should be cut into pieces and torn into strips, that impurities may be easily shaken out. Let it be then softened by boiling water, and rolled out in thin sheets. When these are dry, a stiff brush passed over them will sweep away the remaining impurities. The gutta should be then softened frequently and rolled together, its fibres mixed thoroughly, that it may become a homogeneous mass. In making catheters it is necessary to select the best gutta and prepare it with care; having well selected and well prepared the article, take a small piece; soften it, pierce it with a wire, and on this roll it carefully, softening it as it is needed; when it has thus obtained half the length and double the thickness of the catheter required, let it cool, and then, fastening one end to the tube securely, lay hold of the other with a pair of forceps and pull it out. It will be found that it can be

pulled out to twice its length and no farther, unless force enough be used to break it. Insert a wire of proper size, close one end by heat and make orifices; the catheter is complete. A polish may be put on it by passing it rapidly through the dry flame of a spirit lamp. This excellent catheter resists better than the gum elastic ones the action of urine, can be made of any size by the surgeon whenever it is needed, and does not cost more than half a cent in price of material. Some mix lampblack with the gutta, to render it less easily softened by heat; any mixture, however, makes it brittle. Flexible stethoscopes can be made in a similar manner. It is a peculiarity of gutta percha that when pulled out in this manner it becomes elastic; a property it had not before possessed. These are only some few uses to which it can be put; they are endless, and extend from serving to rub out lead pencil marks to making artificial palates. Out of the profession shoesoles, horsewhips, bridles, water-pipes, picture frames, &c. &c., are made with it.

Gutta percha resists cold and moderate heat; it is not acted on by the secretions; the acids and alkalies do not affect it, or but very slightly; iodine and nitras argenti do not alter it; æther and alcohol leave it untouched; only two substances dissolve it—chloroform and boiling turpentine, and of these solutions I will speak a few words. Forty grains of gutta percha dissolved in an ounce of chloroform make a reddish brown liquid, similar in properties to collodion, although not quite equal to it. I have applied it to sore nipples and to ulcers, over which it forms a transparent cuticle, protecting from external injuries and allowing the healing process to go on. It serves as a styptic to fresh cuts and to leech bites, and might be of use in chilblains, in preventing the effects of pressure forming bedsores, in protecting the heel from injurious pressure in cases of fracture, or perhaps in annoying eruptions, a covering of it would ally the irritation.

One use that I have put it to is, to protect surgical instruments from rusting. By dipping them into this solution they became coated with a thin pellicle of gutta percha, which protects them from air and moisture, and which can be easily rubbed off or wiped off when the instrument is used. It serves also as a covering for packages of vaccine matter; although the common gutta percha, rolled out and applied by heat, serves even better for such a purpose.

Another use is to render pills tasteless by dipping each one in this solution; the covering formed prevents the taste and does not hinder the effect of the medicine. Capsules could be formed of it for administering copaiva or other nauseous medicines.

The other solution is made by cutting up from half an ounce to an ounce of gutta percha and dropping it into a pint of boiling turpentine. It makes a good application to burns; the turpentine is of use in such cases, and the gutta would form a covering to the injured part. Waterproof paper is made by saturating it with this solution, and can be put to many uses. It serves a purpose similar to thin sheets of gutta in using water dressings; or, as oiled silk does, it will retain volatile stimulant applications to any part. As the strongest aqua ammoniæ has no effect on it, we can apply this powerful stimulant by simply pouring it on the paper and binding it tightly to the part. Opiates, turpentine, tincture cantharides, &c., can be thus applied and over large surfaces. The lower extremities can be wrapped up in sheets of this paper, or the whole chest stimulated by means of it; nervous headache, nauseated stomach, or any local pain can be similarly treated. Of course in applying it we should use moderate heat, that it may fit more closely. From its toughness and strength it will last a long time and serve for many applications. Another use of this turpentine solution is to brush it over anatomical preparations. It protects from air and moisture and also from the attacks of worms; or it may be used to cover bottles of alcohol containing wet preparations.

These are but some of the uses to which gutta percha can be put; its many valuable qualities and its easy applicability to various uses recommend it to the medical profession.—*The Stethoscope, Virginia, U.S.*

CLAY PIPE SWALLOWED AND PASSED PER ANUM.

M. Gosselin, a few days ago, brought before the Surgical Society of Paris the following extraordinary case:—A man, 30 years of age, of a pretty strong constitution, had of late made it a trade to swallow various objects for small remunerations. About two months ago he wagered that he would swallow a clay pipe; the latter was of the ordinary size, about three inches and a half in length; it had only been smoked four times, and contained no tobacco. The wager was taken, and the foolish man won it. He had no difficulty in swallowing the foreign body, but as soon as it had reached the stomach, severe pain was felt, and vomiting and diarrhœa came on.

The patient sought relief at the hospital of the town of St. Germain, but he obtained no relief during the fortnight he stayed in that institution. He was now advised to go to Paris, and was admitted at the Hôtel Dieu, where M. Gosselin tried in vain to put a stop to the vomiting and diarrhœa. The man was becoming very weak, and looked very much like a patient dying of phthisis; the tongue was red and dry, and the sickness recurred five or six times a day. M. Gosselin felt very much embarrassed. In consulting systematic writers, he found that Hevin had removed foreign bodies from the stomach by the operation of gastrotomy; but as to the method to be followed when the foreign substance is lying in the intestines, he discovered only a few precepts, but no facts.

By careful percussion with the plessimeter, dulness was discovered in the right iliac fossa over a space of about two or three inches; no gurgling or tumour was observable on the spot, and it was very probable that the pipe had reached that region. On the next morning this dulness had disappeared, and in the course of the same day the clay pipe was evacuated per anum, quite intact, with the tube unbroken. The system had, however, been very severely tried, and the patient sank five days after being freed from the foreign body. No trace of redness or congestion was found in the stomach or the small intestine, but in the colon numerous ulcerations were observed; some quite recent, and others completely or almost cicatrized. Membranous exudations covered the convex surface of the liver and the inferior aspect of the diaphragm. In the chest, traces of pleurisy and pneumonia were discovered.

Another 'Pathy.—In Naumberg a man named Mahner is preaching the necessity of a new regeneration, not in the spiritual, but physical sense. He warns a sickly race that it must return to the lost state of "primitive health," or *Urgesundheit*, as the means of more fully enjoying life and attaining a patriarchal old age. It is to be secured by a diet of bread and water, going barefoot, and letting the hair and beard grow; in short, making a nearer approach to man's original state in costume than the decencies or prejudices of modern society will altogether permit. On this topic he has been lecturing to a chosen few, but his doctrines do not seem to take, bread and water not being tempting, even with fourscore years promised as the prize of self-denial. It is also said that the apostle does not fully act up to his own precepts, preferring a well-spread table and every variety of wine or beer to the pure element; but this may be a calumny of the hotel-keepers. The German journals are perpetually turning up some eccentricity of this sort; to repair or preserve health, the oddest "cures" are resorted to. A section of the public seems determined to escape the hands of the faculty, and die by some irregular process, rather than with the aid of medicine. In a single advertising sheet could recently be counted up a water cure, a grape cure, a milk cure, and a hunger cure; to these must be added another just getting into vogue—some of the former having had their day—it is the cure by muscular exercise, by which cripples from rheumatism are put through a course of gymnastics; and dancing is prescribed for the gout. These, however, are all merely cures or remedies; the "primitive health" theory is founded on a system of living which would literally make "man's life as cheap as beasts," without much prolonging it. As far as hair and beard go, many of the Berliners are meeting the Naumberg preacher more than half way.

REMARKABLE RECOVERY FROM FRACTURED SKULL AND LOSS OF BRAIN.

By J. Snyder, M.D., of Romney, Hampshire County, U.S.

On the 15th of April, 1851, a son of Colonel Vaus Fox, aged 8, was run over by a horse and thrown violently upon a rock jutting out of the ground, which fractured the skull very extensively. About two hours after the occurrence of the accident I was called to the case, and upon examination found the injury to be at the middle portion of the temporal arch, between the parietal protuberance and frontal suture, implicating a portion of the frontal bone. A portion of the parietal bone, precisely one inch and a half in length, and of an elongated tringular form, was forced endwise into the middle lobe of the brain, penetrating its investing membranes and entering its substance. Parts of the parietal frontal and temporal bones were fractured into five or six pieces, making a comminuted, depressed space of four inches, which presented a perfectly concave appearance, with a wound in the centre of the depression about one inch in length. With the assistance of my friend, Dr. Pratt, after removing the hair, the wound was enlarged to the extent of one inch and three-quarters, to facilitate the extraction of a portion of the parietal bone completely hidden in the cerebral mass. After the wound was enlarged, I extracted the piece of bone with forceps, and removed about a dessertspoonful of the middle lobe of the brain, which followed its extraction and forced itself out of the wound. This done, the little fellow seemed to arouse up and regain his sensation—so much so as to make a considerable struggle and effort to rise, but was forced to remain quiet by assistants. The struggle caused a second protrusion of the brain, which being detached from the cerebral mass, as we supposed, was cut away with the surgeon's scissors. I then proceeded to raise with an elevator the depressed pieces of bone to their normal position, which was accomplished with considerable difficulty, being compelled to use a good deal of force. It was, however, accomplished satisfactorily, and the wound dressed with emp. adhæsiv. and a light compress, leaving a small space between the strips to permit the blood, &c., to escape. During the operation the little fellow was perfectly comatose, except for a moment immediately after the extraction of the bone. He was now placed in a well-ventilated and quiet apartment, closely watched, and under the constant surveillance of a doating mother. Although a very tractable and obedient child, yet it was necessary for those around him to watch him closely, as his position was frequently and abruptly changed from side to side with quick and sudden tossings, which made it necessary for his attendants to stand by to retain him in bed and to adjust the cover. He frequently placed his hands on the wounded part, but complained of very little pain. He was very closely watched during the night and next day by Dr. P. and myself; and on the following night, about thirty hours after the operation, reaction took place, which required for the protection of the brain three copious bleedings, about an hour apart. This free abstraction of blood had the desired effect of reducing arterial action and quieting the whole system.

On the following day it was thought best to excite the bowels to action, which was done by enemas, and subsequently by giving quarter minim doses of ol. c. tiglii mixed with bread crumbs, repeated every two hours until some effect was manifested. After this an occasional pill of the same was given, which, by one or two repetitions, always acted pleasantly. No further evidences of excitement manifested themselves during the progress of the case. The head was cleansed and dressed twice a day for a few days, and subsequently but once a day, and recovery was unexpectedly rapid, being three weeks before he was able to walk in his room, requiring no change of treatment; and the little fellow is now (August 10th) in robust health and fine spirits. As is usual in this character of injury, I feared the occurrence of fungus cerebri, but these unpleasant consequences have not shown themselves, and it is not probable that anything of the kind will arise, as it is now four months since the accident; and I feel confident his intellectual faculties have not sustained the slightest degree of injury. On the 16th of August, four months after the accident, he had an attack of scarlatina simplex, which passed off without an unpleasant symptom, and without any medical treatment other than a tepid bath and confinement to his room.

What is most remarkable in the above case is, that an injury so extensive, involving so much of the skull and a loss of so much of the cerebral mass, should recover so soon, and with so little medical assistance.—*Stethoscope.*

NON-UNION OF FRACTURE SUCCESSFULLY TREATED BY MERCURY.

By Mr. Thursfield of Broseley.

In the month of August, 1847, I was asked to see an old patient of mine, aged 42, who had twice suffered severely from acute rheumatism. I learnt from her that about eighteen weeks before, she had, on returning from an evening visit to her sister, slipped in crossing a rough road, and fractured both bones of the leg just above the ankle. She was not far from her sister's house, and a surgeon was soon in attendance. Her leg was placed on a pillow and the usual means employed; but in about six weeks after the accident it was ascertained that no bony union had taken place. Upon further advice starch bandages were applied but no benefit resulted. On examining the leg I found it greatly swollen, shorter by an inch at least than the other, with a good deal of deformity, greatly increased by any attempt at standing upon it, and the least motion at the point of fracture. She had greatly increased in bulk during the confinement she had undergone, but considered herself in good health.

I was a good deal puzzled what plan to pursue with the best chance of successfully relieving her, for I had never had to treat such a case before, and the uncertain results in the experience of others were anything but encouraging. In thinking over the case I remembered that the late Mr. Tyrrell had said mercury in his hands had proved at least as efficacious as any other plan he had tried; and I made up my mind to use it, because the peculiarly irritable state of the patient put sawing off the ends of the bone, seton, or any other surgical means quite out of the question, and most others seemed to have been fairly tried. I therefore procured two very strong gutta percha splints, which reached from rather above the knee to the bottom of the foot, and having, on the 18th, soaked them in boiling water, I made a complete cast of the leg by passing a tight roller over them and allowing them to cool. Having brought the ends of the bones as nearly into apposition as I could, and covered the parts with mercurial ointment, &c., after the plan recommended by Mr. John Scott, I applied the splint, and bound all together with a long elastic bandage. I confined her to bed, and tied the leg on a pillow, giving her five grains of blue pill night and morning. No perceptible effect from the mercury took place until she had taken sixteen pills, when suddenly violent ptyalism set in, which lasted a fortnight. On the 7th of October the bandages, &c., were removed, as they had become loose from the reduced size of the leg, and a great improvement was found to have taken place. The leg was longer, the deformity less, and the motion at the fracture scarcely perceptible. Greatly encouraged by such a state of things, I renewed the applications exactly as at first, and allowed her to use a sofa during the day. In about three weeks I again tightened the roller, and in another month removed everything from the leg, and found the fracture perfectly united and firm. For a month after this time she had the leg well rubbed night and morning with camphorated oil, to get rid of the remaining œdema, wearing a roller and one splint during the day, to protect the leg if she should chance to slip in walking. In six months she could walk well two or three miles, and is now as active as most women of her age, the broken leg being as useful as the other.—*Prov. Jour.*

TREATMENT OF SUBCUTANEOUS BURSÆ.

By W. Coulson, Esq.

The mode of treatment preferred by the author is simply puncturing the enlarged bursa with a grooved needle, such as is used for exploring tumours and swellings of doubtful character. After the evacuation of the contents, pressure is applied by means of soap plaster and bandage; this is renewed from time to time, and puncture of the sac repeated if necessary. The result is uniformly a permanent and safe cure. If to this we add the almost painless nature of the operation, we have, in this mode of treatment, all that is satisfactory to patient and surgeon.

When the large bursa becomes considerably inflamed, we should endeavour, by rest and other means, to subdue the inflammation. Nevertheless, a puncture such as has been described may be practised even in these cases with advantage to the patient.

Sometimes the integuments over the bursa ulcerates, and under these circumstances pressure may also be employed, as in cases of simple puncture. In cases of long standing, when the enlarged sac has put on the appearance of a sarcomatous tumour, excision is no doubt the remedy, having a due regard to the integuments.

No cases of enlarged bursa have attracted more attention than that of the great toe. The bursa situated on this part may become enlarged and painful, like any other superficial bursa, and require for its relief and cure the treatment recommended. But that which in a peculiar manner complicates the pathology of this enlarged bursa, is the accidental deformity caused by a projection inwards of the digital extremity of the first metatarsal bone. The phalanges of the great toe itself turn outwards to such an extent as to overlap, or pass under those of the second—a deformity, in fact, amounting to all but complete dislocation.

As the metatarsal bone recedes more and more from the second, the digital extremity seems to enlarge, causing a remarkable prominence inwards of this part of the foot.

In the meantime, as the deformity increases, the bursa is placed, daily, under pressure, more and more severe; the same shoe no longer fits the form of the foot, now much broader in the distal extremity of the metatarsal region; the bursa enlarges, and becomes extremely painful. A succession of bursæ form on the same spot; they open, and perhaps suppurate; and cases are stated to have occurred in which the joint itself has been laid open, and caustic applied to the inner projecting portion of the metatarsal bone, as if it were of morbid growth.

The disease, then, in its most aggravated form—that is, when complicated with this deformity—consists simply in an inflamed bursa, generally produced by pressure, with a partial dislocation of the great toe, mainly dependent on a displacement inwards of the digital end of the metatarsal bone. It will be sufficient to observe, that tight shoes, or rather shoes no longer fitting the altered form of the foot, however they may give rise to an enlargement of the bursa, in no case produce the deformity; for it is now universally admitted that the deformity is most frequently congenital, or comes on in very early life; that it occurs in hundreds who never wore shoes or boots, and that even, when present, it does not necessarily give rise to enlarged bursæ. The cases which most frequently come before the surgeon, occur in persons who get the deformity after the meridian of life. The deformity takes place as a result of the weakening of those structures binding together the metatarsal bones; the larger one recedes from the second, and the muscular forces, acting on the great toe, assist in adding to the deformity, by causing it to approach the others. The treatment of such complex cases is exceedingly difficult. It is here that rest, in the recumbent posture, becomes absolutely necessary; the inflammation must be subdued, or allowed to subside. Should a corn have formed on the enlarged bursa, it had better be cautiously pared down, as the skin has probably become much thinner over the bursa. When the foot has become tranquil, other questions arise as to the treatment, chiefly bearing on the form of the shoe; a boot, properly made of very soft leather, such as is worn in France, may be used without aggravating the complaint. Shoes are bad, as they necessitate a somewhat tight ligature over the instep; this causes intense pain immediately below it, or nearer to the toe. In time, the integuments may and do become accustomed to the form of the foot, and the bursa no longer enlarges. This is the ordinary course of events, even in cases by no means unfrequent, where the deformity has proceeded to its greatest extent. When the deformity is natural to the person, the bursæ do not naturally enlarge, and therefore give little or no trouble.—*London Jr. of Med.*

EXTRACTS FROM THE GULSTONIAN LECTURES ON DISEASES OF THE HEART.

By E. L. Ormerod, M.D.

1. *Symptomatic value of the Metallic Click (Metallic Cliquetis.)*—Occasionally there may be heard over the region of the heart a very peculiar sound, to which the name of metallic cliquetis has been applied. In the interpretation expressed by the use of the last appellation, both Hope and Bouillaud agree; and Hope gives some details explanatory of the mode in which the sound appears to him to be produced. Laennec explains the occurrence of this sound in the same way by costal percussion:—"When the heart, beating in a sharp and rapid manner, though without any really forcible impulse, the apex only comes to strike the walls of the chest." Now, obviously, this explanation is somewhat shaken by the fact that this peculiar sound (which there can be no question about, for any one may produce it quite pure for himself in the way specified by each of these observers) is not always audible at the apex in cases where it may be heard at the base of the heart. Dr. Hope correctly remarks that thin nervous persons are the most common subjects of it, but they are not exclusively so; and this fact again impairs the general applicability of the details of his explanation. The sound may be, and the author believes is, trivial, and almost wholly unimportant; but, for all that, we need not accept a wrong or an unduly limited explanation.

Dr. Ormerod has met with it under four different conditions. First, in nervous anæmic subjects, when the action of the heart was sharp; secondly, with more violent action of the heart, under circumstances which have led him erroneously to conclude, from the third condition with which he has less frequently found it connected, that it was indicative of the commencement of pericarditis. The fourth condition with which it has been found connected, is a rough, almost scaly, state of the pericardium about the base of the heart; and perhaps a fifth might be subjoined, but for the fact that it is not always constant under these circumstances—namely, adhesion of the pericardium, with which we may class the occurrence of this sound over an aneurism. Dr. Latham assures the author that he frequently meets with it in children, in whom he has noticed that it may be entirely suspended by a little pressure on the walls of the chest.

What should be the conclusion from these facts? The explanation by costal percussion is insufficient: it does not take in all the cases. The explanation by affection of the pericardium again is insufficient; certain it may be as far as it goes; yet there is positive proof, in the continuance of the sound after the two surfaces of the pericardium have become adherent, that the explanation does not go all the way. There are, then, three explanations of the mode of production of this sound—namely, costal percussion, friction of free surfaces, and movement of connecting areolar tissue. Each probably applies to a limited number of cases. There does not appear to be any one general explanation; nor, considering the nature of the sound, ought we perhaps to look for one.

2. *The Physiognomy of Cardiac Disease.*—There are few diseases but have their peculiar physiognomy. Among the many advantages resulting from the collection of vast masses of disease at our large hospitals, must be reckoned the opportunity thus afforded of learning rapidly to recognize the external characters, literally the features, of disease. Disease of the heart, too, stamps its peculiar marks on the face. It will not be superfluous to trace what Corvisart did not deem beneath his notice.

Many diseases communicate to the face an expression of their own, in which all distinctions of age are merged, and the child puts on the face of the old man. But it is not so with valvular disease of the heart. On the contrary, we

may readily, and without any forced refinement, distinguish between the features which childhood and more advanced age respectively assume under these circumstances.

In children suffering from valvular disease of the heart, the face and conjunctiva are pale and bloodless. Only, through the unusually transparent skin, small vessels may be seen ramifying over the malar eminences and the alæ of the nose, and the face becomes dusky on any exertion or emotion. The features are full, not pinched, as in most of the chronic diseases of childhood. There is no expression of anxiety. With the eyelids partly closed, and the eyes turned down, they sit motionless, save for the constant heaving of their chests, and even of their whole bodies, with the beating of their hearts. Sad experience has taught them which posture is the freest from suffering; and this they steadily maintain, either upright, with the head leaning a little forwards on the chest, or, as the disease advances, reclining back so as to extend the trachea to the utmost; doubtless on account of the relief which they thus afford to some labouring organ. They are sensible, and intelligent often to a remarkable degree, like other children who have suffered much from sickness, and seem to take pleasure in being auscultedand made objects of attention. But as soon as they are left to themselves, their eyes fix again upon some object, and they lie looking at it without apparently noticing it, like figures in wax.

The expression is quite different in persons of more advanced age: it is no longer one of placid quiet, but of anxiety and pain. There are still the same constrained unnatural postures, and the same fixed yet vacant gaze; but the face is drawn and livid, the lips are blue and pinched, the cheeks are of a dusky purple, and wherever the skin is put upon the stretch by subjacent parts, vessels may be seen ramifying just beneath the surface. Commonly, the skin hangs in a fold from the lower eyelid, so as to expose the dull dingy conjunctiva covering the sclerotic; bloodless, indeed, but wanting that pearly white which we see in anæmia. Much as bronchitis has to do with the sufferings of these patients, and with these particular appearances, yet attentive observation will recognize here quite a different expression to what we see in connexion with that disease. There is neither the intense restless agony of the present attack, nor the passive endurance when the acute stage of bronchitis is past. But to an expression which might suit with the most urgent distress and despair, there is joined a quietude of demeanour which might betoken perfect resignation. In all the patient's distress and uneasy movements, the great object of his efforts is to maintain the most complete rest; as if it were a question whether to bear the present posture, or the wearying search after one more tolerable to his feelings, were the greatest misery. He cannot be at rest, for rest brings him no relief; he seeks but in one to be freed from the feeling of another pain.—*Med. Gaz.*

TREATMENT OF VARICOCELE BY GUTTA PERCHA DISSOLVED IN CHLOROFORM.

By H. G. Carey, M.D., of Dayton, Ohio.

After having used gutta percha considerably for other purposes, a knowledge of its properties forcibly suggested it in solution, as admirably fitted to fill the desired objects sought in the treatment of varicocele. In order to apply it, the patient is placed upon his back, and by means of cold, the scrotum is corrugated until it is drawn firmly over the root of the penis, compressing the testes firmly in the upper portion of the inguinal pouches; then, by means of a camel's hair pencil, after the hair has been removed, apply the solution freely over the site of the scrotum, allowing it to extend on all sides some distance by a thin attachment: but over the scrotum proper lay on a succession of coats, until a uniform covering throughout of a line in thickness is obtained, which will be sufficiently strong to form an artificial pouch of the nature and character desired. This thickness will be so yielding and pliable, as not to afford the wearer any considerable inconvenience. Soon after the solution is applied to this *sensitive part*, the patient will complain bitterly of the burning sensation experienced, depending upon the presence of the chloroform; but this temporary inconvenience will soon pass off. The constitutional indications, if there be any, must not of course be neglected. I have not as yet had an opportunity to test the powers of this article in relieving the same condition of the veins in the extremities, but surely think that much pain might be prevented, and success in the treatment greatly increased.—*Western Lancet, U.S.*

REVIEWS AND NOTICES OF BOOKS.

ON DISEASES OF THE MUCOUS MEMBRANE OF THE THROAT, AND THEIR TREATMENT BY TOPICAL MEDICATION. By Wm. R. Wagstaff, M.A., M.D., Fellow of the Medical Society of London. London. 1851. Small 8vo. pp. 183.

The subject of the treatment of diseases of the throat by topical medication, has (the author states) occupied his attention for nearly six years; and in the volume before us "he has endeavoured to present to the profession a concise statement of the practical conclusions which he has drawn from an extensive experience during the whole of this period."

Dr. Wagstaff commences by giving a short outline of the anatomy of the throat, its mucous membrane, mucous follicles, and the tonsils; the diseased states in which local applications are most likely to prove beneficial are next considered; followed by a description of his mode of using topical applications.

The instruments the author uses for applying liquids to the laryngeal mucous membrane are, "a bent spatula and a whalebone probang, curved to various angles to suit the different conformations of the mouth, to the end of which a small rounded piece of fine sponge is attached."

"The method of employing these is to carry the end of the spatula to the lingual base of the epiglottis; then, by pressing the tongue firmly down, and drawing it forward from the base with the instrument, the laryngeal surface of the epiglottis may be exposed; when this organ is brought fairly in view, the great difficulty of the operation is overcome, for it only remains to direct the patient *to inspire* gently, and to pass the sponge of the probang to the posterior face of the epiglottis, and by a rapid motion to press it *downward and forward*, in order to introduce it into the larynx. Considerable skill in the manipulation is requisite to ensure success, and this can only be acquired by constant practice, united with an accurate knowledge of the anatomical relations of the parts.

Two points should be always remembered in the performance of this operation—first, that the epiglottis must be exposed; and second, that the end of the probang should be pressed *forward* as well as downward. With a careful attention to these directions, a skilful manipulation can scarcely fail to obtain an entrance into the larynx: yet this result must not be expected upon the first trial with any patient: nor, indeed, will it be prudent to attempt the application until after the pharynx and top of the larynx have become somewhat accustomed to the presence of the sponge and the medicinal agent with which it is saturated. Unless the character of the disease is of that urgent nature that will not permit delay, as in membranaceous croup, or any other acute inflammation of the parts."

In chronic affections less difficulty will be experienced (Dr. Wagstaff observes) by the operator, and far less pain given to the patient, "if two or three applications, at intervals of a day, are made to the fauces, pharynx, and epiglottis, before the introduction of the sponge into the larynx is attempted." The author states that he has found by experience "that the instrument may be brought in contact with the laryngeal surface of the epiglottis without producing any spasm of the glottis or surrounding parts; but that the moment it touches either the pillars or the pharynx, a retching action, more or less violent, is produced, by which the larynx is elevated to a contact with the epiglottis, and thus the possibility of entering it is for a time entirely precluded."

The substances which the author employs are the per-chlor. hydrarg., the bicyanid. hydrarg., the nitras hydrarg., the nitras potass., the sulphas cupri, and the nitras argenti (cryst.); he prefers the nitrate of silver, "on account of its rapid action, its efficacy, and its harmlessness." He uses solutions of various strengths, ranging from one scruple up to one drachm and a half, to the ounce of distilled water, and he prefers "the nitrate of silver in crystals to the anhydrous rolls, for its greater solubility, the clearer solution it produces, and its more certain purity."

"If the disease be in its early stage, and the irritation confined to small patches of the mucous membrane, it will be sufficient to employ a comparatively weak solution of the crystallized nitrate of silver consisting of twenty grains to the ounce of distilled water. With this the tonsils, pharynx, and epiglottis should be effectually sponged once a day. In the event of the disease continuing to spread over other and larger portions of the membrane, after these medications have been employed, the strength of the solution should be increased progressively at each application, until sixty or even eighty grains to the ounce is reached. When a hard frequent cough occurs, accompanied by hoarseness and pain, or impaired power on speaking, then the topical medication should be extended to the cavity of the larynx, so soon as the parts leading to it can be sufficiently accustomed to the presence of the sponge to allow its insertion, without difficulty to the operator or danger to the patient."

The "sequelæ" of catarrh are next considered—viz., "hypertrophy of the mucous membrane and enlargement and hypertrophy of the follicles or muciperous glands;" and the advantages of topical medication pointed out. The seventh chapter is devoted to "Inflammation of the pharyngo-laryngeal membrane and its muciperous glands" and their treatment."

Exudative inflammation of the mucous membrane of the throat, or croup, is considered in the next chapter. Dr. Wagstaff states that he has employed topical medication in almost every variety and stage of this disease, and with the greatest advantage. In "topical medication consists (he observes) my main reliance for the cure of true membranaceous croup, and in my estimation no other remedy whatever is required when the disease is detected in its catarrhal or early inflammatory stage." "I am convinced (the author adds) that I have again and again prevented attacks of exudative inflammation of the air-passages in children, by applications of the solution of nitrate of silver to the fauces and pharynx, whilst the mucous membrane of these parts was in that state of catarrhal irritation which almost invariably ushers in an attack of membranaceous croup."

The ninth chapter is devoted to the enlarged tonsil, and to elongation and enlargement of the uvula. The following are some of the author's remarks under the latter head, with which we must conclude:—

"A relaxed state of the uvula may accompany simple or acute catarrh, which will disappear upon the subsidence of the affection; but when the effusion and elongation have resulted from chronic catarrh, and have been present for any considerable length of time, Nature will not often be able, unaided, to restore the organ to a normal state.

This pendulous body, when morbidly elongated, will create an irritation of the pharyngo-laryngeal membrane and an annoying cough by its contact with the epiglottis and the pharynx."

The treatment recommended by the author consists in the application of astringents in the first instance; if these fail, he advises that a portion of the uvula be removed:—

"I am satisfied that the complete truncating of the organ is an operation which should never be performed when no other indication demands it than chronic elongation. For the irritation and inconvenience arising from this condition of the uvula, are produced only by its contact with the pharynx and epiglottis; and this mechanical irritant will be completely removed by the excision of so much of the diseased organ as will reduce its length to that of the healthy uvula. Nor do I know what argument can be used to justify the operation of truncating the uvula when no other disease is present than chronic elongation. As the muciperous glands, which are very frequently the cause of a continual irritation in the mucous membrane of the uvula, are situated mainly at its extremity, the removal of a portion of it will necessarily involve a removal of them; and thus all the advantages which can be derived from truncating the uvula may be obtained with equal certainty from an excision of a portion of it.

Some advantage will be gained, I think, by excising the organ with a bistoury, cutting in an oblique direction from behind forward and downward, so as to have that part of the extremity of the stump, which is rubbed by the food in its passage to the œsophagus, covered by mucous membrane. This method does not require more time than excision with a pair of scissors, and is attended with none of the objections which are made by some surgeons to the crushing action of that instrument."

FEVER HOSPITAL REPORTS.

ANNUAL REPORT OF THE ROSCREA FEVER HOSPITAL FOR 1851.

The number of subscribers' patients admitted into the Roscrea Fever Hospital, commencing the 1st of October, 1850, and ending the 30th of September, 1851, was as follows:—Remained 30th of September, 1850, 5; admitted from 30th of September, 1850, to 1st of October, 1851, 64. Total, 69.

Discharged cured, 62; died, 5; remain 30th of September, 1851, 2. Total, 69.

The number of pauper patients admitted within the above period of one year from the union workhouse and from the electoral divisions of the union on the relieving officers' tickets, are as follow:—Remained 30th of September, 1850, 108; admitted from 30th of September, 1850, to the 1st October, 1851, 1263. Total, 1371.

Discharged cured, 1200; died, 112; remain the 30th of September, 1851, 59. Total, 1371. Total number of patients treated within twelve months, 1440.

Expense of union fever patients from 30th of September, 1850, to the 1st October, 1851, £552 19s. 7*d.*; amounting to the average cost of 4½*d.* per head per day, *including all charges*. Average cost of *each* patient while in the fever hospital, 8s. 5½*d.* Average number of days *each* patient remained in the fever hospital, 24½ days. Average number of deaths, 8½ per cent. Daily average number of patients in hospital about 100. Number discharged, 1312.

Wm. Kingsley, M.D., F.R.C.S.I., Physician.
J. A. Powell, M.D., M.R.C.S.Eng., Assistant.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, NOVEMBER 12, 1851.

VALUE OF MEDICAL DEGREES.

Passing events and prospects of the future have set men's minds to work in the investigation of all matters pertaining to medical policy, and amongst them of the value of University Medical Degrees: whether that value be intrinsic or legal. The extracts we append below show how the subject is treated at the other side of the water, and it is our business to handle it on this. The mischievous licence so freely conceded to unqualified persons to practise medicine has led to a misconception, almost universal, respecting the true force and value of medical degrees. Not only does the world at large believe them to be licences or authorities to practise the healing art, but also do the heads of Universities flatter themselves that they are so. Nothing of the kind, however, is farther from the true state of the case. Medical Degrees are but honorary distinctions, no more conferring a right to practise medicine than do degrees in law cause men to be called to the bar, or degrees in divinity qualify them for ordination. At a remote period, and when perhaps they were better evidence of the graduate's knowledge or ability than they now are, they were accepted as a guarantee of qualification, but so inadequate did they prove as a security against dangerous pretenders, that speedily special charters and statutes were contrived to arrest their circulation, and to substitute for them a proper testimonial of professional fitness in the shape of collegiate licences issued by authorities exclusively medical. Indeed, at a very early period of their existence, they became as worthless as they now are in many instances, of which the anecdote of Rabelais procuring one for his horse, under the title of "Dominus

Caballus," affords proof. It could, in fact, scarcely be otherwise, seeing that they were, as they are even at present amongst ourselves, granted by ecclesiastics, fortified by a corps of professors adjusting their distribution to their own financial necessities. We are aware that many of our brethren, both in town and country, have paid for these expensive decorations (as indeed we have done ourselves, little to our advantage) ; but we run the risk of questioning their claims to substantial value; knowing that almost all have other proofs to produce of a right to undertake the treatment of disease. Even assuming that individuals may feel mortified by the insinuation that a long-cherished distinction is not of so much value as heretofore, we venture to hope that even they will see the necessity of making some sacrifice to avert the disgrace and ruin which threatens our profession in this country from the influx of medical mongrels. Time flies, and before men are aware that any change has taken place, they may find themselves hustled out of their places by a new race of "medical men" of university manufacture, half doctor half surgeon ; who, in vulgar parlance, may be designated as "jacks of all trades and masters of none." It matters little to those liable to suffer from questionable expedients, whether they are adopted from an imperative necessity or not. University professors, finding their "certificates" at a discount, may naturally enough attempt to rig the market with a new species of stock in the shape of diplomas; but as the frogs have it in the fable, "what is sport to them is death to us." No: every attempt to repair a rotten fabric with rotten materials should be discountenanced, seeing that the old house as it tumbles is liable to pull down new ones along with it; and so also should attempts to erect new buildings with equally faulty materials be prevented. If either the University of Queen Bess or the University of Queen Victoria can find no better means of perpetuating or creating a claim to public sympathy than by the manufacture of medical doctors or medical surgeons, the sooner they are deprived of such a resource the better; if for no other reason, for the purpose of proving, that as universities they are wanted as essential members of the body politic. The people want education, and the profession want educated young men to receive professional instruction ; to supply which is the obvious mission of these corporations. For the life of us we cannot discover what possible connexion there is between the teaching of Greek and Latin and the teaching of medicine and surgery. The very notion of seven learned Clerks sitting in Trinity College, or a score of Diplomatists, Lawyers, Divines, and Engineers, civil and military, in Dublin Castle, to test the fitness of medical practitioners, taxes our powers of restraint over our risibilities. It is downright ludicrous. Once for all, without fear of contradiction, we assert that medical and surgical education is the province of the Colleges of Physicians and Surgeons, and that at this hour of the day the universities should have nothing whatever to do with it. Moreover, we venture to suggest to the conductors of these universities, that the sooner they adopt this view the better, for time has stamped it with its approbation. The handwriting is on the wall, and let not the Fellows of Trinity College avert their heads, and pretend not to see it. Eight students only graduated as Bachelors of Medicine this year, at a cost of a thousand pounds and more, paid in salaries and allowances to their medical professors. At the Castle it is the same. Seven precious souls are sent on the same mission at an expense of another thousand; while in Edinburgh, one Irishman bends beneath the three-cornered cap of the Reverend Principal. Is not this what the politicians call "an accomplished fact;" and yet in the face of it do they hope not only to contend with it, but to build a castle upon its foundation. But we wander from our text, which it is our custom to have at the end of our discourse instead of the beginning, as some do their mustard after their meat. Here are the extracts we alluded to above:—

Dr. F. Hawkins says:—"You are aware, as well as myself, that there are no *legal* physicians in England and Wales, except the graduates of Oxford and Cambridge, licensed to practise, and the licentiates, and extra-licentiates of the College of Physicians. More than half, then, of the physicians to provincial hospitals have no legal title to practise as such in England."

Now, sir, I entirely deny the correctness of this assertion. And first let me ask—Who are the physicians of this country? Are they confined to the 671 fellows, licentiates, and extra-licentiates of the London College of Physicians?—to the 117 members of the Dublin College of Physicians (Parliamentary Evidence)? or to the still smaller number (I believe) of the Edinburgh College? Who were the physicians in Scotland before the establishment of their college? Who are now the physicians of France, where there is no college of physicians? How are the 25,000 practitioners of the united kingdom to be designated? Are they differently taught? Are they not examined on the same subjects? and do they not use the same means of cure?

Having, I hope, settled this matter to the satisfaction of every unprejudiced person, I go to the *legal* part of the question; and I assert, that a member of the Apothecaries' Company has as much legal right to practise as a physician, in any part of England south of the Tweed, as Dr. Hawkins himself. His *diploma* gives him this right; and if he choose to write a prescription, and take a fee of five guineas instead of one, there is no law to prevent him. The action brought by the College of Physicians, in 1828, against Dr. Harrison, a graduate of Edinburgh, would have been given in favour of the college if Dr. Harrison had not shifted his plea; but Dr. Harrison had no *legal* right to practise medicine in England, although he had passed a better examination than his persecutors. Such is the absurd and unjust state of the law in 1851. But to bring the matter to a *practical* test. I practise as a physician, and my only *legal* qualification is the diploma of the Apothecaries' Company. My University degree and my College of Surgeon's diploma give me no *legal* right to practise medicine. I defy this college to the trial. I will supply them with evidence; and promise them that I will resort to no legal subterfuge to defend my right. As a matter of policy, I admit the necessity of a man being a member of this college if he practise in London, as most public appointments are shut out from him, but I am anxious to let those of my professional brethren who are attached to provincial hospitals, and who are graduates of universities, know, that if they are members of the Apothecaries' Company, they are not practising, as Dr. Hawkins asserts, *illegally*. I speak of the *law*, not of the *justice* of the case. —*Letter in Lancet.*

It would seem that in England it is a matter of insuperable difficulty to trace the limits by which, in medical affairs, liberty is separated from licence. In France, however, the enforcement of a wholesome restriction is not regarded as tyranny; and certainly no European people know better than Frenchmen what is tyranny. In London it is thought wise that no let or hindrance should be presented to the adoption of any pseudo-medical practice by any individual, whatever may have been his previous pursuits or deficiencies of education. Thus, a grocer has been allowed to administer the most potent drugs with impunity, although a fatal result followed his rashness. In Paris quite another view is taken of such recklessness and presumption. Within the last few weeks the Parisian tribunals have inflicted heavy fines and long imprisonment upon persons who dared only to vend drugs without a licence in pharmacy. In England it was with much difficulty that a law was obtained to restrain the indiscriminate sale of one common poison; and even now it is a rare thing to procure conviction from a jury for the infringement of that law. In Paris punishment is summarily executed upon those who venture to sell poisons of any kind

without proper authority; and upon those also, who, as vendors of poisons, do not keep them safely under lock and key. In England the government realise a very considerable sum of money from the sale of stamps upon patent medicines. In France the tribunals inflict heavy fines upon those persons who sell, or treat disease with, secret remedies. It is not hard to say on which side is the greater share of wisdom: that in which the liberty is accorded to poison or be poisoned, according to individual fancy—in which disease is virtually looked upon by the legislature as an occurrence to be made the most of in a pecuniary point of view by any means whatever; or that which defends the helpless from the tricks of unprincipled men, and which in all medical questions looks upon the *salus populi* as being truly the *suprema lex.—Med. Gaz.*

THE PRIZE SYSTEM.

Assuredly, as we have often said, there is but one step from the sublime to the ridiculous, and here is a proof of it. There is something ineffably amusing in the comparison between these proceedings and the "exhibitions" so lavishly provided for scholars requiring educational condiments with us. It is only erasing "female idiots" and inserting "medical students," and we have a paragraph to suit the events of the day:—

A very interesting distribution of prizes has just taken place at the Salpêtrière, Paris, amongst the female idiots and epileptic patients under the care of Dr. Mitivié. These prizes were given to such of them as had been distinguished by cleanliness, industry, by the care they had taken of little children, &c. &c. There were prizes given to those who had excelled in gymnastics or dancing. The Director-in-Chief of the public charities of Paris was present, as well as all the patients belonging to this section of the hospital. A few of the women took their part in a little theatrical piece which had been written for the occasion, and no one unacquainted with the place would have suspected that the performance was being supported by the inmates of an asylum.—*Lancet.*

Who can object after that, or say that prizes may not develop latent medical instincts, while at the same time they are of such value as a means of convincing the incredulous that the study of medicine and surgery is a lucrative calling. We have been thinking that now, while so many "medical men" are at a loss for employment, it might prove a capital speculation for a few of them to return to their studies and secure some of the good things provided to bring grist to the new medical mills. A good prize, exhibition, or scholarship, is better than a bad dispensary: indeed the hint has been anticipated in practice, for the seven travellers on the royal road to medical erudition who lately "passed" through the Castle were all "medical men" before their applications for "exhibitionships."

A MEDICAL EVIL CORRECTED.

Messrs. Highley and Son *versus* Quack Publications.—The profession will be much gratified on being made acquainted with the important fact that Messrs. Highley and Son, the eminent medical publishers of Fleet-street, and booksellers to the Royal College of Surgeons of England, have declined the further publication of all homœopathic, hydropathic, and other works devoted to the advancement of quackery.—*Lancet.*

Messrs. Highley are entitled to our thanks for this correction of a very offensive practice. It remains for the members of our profession to display a similar feeling by withdrawing their books from notorious publishers of these voluminous quack advertisements, and in every way repudiating connexion with them. The time has arrived for simultaneous action in such matters and a resolute determination to treat confederates and comforters of delinquents as accessories.

To Correspondents.—Mr. Maybury's case in our next.

THE MEDICAL COMMISSIONER.

The appointment of Dr. Macdonnell appeared in yesterday's (Tuesday) *Gazette*. That of the Inspectors will now of course speedily follow.

MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

NEWRY BRANCH.

We have great pleasure in publishing the list of contributors to the society, just now received (together with the amount) from Dr. Erskine, the active secretary of the Newry Branch. The list is highly creditable to that town. We would wish the example set by Newry were imitated by other towns of equal or greater resources. Limerick, Waterford, Clonmel, Galway, Londonderry, Drogheda, Sligo, Kilkenny, Wexford, and other populous places, ought to have their local associations. Wherever such branches have been established, as in Belfast, Armagh, Cork, and Newry, they have been found to work most beneficially. They strengthen the hands of the parent society by greatly increasing the contributions, and they benefit the locality still more, as it is a rule of the society to bestow upon the applicants of each district at least as much as is received from it; and if the cases be urgent, a great deal more, out of the general fund, to which large additions are being made every year:—

Dr. Morrison	£1	1	0
Dr. Molloy	1	1	0
Dr. Davis	1	1	0
Dr. Johnston	1	1	0
Dr. Starkey	1	1	0
Dr. Erskine	1	1	0
Surgeon Savage	1	1	0
Surgeon Black	1	1	0
Surgeon Woods	1	1	0
Surgeon Gray	1	1	0

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1851.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Oct. 19th,	64	51.5	29.820	.005
Monday,	20th,	65.5	48	30.000	.007
Tuesday,	21st,	62	47	29.968	
Wednesday,	22nd,	61	47	30.050	
Thursday,	23rd,	62	48	30 250	
Friday,	24th,	63	36.5	30.350	
Saturday,	25th,	61	39	30.400	.004
Sunday,	26th,	53	40	30.300	.006
Monday,	27th,	57	40	30.250	
Tuesday,	28th,	58	44	30.000	
Wednesday,	29th,	59	34	29.580	.300
Thursday,	30th,	49	32	29.824	.040
Friday,	31st,	49	36	29.662	.035
Saturday,	Nov. 1st,	47.5	32.5	29.550	.015

PORTARLINGTON, QUEEN'S COUNTY.

1851.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Oct. 19th,	62.5	56	29.517	59	58.4	58	.015	W
20th,	65	46.5	29.655	59.1	57.2	55.8	.020	WNW
21st,	61	52	29.625	57	55.1	53.6	.001	W
22nd,	59	50	29.698	57.6	54.7	52.3		W
23rd,	61.5	49	29.913	58.1	55	52.5		NW
24th,	59	46	30.050	58.7	56.6	55.1		NW
25th,	60	49	30.116	58.4	56.2	54 5		NW
26th,	61	43	30.010	49.4	48.5	47.6		Calm
27th,	53	44	29.995	52.1	50.2	48.5		NW
28th,	54.5	46	29.821	53.5	50.4	47.6	.006	WSW
29th,	56.5	37	29.360	47.1	44.2	40.9	.078	NW
30th,	55	33	29.511	45.8	42.6	38.7	.018	NW
31st,	49	29	29.517	40.8	39	36.6		NE
Nov. 1st,	48	35	29.436	46.5	43	38.8	.034	NW

M. W. HANLON, M.B.

SCHOOL OF SURGERY, ROYAL COLLEGE OF SURGEONS.

The Session 1851–52 commenced on Monday, October 27, at one o'clock.

Anatomy and Physiology—Dr. Jacob.
Descriptive Anatomy—Dr. Hart and Dr. Macdonnell.
Surgery—Mr. Porter and Mr. Hargrave.
Practice of Medicine—Dr. Benson.
Chemistry—Dr. Barker.
Midwifery—Dr. Beatty.
Comparative Anatomy—Dr. Jacob.
Dissections by the Professors of Anatomy and the Demonstrators—Dr. Leeson, Mr. Labatt, Mr. T. D. Hargrave, Mr. Malcolmson, and Mr. J. Morgan.

Commencing May 3, by order of the College.

Materia Medica—Mr. Williams.
Medical Jurisprudence—Dr. Geoghegan.
Botany—Dr. A. Mitchell.
Practical Chemistry—Dr. Barker.

The Fee for each of the above Courses is Two Guineas, except Comparative Anatomy, which is free.

A Public Course of Lectures on Comparative Anatomy and Zoology, free to all students, is delivered by the Professor of Anatomy and Physiology at the commencement of the session; and additional lectures on the same subject at intervals during the winter.

Practical Instruction in Operative Surgery is given by the Professors of Surgery, separate from the Surgical Lectures. Fee, £5 5s.

The Professor of Chemistry receives operating pupils into the Chemical Laboratory.

The Professor of Medical Jurisprudence gives practical instruction in Toxicology in his Laboratory.

The following Ordinance was made by the Council of the College on the 9th of April, 1851:—"To enable surgical students to devote more time to hospital attendance and dissection during the winter session, the lectures on materia medica, medical jurisprudence, practical chemistry, and botany, shall be delivered during the summer session in the School of the College, and in the schools recognized by the College; and certificates granted subsequent to the 30th of April, 1851, shall not be received as qualification for letters testimonial, unless issued in conformity with this regulation." Similar regulations have been adopted by the Council of the College of Surgeons of England.

In order to give full effect to this order, and to secure the advantages contemplated by it, no lectures will be delivered during the winter before one o'clock; from which hour the order of business will be as follows:—

Descriptive Anatomy, at twelve o'clock every day.
Anatomy and Physiology, at two o'clock every day.
Surgery, at three o'clock on Tuesdays, Thursdays, and Saturdays.
Chemistry, at one o'clock on Mondays, Wednesdays, and Fridays.
Practice of Medicine, at three o'clock on Mondays, Wednesdays, and Fridays.
Midwifery, at four o'clock on Tuesdays, Thursdays, and Saturdays.

Dissections from sunrise to sunset; one or more of the Demonstrators being always present to give instruction.

The Anatomical Instruction on Mondays, from one to three o'clock, will consist of practical instruction in the use of the Microscope, Minute Dissections of Organic Structure, and the making of Anatomical Preparations.

The Professor of Botany will commence a course of Lectures on Structural and Physiological Botany in February. This course, taken in conjunction with that on Comparative Anatomy and Zoology, by the Professor of Anatomy and Physiology, constitutes the Course of Natural History required by the Army Medical Board.

Pupils attending the Lectures on Midwifery and Diseases of Women and Children are admitted to the practice of a recognized midwifery hospital on payment of a fee of £4 4s.

DISEASES OF THE EYE.

DR. JACOB will deliver a full Course of Lectures on the Anatomy, Physiology, and Optical Mechanism of the Eye, during the ensuing Session, in the College of Surgeons, and also a separate Course on its Pathology and Diseases, with the Operations required in their Treatment, in the City of Dublin Hospital.

CITY OF DUBLIN HOSPITAL,

Upper Baggot-street.

The Winter Session commenced on Monday, October 27th.

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Every facility is given to students desirous of acting as Dressers and Clinical Assistants, subsequent to which all pupils of the hospital are eligible to the situation of House-Surgeon, according to merit.

A distinct Course of Lectures upon Diseases of the Eye is delivered by Dr. Jacob, and special wards are appropriated for the reception of Eye cases. Extended opportunities are thus afforded for acquiring a thoroughly practical knowledge of this important subject.

A ward is appropriated to the Diseases of Females, and clinical instruction is given upon all forms of Uterine Affection by Dr. Beatty.

Mr. Tufnell's Course of Lectures upon Military Surgery is also open to the pupils of the hospital. This Course is recognized in the professional qualification of candidates for admission into the Army, Navy, and Ordnance Medical Departments.

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Fee for Winter six months	... ...	Six guineas.
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C. Benson, M.D., F.R.C.S., Professor of the Practice of Medicine, Royal College of Surgeons.
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T. G. Geoghegan, M.D., F.R.C.S., Professor of Forensic Medicine, Royal College of Surgeons.
J. Tufnell, Esq., F.R.C.S., Surgeon to the Military Prison.

Consulting Physicians.

Sir Henry Marsh, Bart., and Professor Apjohn.

Consulting Surgeons.

Sir Philip Crampton, Bart., Professor Porter, and J. W. Cusack, M.D.

For further particulars apply to Dr. Benson, 34, York-street.

PRACTICE OF PHYSIC.

Dr. Benson will commence the Course of Lectures on the Principles and Practice of Physic in the Royal College of Surgeons on Friday, the 7th day of November, at three o'clock p.m.

The Description, Pathology, Diagnosis, and Treatment of *Medical* Diseases will form the subject of the Course.

Pathological preparations, plates, and recent specimens of diseased parts, will be exhibited for the purpose of illustration.

The Lectures will be delivered on Mondays, Wednesdays, and Fridays throughout the session, at three o'clock.

N.B.—Gentlemen entering the Army are required to attend Two Courses of Lectures on the Practice of Medicine; and those entering the Navy to attend Three such Courses.

Fee for each Course ... ... Two guineas.

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Surgery—W. K. Tanner, M.D.
Materia Medica—J. F. McEvers, M.D.
Botany—T. Power, M.D.
Midwifery—W. C. Townsend, M.D.
Practice of Medicine—C. Armstrong, M.D.
Chemistry and Practical Chemistry—C. Nash, M.D.
Natural History—T. C. Shinkwin, M.R.C.S.
Natural Philosophy—E. McCarthy, Esq.
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"Deputy Inspector-General of Hospitals.

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GUBAVENY DISPENSARY, COUNTY CAVAN.

At a General Meeting of the Subscribers, held by requisition in the Petty Sessions' House, at Killyglasson, on Thursday, the 30th of October,

Rev. Hugh DeLacy, P.P., in the chair,

it was proposed by Wm. Johnston, Esq. (agent to the Doobally estate), seconded by Wm. Nixon, Esq., and carried by acclamation,—That the following Address be presented to Alexander Flood, Esq., M.D.:—

We, the Subscribers to the Gubaveny Dispensary, are desirous of expressing in the strongest manner our high estimation of your medical skill and the very humane manner in which you have attended the sick and afflicted in this very extensive and mountainous district during a period of five years—a period teeming with famine, fever, and other epidemic maladies in this much neglected poor distressed parish. We avail ourselves of this pleasing opportunity (the last we may have as Subscribers to this Institution) of conjointly and individually expressing the very high respect and esteem in which we hold your professional abilities, and fondly hope that whatever change is about taking place, we and our poor people may still enjoy the benefit of your valuable medical services in this locality.

Signed, Hugh DeLacy, Chairman.
Andrew Moffitt, Secretary.

REPLY.

TO THE SUBSCRIBERS OF THE GUBAVENY DISPENSARY.

Gentlemen,—It is with no ordinary feelings of gratitude that I receive your very flattering and complimentary Address, but I fear those compliments are somewhat over-coloured through your kindness. However, I cannot but feel exceedingly gratified that my humble exertions, in my professional capacity, have met with your approbation while medical attendant of your dispensary during a period of five years. My humble exertions would have availed little were it not for your generous liberality in providing for the sick poor in this mountain district. Whatever labour I may have undergone in the discharge of my professional duty, I feel I have been amply compensated by your kind expressions.

I am sorry to say the connexion between us is soon to terminate. I beg to return you my most sincere and grateful thanks for the kind support and good feeling you always evinced towards me, and I trust that in the change that is about taking place, I may be permitted to enjoy the privilege of being your Medical Attendant.

I remain, gentlemen, your very humble and obedient servant, Alexander Flood.

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November 10, 1851.

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Wednesday, November 12, 1851.

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ORIGINAL COMMUNICATIONS.

THE PATHOLOGY OF INFLAMMATION AND FEVER.

By H. Freke, A.B., M.B., M.R.I.A.

(Continued from p. 214.)

In my preceding communications I have endeavoured to lay before my readers, in as concise a form as appeared to me to be consistent with perspicuity, a brief outline of some of the general leading principles upon which I conceive there is evidence that organic creation has been constructed. The views I have ventured therein to advance being, as I believe, altogether distinct from those generally entertained upon the subject, while at the same time an acquaintance with those views being (as I regard it) indispensable to render intelligible my subsequent observations, I have found it to be unavoidable thus briefly to premise them. In doing so, it has been my effort so to express myself as to be intelligible to the least informed or least reflecting of my readers, and, by the form of phraseology adopted, to obviate any obscurity or doubt as to the meaning I was desirous of conveying. Aware of the tendency so doing has to embarrass the reader, it has been my study to avoid the introduction of *new terms* into my observations, and except in such instances as I felt that (consistently with the object of this series of papers) such could not be avoided, I have studiously refrained from so doing. The expression "*organizing atom*" and "*organized residual product*, I found it to be unavoidable to employ, inasmuch as without some such forms of expression I should be unable to convey to others the opinions I myself entertain. From the former of these expressions appearing to me to explain its own meaning, I have been induced to regard its adoption as desirable; and my meaning in the latter, as also my motive for its employment, I have endeavoured, by illustration and otherwise, to convey to the reader. Apprehensive, however, that with regard to either of these expressions (which are fundamental to the present inquiry), there may possibly to any of my readers have been either obscurity or ambiguity in the language in which I have endeavoured to convey myself, it has occurred to me that it might not perhaps be undesirable, before proceeding further with these observations, briefly to recapitulate what has been already advanced upon topics upon which it is essential that my readers should distinctly understand me. There is perhaps no way in which I could do so more clearly, more forcibly, and at the same time more concisely than by attempting to lay rapidly before the reader an outline of the striking analogy which I conceive may be recognized between certain of the general leading principles upon which the two great divisions of Nature appear to have been originally constructed—that is, the analogy (as regards their *constitution* and *the manner of their formation*) which, I conceive, may be recognized between the objects, respectively, of the inorganic and of the organized world, or of inert and of living creation. Before proceeding then to the application of the foregoing observations, I shall occupy very few moments in an effort to point out this analogy as a concise means of briefly recapitulating some of the leading points which have already been laid before the reader.

The globe we inhabit is, as my readers are aware, divided into two grand divisions or kingdoms, named inanimate and animate creation, or what we term an unorganized and an organized world. The former of these divisions, or the unorganized world, is, as my readers are further informed, composed, or as it were built up, of a limited number of what we term *distinct species* of mineral matter; to which species respectively (counting about sixty in all) have been given the names—carbon, oxygen, hydrogen, nitrogen, &c. Each of these distinct species of mineral matter has (as is well known to my readers) so been originally created or formed as that it shall comprise under it; or in other words, as that the entire species collectively shall consist of an incalculably vast number of inconceivably minute particles, which particles, from their supposed physical indivisibility, have been designated *mineral atoms*. By the union of such atoms in various forms of combination (in obedience to what we term their chemical and physical laws) has the inorganic world, as it now exists, been con-

structed. Thus, then, the vast, the almost countless forms or varieties of mineral matter which are found throughout inorganic creation, *have been formed by the union (in various forms of combination) of atoms of a comparatively limited number of distinct species of mineral matter.*

Such, my readers are aware, are the opinions now generally entertained as regards the constitution of the inanimate or unorganized world. Such, it is my opinion, is also the case as regards the constitution of the *animate* world, or world of organization. The same, in a word, I have endeavoured to show has also been Nature's arrangement in the construction or formation of *living* or *organizing* creation. It, too (as has been my effort to make apparent), is composed, or as it were built up, of a limited number of distinct species of *organizing* matter; and each of those species has (as I conceive, and have endeavoured to prove) been originally so constructed, or formed as *at present*, to comprise under it an incalculably vast number of microscopically minute granules, to which granules, in consequence of their physiological indivisibility, I have ventured to give the name *organizing atoms*.* Thus, then, the vast, the almost countless forms or varieties of *organizing* matter (that is, in other words, of *living beings)* found throughout organic or living creation, have (as it appears to me) been *formed by the union (in various forms of combination) of organizing atoms of a very limited number of distinct species of organizing matter.*

If such be the case (and reflection upon what has been already advanced will, I feel assured, convince the unprejudiced reader it is), may we not thus far at least recognize an analogy between the principles upon which Nature appears to have originally constructed the *elementary components* of the objects contained in the two great divisions of creation—namely, as all inanimate or mineral creation is reducible to minute particles termed inanimate or *mineral atoms*, so may all *living* or *organizing* creation be reduced to analogous particles, which may appropriately be termed *organizing atoms.*

Let us now inquire if this analogy can further be traced between the manner in which these elementary components (namely, ultimate *simple* atoms) unite to form *compound* matter in the two great divisions of Nature—that is, in

* I shall explain my motive for using the words "*at present*" in the above paragraph. Organic creation must obviously have had *a commencement*. What was that commencement? What was the condition of the organic world when the organization of inorganic matter *first commenced?* My readers will have the goodness to reflect on this question,—they will have the goodness to carry their imagination back to the period of the *first or earliest* appearance of an organic creation, and a moment's reflection will suffice to convince them that *some* vast distinction must necessarily exist between the condition of organic nature *at the period of its creation* and the condition of organic nature *at present*. A moment's reflection, I say, will suffice to convince them that some vast distinction there must obviously be between the constitution of the organic world, *at the first or earliest manifestation of organization*, at (if I may so term it) the *birth* of organic nature, and the constitution of that world after organization *has for centuries progressed*, after organic nature has passed through centuries of *development*. And what is that distinction? This is an important physiological inquiry; but does such inquiry admit of a rational reply? Supposing that we are familiar with the constitution of organic creation as *now* it exists, or in its present *advanced stage of development*, are we so circumstanced as to be enabled therefrom to collect *anything* as regards what must have been its constitution at the period when *first* it existed, or at the period (if I may so term it) of its *birth*? I conceive we are. I conceive that from an accurate acquaintance with the nature and constitution of the organic objects *now* before us, conjointly with a knowledge of the *manner in which those objects have been generated or formed*, we may collect much as to what must have been the nature and constitution of organic creation at the moment when the organization of an unorganized world first commenced.

I shall endeavour to point out to my readers what (as it appears to me) must have been *the nature* of the constitution of the organic world *at the period of its creation*, as also wherefore it is I am of opinion that such must have been the nature of its constitution.

The line of investigation which (as it appears to me) should be pursued in such inquiry is the following—namely, I should endeavour to ascertain,—first, what is the constitution of organic creation as it *now* exists; or in other words, what is the constitution of the *present generation* of organized beings: and secondly, how or *in what manner* has the present generation been *generated* or formed by the preceding generation. A knowledge of these two facts would (as I conceive) furnish us with data from which to collect a certain amount of information as regards the *necessary* constitution of the *origin* or (if I might venture so to term it) of the *embryo of all generations*. For if the manner in which organized beings universally have been generated, can be *accurately* traced back for *one* generation, there is nothing to prevent its being, with equal accuracy, traced back for *many*, and *the possibility* is that it may, with a certain degree of accuracy, be traced back *for all* generations; that is, in other words, till we have eventually arrived, in imagination, at (if I may so term it) the *embryo* of *all* organic creation.

The two inquiries just referred to (namely, the *present* constitution of organized beings, and *the mode of their formation)*, I have already endeavoured to investigate, and have laid my opinions thereon before my readers; it remains now for us to apply those opinions to the present investigation—namely, to an inquiry into what must have been the constitution of the *Embryo* of all organic creation.

It is scarcely necessary for me to acquaint my readers with the fact, that one great function of every living being is and ever has been to *multiply* the species to which it belongs. One great function for which every existing living being has been created, and which it was consequently designed to fulfil was (and has ever been since the creation of that living being's *first parent)* to generate an *increased number of individuals* of the species to which that living being belongs. The least observant of mankind requires no argument to convince him that every individual living being (in its normal condition) has been endowed with the faculty of generating a *plurality* of individuals of the species to which it belongs. Such fact is too obvious to require further observation. What do we collect from that fact? We collect this—namely, that the tendency of generation is to increase the number of individuals in a species; or in other words, that generation after generation the number of individuals in the various different species of living beings, have *(cæteris paribus)* as a result of generation been constantly becoming augmented, from the time of the *first* existence of such species to the present: that such is the fact, there is no one will question. If, then (as I have endeavoured to convince my readers is the fact), the organic world, *as it now exists*, is composed of individual living beings *which have been formed by the union of a number of minute organisms* or organizing agents (which remember are also *living* beings)—namely, what I have termed organizingatoms. If, I say, organic creation, *as it now exists*, is thus composed, it is obvious that *(cæteris paribus)* generation after generation the number of individual organizing atoms (unlike mineral atoms, the number of which is constant and unvarying), it is, I say, obvious that the number of *individual* organizing atoms comprised under each distinct species of *organizing matter* has been (and still continues to be) *augmenting*, and that such has been the case, generation after generation, from the period of the creation of the *first parent* organizing atom (at which period a *single individual atom*, in all probability, constituted the *entire species* of that atom at the time in existence) to the present period, when the number of atoms comprised in that species is *countless.*

If such be the fact (and perhaps none of my reflecting readers will question or doubt it), let us, in imagination, trace organic nature backward, step by step, from the present time, to the period of its creation. Let us, from the countless myriads of organizing atoms that are *now* in existence, pass successively backwards, from generation to generation,

other words, let us endeavour to ascertain if any analogy can be recognized between the manner in which the various different species of *compound* matter are formed in the inanimate or unorganized world, and that in which the various different species of *living beings* are formed in the living world, or world of organization.*

What, then, let us first inquire, *are* the different kinds of *compound* mineral matter which are to be met with in the inanimate or unorganized world? There are but three orders or classes of mineral matter, to some one of which every chemical *compound*, in the inanimate or unorganized world, must of necessity be referred—namely, such compound must either be—first, a *neutral* compound (that is, possessed neither of what chemists term electro negative, nor of electro-positive properties), such, for example, as water, as also what we term a neutral salt; or secondly, it must be a compound possessed of what by chemists have been named *electro-negative* properties; such, for example, as what in chemistry is called an acid; or finally, it must be a compound possessed of what are termed *electro-positive* properties; as, for instance, those compounds to which chemists give the name of alkali or base. To some one of these three orders or divisions of mineral matter (namely, a neutral, an electro-negative, or an electro-positive compound), every chemical compound to be met with in the mineral world must of necessity be referrible. In a *neutral* chemical compound (and I would beg of my readers to reflect on this fact), we may have these three orders of chemical compound in combination constituting an integral or indivisible symmetrical whole. In a crystal of the salt called sulphate of magnesia, for example, we have an *acid* and an *alkali (by the exercise of those properties or forces peculiar to each as such)* uniting to form what chemists term a *neutral chemical compound*. In every *neutral* chemical compound (and I would desire to impress this strongly on my readers), in every *neutral* chemical compound, I say, in the inanimate or mineral world, we have (as it appears to me) a striking analogue (as regards *constitution* and *mode of formation)* of a *living being* in the living or organizing world.

In the *electro-negative* element of that neutral chemical compound, we may recognize the analogue of the *organism* or *organizing agent* of the living being; in the *electro-positive* element may be seen the analogue of the *residual product* upon which that organism or organizing agent is destined to confer organization. In the neutral chemical compound, we have the electro-negative and the electro-positive elements *(by the exercise of those properties or forces peculiar to each as such)* uniting to constitute a *neutral* compound. In the *living* being we have the organism (or organizing agent) and the residual product (to which that agent is about to impart organization) *by the exercise of the properties or forces peculiar to each as such*, uniting to constitute a *living* being. Thus, then, between such neutral compound and such living being, as regards their constitution and mode of formation, there appears to me to be a striking analogy; but I shall endeavour to point out this analogy more clearly.

We have just seen that in the inorganic or mineral world there are but three orders or classes of mineral matter, to one of which every chemical compound must of necessity be referrible—namely, such compound must be either electro-negative, electro-positive, or neutral. We have further seen that the two former of these three classes of compound in combination may produce a compound of the third class—namely, a *neutral* compound. Strikingly *analogous* facts appear to me to be true of the organic or living world. In it there appear to me to be but three orders or classes of organic matter, to some one of which *every organized structure* must of necessity be referred—namely, such organized structure must either be—first, *an organizing agent*—that is, an organized structure *capable of conferring* organization (to which order of structure I have for perspicuity restricted the term *organism)*; such, for example, what I have named the nervous, the muscular, the glandular, &c., organizing atom, as also the embryo of vegetables, of animals, and of man; in a word, it must be an organized structure, designed and adapted by Nature for *conferring or imparting* organization: or secondly, it must be an organized structure *not capable of conferring or imparting* organization, but designed and adapted by Nature for the performance of some other species of physiological function (to which order of structure I have for perspicuity given the name *organized residual product)*; such, for example, as albumen and fibrin, as also muscular, nervous, glandular, &c. &c., structure: or finally, such organized structure must be *a combination or union of these two*; and such combination or union may constitute what we understand by a *living* being. Of this order or division of organic structures, we have an example in a fœtus, in a vegetable, in an animal, and in man. To some one or other of these three divisions or orders of struc-

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through the ages that have passed (as the number of those atoms is successively becoming more and more limited), let us, I say, pass backwards till we eventually arrive, in imagination, at the first origin of those atoms; which is, in other words, at the organized world *as that world first existed*. And what do we reach? We reach (as it appears to me) a chain composed of perhaps but a few individual microscopic granules. We arrive, as I conceive, at a *single* representative (in the form of a microscopic granule or organizing atom) of each distinct species of organizing matter: we arrive, as I conceive, at the individual atoms which were the first parents of all subsequent atoms,—the first parents of the countless myriads of atoms now in existence.

These granules constitute what I conceive to have been the *first existing* chain of gradually ascending organisms or organizing atoms. The number of links in that chain may (as I conceive) have been so limited, and their dimensions so minute, as that the entire in combination might (as I conceive), in all probability, have constituted but *a granule of very inconsiderable dimensions*. And what was this granule (or granules)? *It was the embryo of organic creation*. This granule (or granules) was (as I conceive) *one parent* of all since existing organic creation; its *other parent* being (as I conceive) a mineral or unorganized world.

What! some of my readers perhaps may exclaim, *a granule* (or granules) give origin to an organized world!—give being to a widely diffused organic creation! What! *a granule* (or granules) originate the countless varieties both of vegetable and of animal organism which in myriads unnumbered, and during a series of centuries have been spreading life and organization over the entire surface of our globe! Could such be supposed possible?

I repeat it, that to me, as the result of mature and deliberate reflection, there appears to be evidence to induce the opinion, that such is the fact, and startling or strange as such statement may appear, I would beg of my readers not to reject it without reflecting upon what has been advanced. To my mind there appears to be no greater antecedent improbability against such being the fact than there is against the fact, *that the contents of a single Graaffian vesicle could give origin to countless millions of the human race*. I would again beg of my readers *to reflect*.

* Let me be distinctly understood. All inorganic or mineral matter is (as my readers are aware) divisible into *simple* and *compound* matter. Thus, for instance, carbon, oxygen, nitrogen, hydrogen, silver, mercury, &c. &c., are (as my readers are well aware) all examples of *simple* mineral matter; while carbonate of ammonia, nitrate of silver, oxide of mercury, &c. &c. (in which *different species* of mineral matter are chemically combined), are instances of *compound* mineral matter. I have already endeavoured to point out that all organisms (viz., organizing agents) are divisible into simple and compound organisms, and have further endeavoured to show that an organism (or organizing agent) *in conjunction with what I have termed a residual product* (that is, in conjunction with something upon which that organism can *confer* organization), is essential to constitute a *living* organism; that is, in other words, is essential to consitute what we understand by a *living being*. My present object is to endeavour to point out that the manner in which the various different species of *compound* mineral matter are formed, in the inanimate or unorganized world, is *strikingly analogous* to that in which the various different species of organic compounds; viz., simple living beings, compound organisms, compound residual products, and finally, *complex living beings*, are formed in the living or organizing world.

ture every form of organized matter in existence must (as it appears to me) of necessity be referred. Let us now contrast the manner in which the three different orders or classes of compound are formed in the two great divisions of Nature, and observe how striking appears to be the analogy between the mode of their formation in each.

In the inanimate or unorganized world two *simple* atoms—namely, for example, one of oxygen and one of hydrogen (possessed respectively of what are termed electro-negative and electro-positive properties) unite, in obedience to the properties or forces peculiar to each, and form in union *the simplest species of neutral chemical compound.* In the living or organized world the simplest species of organizing agent (namely, the humblest conceivable of vegetations) and the humblest conceivable (if I might so term it) residual product (namely, inorganic or mineral matter), possessed respectively of an adaptation for *imparting* and for *receiving* organization (that is, the organizing agent having been designed and constructed by Nature for *conferring* organization, while the so-called residual product (namely, unorganized or mineral matter) was adapted by Nature for becoming organized, or in other words, has been designed and constituted for *receiving* organization), in, I say, the living or organizing world, the simplest conceivable organizing agent and the simplest conceivable residual product, in obedience to the properties or forces which are peculiar to each, unite, and form in union the simplest conceivable *living* being. I say *living* being, inasmuch as until such union has taken place between that atom and mineral matter, the former could not be said to be *living* or *manifesting* life. Thus, then, there appears to me to be a close analogy between the manner in which the *simplest* species of *neutral* chemical compound is formed in the inanimate world and that in which the *simplest* species of *living* being is caused to *manifest* life in the world of organization. Let us see if this analogy can further be traced between the manner in which the more complex *neutral* compounds (such as crystallized salts) are formed in the inanimate or mineral world, and that in which the more complex *living* beings (such as a fœtus or man) are caused to *manifest life* in the animate world, or world of organization. In the inanimate or unorganized world, we find *simple* atoms of different species of inorganic or mineral matter uniting to form a *compound* atom, possessed of what are termed electro-negative properties, to which compound we give the name of acid. Thus, for instance, in accordance with the laws of chemical affinity, carbon and oxygen unite, and form the electro negative compound, which we call carbonic acid. In accordance with the laws of the same chemical affinity, *simple* atoms of other species of mineral matter unite and form a *compound* atom, possessed of what are termed electro-positive properties, to which compound we give the name of alkali or base. Thus, for example, in obedience to the laws of chemical affinity, nitrogen and hydrogen unite and form that compound which chemists call ammonia. And, finally, these two *compound* atoms, possessed respectively of electro-negative and electro-positive properties, in obedience to the properties or forces peculiar to each, unite, and in union constitute a *symmetrical crystallized salt.* So, too, in the animate or organized world, or in *living* or *organizing* creation. In it, too, we find *simple* organizing atoms, in obedience to the laws of organic affinity, uniting to form a *compound* organizing atom *adapted for imparting or conferring organization.* Thus, for example, the *simple* nervous, muscular, vascular, glandular, &c., organizing atoms unite to form the *compound* organizing atom—*the embryo of man.* By the laws of the same organic affinity, we find *simple* organized residual products uniting to form a *compound* organized residual product *adapted for receiving organization;* such, for example, as that organized residual product which I have named the specific stimulus of the embryo of man. And, finally, we find these two *compound* atoms (possessed respectively of an adaptation for *imparting* and for *receiving* organization), in obedience to the organic properties or forces peculiar to each, uniting to form the *living* embryo of man.*

To dwell further upon this analogy in connexion with the subject under present consideration, would perhaps be regarded by my readers as undesirable. Thus much, however, I conceived might be advantageously submitted to their judgment as a concise and perhaps not altogether unimpressive illustration of the nature of the relation which I conceive to subsist between what I regard as *the two great essentials* to constituting what we understand by a *living being*—namely, something *to organize* or *to impart* organization, in conjunction with something *to be organized* or which is *to receive* organization. In other words, the nature of the relation which I conceive to subsist between what I have termed *an organism* (or organizing agent) and *a residual product.*

There is one additional point in connexion with this analogy (that is, in connexion with the analogy which to me it appears may be recognized between *the constitution,* as also the *manner of forming,* of the objects respectively of inanimate and of living creation), there is, I say, one additional point in connexion with this analogy, upon which (although in my mind *most striking,* and, as I regard it, of the utmost physiological importance) I have not considered it desirable at present to dwell. I allude to the very striking analogy which (as it appears to me) may be recognized between the manner in which an imponderable principle named caloric (or which, to avoid hypothesis, may be termed the *heating agency),* has been caused *to associate itself with* (or become *latent* in) ponderable matter, and again *to extricate itself from* (or become *manifest* in) such ponderable matter *in order to produce the required inanimate phenomena;* and the manner in which (what to me appears to be in several respects) an analogous imponderable principle named the vital force (or which, to avoid hypothesis, may be termed the *organizing agency),* has been caused to *associate itself with* (or become *latent* in) ponderable matter, and again *to extricate itself from* (or become *manifest* in) such ponderable matter, *in order to produce the required living or organic phenomena;* I have not, I say, considered it desirable at present to dwell on this subject, and that inasmuch as it would not admit of being adequately investigated without an attempt upon my part to point out what to me appears to be erroneous in the opinions of others as to what it is which *constitutes organization.* Such effort upon my part could not be indulged in without drawing my readers' attention too widely apart from the topic more immediately before us, and I shall consequently look forward to the privilege of

* The same is equally true with regard to the organism *man*—namely, the result of the function of that embryo. In the compound organism man, the liquor sanguinis of his blood is the *compound residual product* upon which, and upon which only, the component atoms in that organism can by possibility discharge their specific physiological function *of organizing.* That is the only residual product upon which the compound organism man *can confer an increased organization;* or, in other words, the only residual product which the component atoms in that organism (namely, the nervous, the muscular, the vascular, the glandular, &c., atoms), the sole residual product, I say, which these atoms can raise *still higher* in the scale of organization, converting its fibre, &c. (as we know to be the case), into a *more highly organized matter*—namely, into what we term nervous, muscular, vascular, glandular, &c., structure. Deprive the organism man of the liquor sanguinis of its blood, and what is the result? The result is this—namely, that that organism ceases to be a *living* organism. And wherefore such result? The organizing atoms of which that organism is composed are still in existence, and wherefore are they not still *living* organisms? Why is it that those organisms do not *still manifest life?* Simply because having been deprived of their *residual product* there is nothing upon which they can discharge their physiological function of *organizing;* nothing which could enable them to manifest the phenomena of *living.* For an organism (or organizing agent) *in conjunction* with a residual product is (as I have endeavoured to point out to my readers) essential to constitute a *living being.*

again meeting my readers upon some future occasion in an attempt at a full investigation of this (as I regard it) important consideration.

Having now brought my preliminary observations to a close, I shall, in my next communication, proceed to the consideration of *the formation and appropriation of fibre.**

(To be continued.)

* By the term *organism*, wherever employed in these papers, my readers will bear in mind (as I have already informed them) that I mean simply to express *organizing agent*, and that these two expressions (namely, *organism* and *organizing agent*) wherever employed *in these observations*, are used as convertible terms. This being understood, the following is a concise summary of what I have endeavoured to convey to my readers in relation to what I conceive to have been *the original constitution* of organic creation, as also the manner in which, I conceive, organic creation, *as it now exists*, has been generated *(out of an inanimate or unorganized world)* by organic creation as originally constructed. These opinions I have considered it desirable to exclude from the text, apprehensive that they might be objected to as *hypothetic;* the reader, however, will observe that they in no way affect the deductions I have endeavoured to establish in the text as regards the *present* constitution of organic creation.

1. A chain of microscopically minute organisms (or organizing agents) gradually ascending in the scale of organization, appears to me to have been originally created. The entire of these organisms collectively (from the extreme minuteness of each granule, and from their number being probably limited), the entire of these organisms, I say, collectively, *might possibly*, as I conceive, if united, have been comprised within the compass of *a granule of very inconsiderable dimensions.*

2. To this granule (or granules), being, as I conceive, the origin, or source of the generation, of all subsequent organization, I would give the name *embryo of organic creation;* and the function of this embryo was (as it appears to me) *to organize* what hitherto had been unorganized matter; in a word, to generate an animate or organized world *out of inanimate or unorganized creation.*

3. To *each link* in the original chain of gradually ascending organisms (being possessed, as I conceive, of a *degree* of organization peculiar to itself; that is, each distinct link having, as I conceive, a distinct *degree* of organization) to each of those links (originally probably comprised in a *single individual* microscopic organism), to each, I say, of those links in the first formed or original chain, I have given the name of *distinct species of organizing matter;* so that *all the links* (comprised in the first existing chain of organizing agents) would collectively, as I conceive, constitute all (what I have termed) the different *species of organizing matter* now in existence.

4. The number of such *different species of organizing matter* existing in Nature, appears to me to be far from considerable. The *individual* organisms *(now* countless myriads, though at *the commencement* of organic creation, in all probability, as it appears to me, but a *single individual),* the individual organisms, I say, comprised under each distinct species of organizing matter, being, as I conceive, physiologically atomic or indivisible, I have ventured to name *organizing atoms.*

5. Every organism, having been endowed with a faculty of generating a *plurality* of its species, the number of individual organizing atoms comprised under each distinct species of organizing matter, has (during successive generations) been increased from, probably, one single individual, as I conceive, to the countless myriads which now exist throughout Nature.

6. The function of every organism being, as I conceive, *to organize* (that is, to *impart* organization, or in other words to *confer certain definite arrangement),* the function, I say, of every organism being to organize, the chain of organisms or organizing agents originally created—namely, what I have termed the embryo of organic creation, must have had *something* upon which to execute this function—must have something which it could organize or definitely arrange.

7. That something was (as it appears to me) for the *first* chain of organisms, *the unorganized or mineral world;* and the following appears to me to be the manner in which that function was performed, so as eventually to generate the organized world as that world now exists. In other words, the following appears to me to be the manner in which the *first existing* chain of microscopic organisms (all of which collectively would, as I conceive, in all probability, have constituted but an inconsiderably sized granule), the manner, I say, in which the *first* existing chain of granules so acted upon the unorganized or mineral world as in the course of succeeding generations to have given development to everything called *organic* that has since been in existence,—namely,

In the first place, I conceive that *the first link* in that chain (or *simplest species* of organizing matter) discharging its function (of organizing) upon *an unorganized* or mineral world; *organized* mineral matter forming or generating therefrom *two distinct classes* of organized product—namely, first, a *plurality of organizing atoms*, in all respects identical with itself, and, like it, capable at some future period of *imparting* organization to *unorganized or mineral matter;* and secondly, an organized product *not capable of imparting* organization (and consequently not an organizing agent), but capable of receiving (increased) organization from the *second* link in the organizing chain. To this second class of organized product, I have, for perspicuity, given the name *residual product,* inasmuch as it remains, as it were, *a residue,* till the function of the second link or species of organizing atom, comes into operation.

In the second place, I conceive that the *second link* in that chain discharging its function of organizing (not upon unorganized or mineral matter but) upon *the organized residual product* prepared or generated for it (out of mineral matter) by the first; conferred upon that organized product *increased* organization, thereby *raising it in the scale of organization*, and then forming or generating therefrom *two distinct classes* of organized product—namely, first, a *plurality of organizing atoms* of the second species, in all respects identical with itself, and, like it, capable, at some future period, of imparting increased organization to organized residual products, to be generated at some future period by the plurality of atoms of the first species which we have just seen reproduced; and secondly, an organized product *not capable of imparting* organization (and consequently not an organizing agent), but capable of receiving (increased) organization from the *third* link in the organizing chain; to which product I have, for the same reason as in the case of the first link, given the name *residual* product; and so of the several succeeding links in the organizing chain. Each individual link generates, as I conceive, *a plurality of organizing atoms* of the same species as itself; and at the same time generates *an organized residual product.* Each individual atom having, then, been thus endowed with the power of generating *a plurality* of atoms of its own species, as also a *residual product*, it is obvious that the number of individual organizing atoms, as also the number of organized residual products (which are capable of calling those atoms into action, or upon which those atoms can discharge their physiological function of *conferring organization*), it is, I say, obvious that the number of individual atoms and of residual products existing in Nature, is, generation after generation, *constantly augmenting.*

The following is the manner in which I conceive that the various *atoms* and the various *residual products* thus formed, were disposed of. I conceive, in the first place, that various *organizing atoms*, thus generated, entering into combinations of various species, various numbers, &c. (in obedience to the laws of organization), constituted, in combination, *the first or earliest embryos* of various different species of vegetable and animal; and I conceive, in the second place, that *organized residual products*, thus generated, entering into combination in corresponding variety as to species, &c., constituted, when thus combined, the various compound residual products required by Nature to enable those embryos to discharge their physiological function. And finally, I conceive that these embryos and their residual products (namely, the specific stimuli of the embryos) brought into combination by the laws of organization, developed in union the *first existing* individuals of several different species of vegetable and animal.

Such is my opinion as to how *the first generation* of living beings has been formed. *How*, as I conceive, subsequent generations have been generated by the first, I have already endeavoured to lay before the reader.

HÆMORRHAGE AFTER GUNSHOT WOUNDS.

M. Sistatch stated to the Surgical Society of Paris that, from observations upon numerous cases, he had come to the conclusion that the hæmorrhage after gunshot wounds is more frequently primary than secondary. This was contrary to the generally received opinion, but it was based upon 350 instances seen by him at Djidjeli in 1851, out of which number only two examples of secondary hæmorrhage occurred.

EFFECT OF ACCIDENTAL INJURY OF THE PENIS.

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—Should you think the enclosed worth publishing in the PRESS, I will feel much obliged by your doing so.—I am, dear sir, yours truly, THOMAS D. MAYBURY.

Killarney, October 26, 1851.

Patrick H—— of Killarney, aged 32, following the occupation of master baker, sent for me on the 25th of September. I found him labouring from a very sudden erection of the penis, which he could not get down. He gave me the following history of the case: While playing ball, one of his comrades, on making a stroke at the ball, accidentally hit him on the penis, which was at once thrown into a state of erection, accompanied by a sense of constriction about its centre. His pulse was 120; countenance pale and haggard; no appetite; passed water with difficulty. I ordered him warm stuping and small doses of tartar emetic solution. On the third day not having got any relief, I ordered him leeches and cold applications. On the sixth day, the erection state continuing, and not having got any rest for several nights, I ordered him a quarter of a grain of acetate of morphia in a draught and a liniment of camphor mercurial ointment, extract of belladonna and lard, a small portion to be rubbed into the dorsum penis every morning, and the whole of the penis to be wrapped in the ointment spread on fine linen. This had a most wonderful effect: the penis began gradually to subside, and in three days after all erection had ceased.

ACUTE RHEUMATISM CURED BY LEMON-JUICE.

(Under the care of Dr. BABINGTON.)

IN the second volume of this journal, we directed the attention of our readers to a new and successful method of treating acute rheumatism, introduced by Dr. Owen Rees. The favourable results had been obtained by the administration of lemon-juice, and we then stated, "it appears that Dr. Rees's colleagues, Drs. Addison and Babington, who coincide with him in his views as to the efficacy of the remedy, have put the lemon-juice to the test, and found it extremely useful." Further trials have had the effect of establishing more and more the great value of lemon-juice as a therapeutical agent in acute rheumatism; and so convinced has Dr. Babington become of the value of this simple medicine, that we find him state, in the introductory lecture for this session, that Dr. Rees's new method of treating acute rheumatism held a prominent rank among the strides which have been made in the various departments of medical knowledge since his (Dr. Babington's) pupilage.

It is certainly with good reason that Dr. Babington passed this encomium, for he has prescribed the lemon-juice in numerous cases, and has found it answering the most sanguine expectations. Of a few of these cases we shall subjoin abstracts, in order to put our readers in possession of the facts upon which rests the reputation of the new remedy. We would, however, first mention some remarks of great importance which were made by Dr. Babington.

The lemon-juice which was employed was procured from a wholesale confectioner, the price being no more than sixpence per pint, when retailed in small quantity, and considerably less when furnished by the gallon. When Dr. Babington commenced making trials of the lemon-juice, he prescribed it, according to the recommendation of Dr. Owen Rees, in doses of from one to two ounces, three times a day, for an adult. More recently, however, he had ordered not less than three ounces, and much more—usually six ounces—taken at a draught, and without any admixture, three times a day. It might be supposed that the patient would find some difficulty in drinking so large a quantity of such a sour liquid, but this is rarely the case; nor does it in general produce tormina, nor otherwise disagree with the alimentary canal. Instead of relaxing the bowels, as might have been expected, it renders them somewhat costive, so that it not unfrequently becomes necessary to exhibit an aperient. The juice produces no very decided effect upon the kidneys, merely tending by its quantity to promote their secretion. In increases cutaneous action, but to what extent it is difficult to determine, because in rheumatism, a disease in which this remedy is chiefly useful, the complaint itself is marked by the occurrence of profuse perspiration. The only unequivocal effect which uniformly takes place is a diminution in the number and power of the pulse, and of the heart's action. Whether it alters the character of the blood, or whether it affects the heart by diminishing nervous influence, Dr. Babington has not had an opportunity of determining.

We shall now shortly allude to eight cases, which were treated with lemon-juice by Dr. Babington.

Case 1.—James D——, a tall and athletic young man, a dock labourer, aged 22, was admitted into Naaman's ward, August 20, 1851, with acute rheumatism. He has a white and coated tongue, profuse perspiration, thirst, a hard, full pulse at 92, and costive bowels. There are swellings in the knees and wrists, which are red and tender to the touch, and his debility is so great that he is scarcely able to walk to his bed.

The patient stated, on admission, that he had been ill three weeks, and that he had suffered from a similar attack eight years before, which lasted for one month. There were no irregular sounds about the heart.

Treatment.—To take six ounces of lemon juice three times a day; a drachm of compound rhubarb powder to be given on the morning following admission. First day. Bowels relieved; pulse 76, softer; patient has less pain in the joints; to continue the remedy. Third day. Pulse 70, soft; no pain or swelling of the joints. Patient is up and dressed; he declares himself quite well, and requests to be discharged. He is asked to remain a day or two longer to improve his general strength; but he declines, as he states that he is well able to work.

Case 2.—Samuel H——, aged 19, of slight form, a warehouseman, much exposed in his work to currents of air; never before had any similar attack. For four or five days he has had slight swelling and tenderness in the knees and ankles.

On admission into Naaman's ward, on September 10, 1851, there were great swelling, redness, and intense pain of the right elbow-joint, extending both upwards for several inches and downwards into the wrist. The tumefaction was so severe, that it was a question whether the inflammation was not rather phlegmonous than rheumatic, but the pain and swelling in the other joints settled this point. Tongue moist but white; pulse 116, full; bowels regular; skin perspirable. To take six ounces of lemon-juice three times a day; low diet. First day. Pulse 100, softer; bowels regular; arm and elbow joint much the same as yesterday. To go on with the remedy. Fifth day. Pulse 88, soft; the pain and swelling of the elbow have decreased rapidly since the last visit, and are now very slight; bowels still regular. Eighth day. No pain anywhere, but still some stiffness of the right elbow-joint, which prevents the complete extension of the arm. Bowels regular. Twelfth day. Dismissed, free from all complaint, and having the full use of his right arm, the elbow-joint of which has returned to its natural size. This patient required one dose of the compound rhubarb powder during the treatment.

Case 3.—James S——, aged 20, a baker, much exposed to heat and cold in working at night; never before had a similar attack; has suffered for ten days pain and swelling of both shoulder-joints. Admitted into Naaman's ward on September 10, 1851, having great pain and swelling of both shoulders, but especially the left, so that he is very reluctant to attempt to raise the left arm. Pulse 108, hard; skin hot; tongue white and dry; much febrile excitement; bowels confined. Ordered six ounces of lemon-juice three times a day; fifteen grains of compound extract of colocynth to be taken at night. First day after admission. Bowels well relieved; pulse 82; less pain; to continue the lemon juice. Fifth day. Pulse 80; pain and

swelling much abated; to go on. Eighth day. No pain or swelling; is able to raise both hands above his head, and so far as regards the rheumatism, is well. Patient continues in the hospital in consequence of a swelling in the groin, which was opened two days after his admission, and is going on favourably. He required purgative medicine every alternate day whilst taking the lemon juice.

Case 4.—John H——, aged 22, a policeman, formerly a farm-labourer, with florid complexion, light hair, and strumous appearance; habits temperate. The patient was attacked with acute rheumatism three years ago, but has since had good health, until within the last fortnight, when he began to suffer from his present illness. The inner sides of each foot and ankle were first affected, and then the elbows and hands became swollen, red, and painful, in which state he was admitted into Naaman's ward, No. 8, on July 9, 1851. There was then a murmur heard on the heart's systole; pulse 104, hard, strong, and incompressible; tongue coated and white; countenance congested; appetite gone; bowels costive; urine acid, specific gravity 1010, about one quart passed daily; perspiration profuse; pulse 92. Ordered six ounces of lemon-juice, three times a day. First day after admission. The pain and swelling of the elbows and hands decreasing: ordered to continue the remedy. Fifth day. The lemon-juice seemed to cause a little griping pain in the bowels, which were moved twice a day whilst its use was continued. The pulse 80; small, weak, and compressible. There remained not a vestige of pain nor swelling anywhere. Tenth day. Pulse still 80; no *bruit* heard now with the systole of the heart. The patient has been quite free from all complaint for several days. The pulse retains the same character as on the fifth day. Discharged cured.

Case 5.—William B——, aged 35, a married man, employed as a waiter, a native of Dorsetshire, who has lived in London for sixteen years; temperate, intelligent, with clear complexion, dark hair, and having excellent ordinary health. Five years ago, in the winter, he was laid up seven weeks with rheumatic fever. This had been his only illness since childhood. Admitted into Job ward, No. 18, on July 9, 1851. The knees, ankles, and the small joints of the left hand swollen, somewhat red, heated, and very painful on the slightest motion; chest healthy; heart normal; appetite good; skin hot and dry; urine loaded with lithates, scanty, about a pint daily; bowels regular. Ordered four ounces of lemon juice three times a day. First day after admission. To go on; the juice produced no uneasiness of the bowels or diarrhœa. Eighth day. The pain and swelling having almost entirely ceased, the patient was ordered sesquicarbonate of ammonia, five grains; decoction of cinchona, one ounce; three times a day; that he might recruit his strength. Ninth day. Much better; the joints are entirely free, except the knuckle of the middle finger of the left hand, which is swollen; and this the patient attributes to pressure of the walking-stick which he uses to assist him in moving about the ward. His knees fail him from mere weakness; but they are free from pain. He is considered nearly well of the rheumatism, but remains under treatment on account of inflammation of the right eye.

Case 6.—Thomas M——, aged 26, single; a cooper, living in Commercial-road, Old Peckham; admitted into Naaman's ward, No. 14, August 20, 1851. Aspect phlegmatic; has been a hard drinker, but has otherwise lived well. His general health has always been good. Had syphilis about six years ago, but it was not followed by any secondary symptoms. About five months ago, the patient was attacked with loss of power in the motor nerves of the right arm,—probably rheumatism,—for which he was admitted into St. Thomas's Hospital, and discharged cured three months afterwards. About six weeks ago, he was attacked with general rheumatism, and from that time has been unable to work. He has not, however, been under medical care, and has not taken any medicine.

Present Symptoms.—Complains of severe pain in the back of the neck and between the scapulæ, which is constant, but increased on the slightest movement. Pulse 96; tongue slightly furred; skin hot and dry; bowels regular; has slight pain in the head; sleeps well, and is not disturbed by the pain during the night. Six ounces of lemon-juice three times a day. First day after admission. Is much relieved. Pulse 76; skin moist. To go on. The fifth day. The pain is much less severe, and is intermittent. Pulse 72, soft; skin moist and cool; bowels regular; to go on. Eighth day. Complains of want of sleep; the pain is now only felt on walking, or moving the affected parts. Ten grains of Dover's powder every night, and repeat the lemon juice three times a day. Eleventh day. Complains of pain in the head, probably caused by the opiate at night, which, as he now sleeps well, he is directed to omit, still continuing the lemon-juice. Fourteenth day. Patient can now move his head in any direction without the least pain. The uneasiness between the scapulæ, however, still continues when he moves his arm or walks. Ordered to omit the lemon juice; to be dry rubbed between the shoulders on alternate days, and to take a draught of magnesia, with wine of colchicum in mint-water, three times a day. Sixteenth day. Is now free from pain; and having remained so until the nineteenth day, he was discharged cured.

Case 7.—Samuel T——, aged 66, married, living at 9, Pollen-street, Maddox street, one of the pew-openers of St. George's, Hanover-square, a stout man, with fair, florid complexion and grey hair. Has been the subject of gout for twelve years, within which period he has had four very severe attacks, at intervals of about two years and a half, which have stiffened his joints so that he can hardly hobble along.

On Tuesday, 15th July, 1851, having had for three days well-marked gout, with much pain in his left hand, he was recommended to try lemon-juice; and on the evening of that day, he took two ounces. On the second day he took six doses, each of two ounces, at intervals of about three hours. On the third day he took five doses. On the fourth day four doses. On the fifth day four doses.

On Sunday, the sixth day, in consequence of having to attend his duties in the church, he omitted the lemon-juice altogether. On Monday, the seventh day, he took a wineglassful three times in the course of the day. On the eighth day, two wineglassfuls. On the ninth day he took none. On the tenth day he took one wineglassful, and then left the remedy off altogether.

His account of the effect is as follows:—On the fifth day he began to get ease. On the following day his duties fatigued him much, but he had no pain. On the seventh day he felt a kind of shaking or throbbing in the hand, which lasted for several hours; the hand then gradually became pliable, having been stiff before, and from that time he has felt quite well, the few doses which the patient took on the eighth and on the tenth day being merely taken by way of precaution, for fear of a relapse. His limbs, which had been long stiffened with gout, the last attack of which confined him to his bed for many weeks, have become more and more pliant, and he states that he has not felt so well for the last twelve years, having a good appetite, sleeping well, and being able to move about without pain, and with tolerable freedom. He says that the lemon-juice did not open his bowels, but that when he took twelve ounces in the day he had some griping pains. The patient has had no attack of gout up to the present time, Nov. 1.

Case 8.—Ellen L——, aged 20, a florid young woman: whilst in service she met with an accident from the fall of a box, which struck her side. Two or three weeks afterwards she began to expectorate blood, and this continued for two months. She was then admitted into Lydia ward, on the 18th of June, 1851, and continued under treatment until September 9th—viz., about three months. During this period she continued to cough up blood almost without intermission, to the extent of from a quarter to half a pint daily. The catamenia, though regular, were scanty, and her complaint was regarded as dependent on imperfect menstruation.

Various remedies, as well astringents and sedatives as

saline aperients, were tried, with but partial success; and although the repeated application of leeches to the side was more efficacious, still the bleeding recurred until the 18th of August, when she began to take three-ounce doses of lemon-juice, three times a day. From that time to the present (October 14), she has had no return of the complaint. With this patient, as with all who have followed this treatment, the lemon-juice had the effect of lowering the power and frequency of the pulse.

Dr. Babington stated, in some remarks he made on the subject, that from the above cases, and many others not recorded here, he had come to the same conclusion as the original discoverer, Dr. Rees,—namely, that in *acute rheumatism*, or as it is otherwise called, rheumatic fever, whatever be its severity, there is no remedy with which he was acquainted, possessing anything approaching the curative power of lemon-juice. Dr. Babington had never seen nor even read of such speedy cures by any means whatever, as were effected in the six cases which have just been narrated. Of these cases it will be observed that the first got well in three days, the second in eight days, the third in eight days, the fourth in five days, the fifth in nine days, and the sixth in sixteen days. The seventh case, though not of the same complaint, is equally remarkable. Inveterate gout occurring in a man, aged 66, was materially improved, and a renewed attack was subdued by a few days' employment of this perfectly safe remedy; and in the eighth case an obstinate hæmorrhage from the lungs was arrested and permanently cured by the same means.

Dr. Babington further remarked, that since Dr. Rees first recommended lemon-juice, it has been employed by many medical men, and, as he understood, with variable success. He was inclined to attribute occasional failures, of which he had himself met with several, to the fact that according to his experience it is, as before stated, in acute rheumatism alone that the remedy proves so certain; whereas it has been administered in all kinds of cases.

Dr. Babington did not mean to affirm that it is not also very frequently useful in chronic rheumatism, and in gout, but only that its effects are far less obvious, and far less uniform, in these diseases. Failure, or at least a want of striking success, may also be ascribed to the circumstance that the doses administered have hitherto been too small.

It was only within the last four months, that he had ventured to prescribe more than from one to two ounces for a dose; and Dr. Babington believes that scarcely any one but himself has hitherto exceeded the latter quantity. He claimed no merit for having adopted a bolder practice, for the change resulted from the following circumstance.

A gentleman, who had consulted Dr. Babington several months before, called about severe rheumatic pains which he was experiencing. He was recommended to take lemon-juice. From some cause or other, however, the patient did not take it; and after an interval of several months, being again visited by his rheumatic pains, he applied to a chemist for relief. This person told him he ought to try lemon-juice, and it then flashed across his mind that this was the remedy which Dr. Babington had long before spoken of. The gentleman told the chemist he would follow his advice; but "what is the dose?" said he. The chemist replied, "*half a pint* (!) three times a day," and added that this was the quantity which he himself had taken for a similar attack, and with the greatest success. The patient, a gentleman of a resolute spirit, unflinchingly took the quantity prescribed, which, however, he found it somewhat difficult to swallow, and, according to his own account, in three days he was well.

Dr. Babington asked him what effect it had upon his bowels, and learned that the patient had been astonished to find that it did not disagree with him in any way, although his bowels were remarkably tender and easily put out of order. It being thus clearly proved that even eight or ten ounces of lemon-juice taken at a dose were not productive of any ill effects, Dr. Babington from that time felt warranted in increasing the quantity; and the remarkable effects he had witnessed, of which the cases above cited are but a few samples, were the fortunate results.

From the depression of the circulation caused by lemon-juice taken in large doses, Dr. Babington considers it highly probable that it will be found a valuable remedy in inflammatory diseases in general. He intends to take an early opportunity of trying it in pneumonia or pleurisy, as he thinks that it will act as beneficially in those diseases as antimonials, and much in the same way, with the exception of the nauseating effects—namely, by lowering the circulation and promoting perspiration.—*Lancet.*

ON A RARELY OBSERVED BUT VERY FATAL EFFECT OF GASTRO-INTESTINAL REVELLENTS:

ESPECIALLY OF THE TARTRATE OF ANTIMONY AND POTASSA, AND PARTICULARLY IN THE TREATMENT OF PNEUMONIA.

By Dr. Boling of Montgomery, Alabama, U.S.

There are but few articles of the materia medica which exercise so certain a control over any serious morbid state or action, as the tartrate of antimony and potassa does over inflammation of the pulmonary parenchyma. Its efficiency, I may say, is universally admitted. Unfortunately, however, its value as a remedy in pneumonia, or any other disease indeed in which its protracted use may be required, is diminished by the circumstance of its occasioning in many instances, violent disease of some of the abdominal viscera, which often leads to a fatal result. It is in pneumonia, however, according to my own observation, that the effect referred to is most frequently produced by it, and developed in the most violent and rapid manner; probably, it is but reasonable to suppose, because in this disease its protracted administration is more frequently practised than in any other. As generally administered, it is not improbable, that the remedy, even in cases in which the ultimate result may be favourable, produces by its contact, more or less irritation of the gastro-intestinal mucous membrane, which gradually subsides, after its suspension, during convalescence. Its visible effect upon the skin, when used locally, might lead to such an inference, and indeed appearances somewhat analogous to this are sometimes observable, not only after death, in the gastro-intestinal mucous membrane, but during life, in the mouth and fauces, as a result seemingly of its use. It fact, it is to a revellent effect, resulting from this local irritant action, that its efficacy in pneumonia and other diseases is attributed by the advocates of the physiological doctrine. It is not, however, this local action, *merely as spoken of and described by the generality of writers*, to which it is my object to call attention at present, but more particularly to an array of symptoms of a much more violent and sudden character, connected seemingly with a metastasis of morbid action, from the thoracic (when administered in the diseases of this cavity) to the abdominal viscera; the result, it may be, of an exaggerated influence of the character mentioned. Whatever the correct explanation, however, as to the mode in which the effect is produced, the condition itself is one of extreme danger.

There is reason to believe, however, that though in the treatment of pneumonia, the state in question is more frequently induced by the use of tartar emetic than by anything else, a similar condition is occasionally brought about by other agents administered to such an extent as to produce a high degree of irritation of the gastro-intestional mucous membrane; and I believe that it is with more certainty developed, under a combination in the treatment, of calomel with the antimonial, than by the latter alone.

Supposing the remedy to have been continued several days, the phenomena referred to are developed much in the following manner. The patient may seemingly be doing well under the continued use of the remedy; the dulness on percussion and the frequency of the pulse diminishing; the skin perhaps becoming moist, and the respiration improving. Suddenly in some cases, in others

somewhat gradually, the patient becomes restless, the thirst is augmented, the discharges from the bowels are more numerous and thin, the abdomen becomes tympanitic and perhaps tender, the tolerance is lost, and though he may not have done so for several days, he vomits, or makes frequent efforts to do so; the tongue becomes dry and pointed; there is jactitation present, anxiety of countenance, delirium, and perhaps stupor a short time before death. Occasionally jaundice supervenes, and in a few cases the matter vomited bears a close resemblance to that ejected in yellow fever. During the progress of the change, the pulse becomes more frequent, hard, concentrated, small and thready.

The rapidity with which the symptoms mentioned are developed varies a good deal in different cases. I have known instances in which death has taken place in about six hours from the time of the first evident unfavourable change; in every respect, up to that time, the progress of the case being apparently favourable, and the graver symptoms subdued. Oftener the case is protracted to ten or twelve hours, and sometimes to a longer period.

Simultaneously with the changes above spoken of, or, as it were, preceding them rather, a more or less rapid disappearance of the signs and symptoms of the primary disease takes place. From a state of almost complete solidification of an entire lung, with dulness on percussion, and bronchial respiration, in the course of four or five hours, I have found the pulmonary tissue permeable, and the chest resonant and yielding a healthy respiratory murmur; a corresponding improvement in the cough, thoracic pain, difficulty of breathing, &c., proceeding at an equal rate. The rapidity with which this change in the condition of the lung takes place is proportionate to the violence and rapidity of the newly developed abdominal disease.

In any case of pneumonia under the antimonial treatment, although the patient may seemingly have been doing well, the supervention of the slightest tympanitis, with augmented thirst and a tendency to diarrhœa, may be regarded with suspicion, as the probable precursors of a very grave condition; and I am now led to regard my patient's doom as almost settled, when, in addition to these symptoms, there is a *rapid* instead of a gradual removal of the dulness on percussion, *unattended with the crepitant râle of resolution.* Where a case is closely watched, the latter will be found to precede somewhat the former symptoms of the progressing change; and I have more than once surprised, not only the relatives of patients, but professional gentlemen in attendance with me, by announcing a coming change for the worse, basing my opinion on the physical sign just stated, where everything otherwise seemed favourable, the patient comfortable, and apparently perhaps convalescent.

This termination of pneumonia, under the administration of antimonials, especially when given in what would be considered anything like adequate doses by the advocates of the doctrines of Rasori, I am led to believe cannot be of very rare occurrence in the South; for I think that I have seen almost as many patients die of the superinduced or substituted affection as of the primary. And yet the largest quantity for the twenty-four hours, in which I have been in the habit of prescribing the tartrate of antimony and potassa, falls far short of what would be considered a medium dose for the same time by the generality of physicians of the contra-stimulant school. Under the supposition, however, that it not unfrequently occurs, it is somewhat strange that we find so little in the works of authors who have written on pneumonia, especially as treated with antimony according to the contra-stimulant doctrine, in which anything like a distinct reference is made to it, much less an accurate account of the condition. Neither in the French nor Italian writers of the contra-stimulant school accessible to me have I been able to find any account of it, though in many we find allusion to the mere local irritant action of the agent in question upon the gastro-intestinal mucous membrane. This is more especially, however, the case among the advocates of the physiological doctrine, by whom the curative influence of the remedy in question, in pneumonia, is ascribed to a revellent operation. The condition spoken of by the followers of Rasori as a loss of the tolerance, resembles it in many respects, and I have sometimes suspected that in their descriptions they may have had in view a state identical with that to which I now have reference. If so, however, their delineation is incomplete in several important particulars; and I would especially mention the sudden subsidence of the original disease, with the occurrence of the new train of alarming symptoms. Moreover, no one, I imagine, who has ever observed a well-marked case of the state to which I have reference, even under the influence of a favourite doctrine, could see in it *merely* a general depression of the vital powers somewhat below the standard of health; and, in short, could suppose that the phenomena manifested were not the consequences of actual local lesion of the viscera of the abdomen.

I have been disappointed in not finding an account of it in such of the writings as I have met with of the Italian followers of Rasori; because, not only from the immense doses in which they are in the habit of administering the antimonial preparations, but from the similarity of their climate, and diseases generally, to our own, in their hands especially, I had been led to suppose it must frequently occur. Owing to the fact, that in the North the susceptibility of the gastro-intestinal mucous membrane to irritant impressions is less than in the South, it probably occurs less frequently there than with us. One rather mild, but unquestionable case, I find recorded in the *American Journal of Medical Sciences* for April, 1848, by J. F. Peebles, M.D., of Petersburgh, Virginia, in a paper calling attention to certain unfavourable effects of tartar emetic. Two other cases are given by B. R. Jones, M.D., of Montgomery, Alabama, in the *New Orleans Medical and Surgical Journal* for September, 1850; in which he particularly refers to it as a result of the operation of antimony.

My own attention, several years ago, was forcibly drawn to this unfavourable action of the tartrate of antimony and potassa, in pneumonia especially, and it was alluded to in a paper on "the treatment of the inflammatory affections of malarious districts," which I published in the *American Journal of Medical Sciences* for July, 1844. Two cases are there given, among others of a different character; and, in regard to one of them, the following remark is made:—"In this case, an occurrence took place, which is by no means unusual with us here in the treatment of acute thoracic diseases, particularly when tartar emetic or calomel is used to any considerable extent, and more especially when they are used in combination—viz., the supervention of gastro-enteritis about the time, or soon after, a considerable amendment has taken place in the original disease."

But though I have been able to find nothing, or but little, that can be regarded as having allusion to the accident in question, where most I expected to find accounts of it—viz., among authors of the school of Rasori, in speaking of the use of tartar emetic in pneumonia, a graphic description of a similar state produced by the continued administration of calomel, may be found in the work of Golis on hydrocephalus. "Many times (he says) I saw, under these large and long-continued doses of calomel, the hydrocephalic symptoms *suddenly* disappear, and inflammation of the intestines arise, which terminated in death. Still oftener, I have observed this unfavourable accident, from an incautious use of calomel in croup—viz., where all the frightful symptoms of this tracheal inflammation, which threatened suffocation, would *vanish suddenly*, and enteritis develop itself, which passed rapidly into gangrene and destroyed the patient."

Although it is probable that it is through a local irritant action of the antimonial upon the gastro-intestinal mucous membrane, that the effect in question is brought about, the manner and circumstances of its development lead not unreasonably to the inference that a real metastasis takes place; that in addition to that irritation, which the re-

medy, probably, in almost every instance produces, where it is long used—that, for instance, which it would produce in a healthy subject—there is a superadded morbid action, transferred upon the abdominal viscera in lieu of the pneumonia, which has suddenly disappeared. It will be remembered, that, generally, it is not till after a partial subsidence of the pneumonic symptoms, that evidences of the gastro-intestinal irritation are manifested. It partakes, then, more of the character of metastasis than revulsion, though an irritant action may have determined it. Why the morbid action, from which the patient was, probably, to all appearance, in no great danger, in the lungs, should prove so frequently fatal when transferred to the abdominal viscera, is a question which naturally suggests itself. Perhaps it may be the suddenness of the invasion; perhaps the translated morbid action, operating in conjunction with a morbid state, which had already been developed in a high degree in the gastro-intestinal mucous membrane by the remedy, but which, up to the moment of the metastasis, had remained latent, in consequence of the preponderance of the pneumonic inflammation; perhaps a greater depression of the vital powers results from an equal degree of morbid action in the gastro-intestinal mucous membrane, than in the pulmonary parenchyma.

Notwithstanding this occasional unfavourable influence of the tartrate of antimony and potassa, I have felt reluctant to dispense with its use entirely in the treatment of pneumonia, in which, otherwise, its efficacy is so great; and, for some time, it has been an object with me to devise some plan of administration, by which, while its favourable operation might be secured, the former effect might be entirely, or in a great measure, avoided.

Without entering into any detail or discussion of the various and somewhat contradictory views entertained by different physicians, or sects of physicians, as to the *modus operandi* of the tartrate of antimony and potassa, I think it may at present be safely assumed that, while its sedative or contra-stimulant influence is exerted, after its absorption and commixture with the circulating mass, the unfavourable effects resulting from its administration, to which reference is here made, are consequences of its direct local action upon the gastro-intestinal mucous membrane. To be sure, according to experiments of Magendie, it would appear that its *emetic* operation is secondary to its absorption, and the result of a special affinity for, or action upon, the stomach, while in its transit through the vascular circle; but it would seem a visionary refinement in toxicology to refer the effects of which I have been speaking to an influence thus exerted, aware, as we already are, of its irritant action upon the mucous and dermoid tissues, when locally applied.

It is not at all improbable, however, that in some rare cases, the revulsive operation of the remedy on the gastro-intestinal mucous membrane may prove favourable, according to the views of Broussais; but knowing as we do, that other gastro-intestinal revellents exercise no such special control over the phlegmasiæ of the thoracic viscera, as the agent in question, as a general rule, his explanation of its *modus operandi* will, I am inclined to believe, be deemed incorrect. On the contrary, when the local effect on the gastro-intestinal mucous membrane is developed in any considerable degree, recovery, even when it follows, is retarded rather than advanced by the circumstance; not only by the additional febrile disturbance, but by the diminished absorption which results in consequence; and that when it occurs in a high degree, it occasions in pneumonia the train of alarming, and so often fatal phenomena.

Assuming that the sedative effect of the remedy through which its curative influence in pneumonia is brought about, is produced by that which is absorbed; and the deleterious effects under consideration, by that which, remaining unabsorbed, or which is not for a considerable time absorbed, remains long applied in contact with the gastro intestinal mucous membrane, by what indeed may very properly be deemed a redundancy of the article, that over and above what can be readily acted on by the absorbents, it is manifest that to secure the former and avoid the latter, no more of it should be prescribed than it is probable will be promptly taken up by these vessels, and its administration regulated in such a manner as best to secure this end.

With this object in view, I at first commenced to diminish the dose, although in no case had I ever given it in anything like the quantity recommended by many physicians of the contra-stimulant school; nor did I find the efficacy of the remedy less when I had fallen back upon about the quantity advised by many before the rise of the contra stimulant doctrine: say three, four, or at most six grains in the twenty-four hours, than when I gave it in doses twice or thrice as large; but its mischievous effects were infinitely less. It does not necessarily follow because in many cases the larger doses of the ultra contra-stimulists are tolerated for the time, and generally without any manifest ulterior mischievous effects, that they are really required.

Besides this reduction of the dose, say for the twenty-four hours, to the smallest possible quantity capable of producing a sedative influence, I have also adopted the plan of giving it in small portions, frequently repeated, so that not more will be swallowed at a time than may be promptly, at once indeed, acted on by the absorbents, rather than in larger portions at longer intervals, by which the mucous membrane would be of necessity subjected to a longer contact with a part of each portion swallowed. The method has seemed to me to be a bad one, of giving the quantity intended for the twenty-four hours at lengthened, though equally divided intervals throughout this period; but still worse the plan followed by Laennec, in some cases, of giving the entire quantity intended for the twenty-four hours, in but three or four portions, at short intervals, and then omitting it for the remainder of the day. By this method the local or revellent influence of the remedy is induced in the highest possible degree, while the sedative influence is obtained in a degree, perhaps, proportionably lessened. Generally, I give from three to six grains, according to the extent of the inflammation and the grade of febrile excitement present, in the twenty four hours, dissolved in six ounces of water. Of this solution, I give, during the day, a teaspoonful every half hour; but if the patient is disposed to sleep, that his rest may not be too much disturbed, twice the quantity every hour during the night. I have not found, as we are led to believe would be the case by some of the followers of Rasori, that the tolerance of these smaller doses is less readily established than of the larger. In some cases, where the attack is violent, in connexion with blood-letting and other appropriate measures, with the view of bringing the system as speedily as possible to some extent under the influence of the agent, I venture to give at first one or two doses, say of a third or half a grain each, of it. To favour its rapid absorption, by all means the remedy should be administered in perfect solution, in water alone; and the plan of administering it in combination with mucilage, as of acacia, flaxseed, elm, &c., is eminently calculated to lead to the result it is intended to obviate. Instead of sheathing the gastro-intestinal mucous membrane, or at least of protecting it in this way against the local irritant action of the remedy, such substances favour the latter effect, by retaining the salt for a long time in contact with the mucous surface, in consequence of the obstruction to its remedy imbibition, which they present. That absorption should take place, it is manifest that contact is necessary; consequently, nothing can be gained by placing either the absorbing surface, or the remedy to be absorbed in such a condition as to protract the process. Neither do I think the plan is a good one, of giving such fluids in the intervals; though from the universality of the practice, popular prejudice is so strongly set in its favour, that the physician who prohibits them entirely, is in danger, in case of a fatal result, of censure from the patient's friends, for the omission. The pilular is also a very objectionable form of administration; being calculated to lead to a slow absorption, and a protracted contact of the remedy, with a limited

portion of the gastro-intestinal mucous membrane; favouring thus a concentrated local action, and the development rather of its topical irritant, than of its general constitutional influence. The form of administration in complete solution, in as large a quantity of water as it is probable will be entirely absorbed in the intervals between the doses, I regard as important.

Although I have had reason to be gratified with the method above recommended of administering the remedy in question in pneumonia, it is more than I am willing to assert, that its noxious operation can be thus, in all cases, entirely obviated.

More recently, with the same object in view, in some cases I have adopted the plan of administering the tartrate of antimony and potassa in the form of enema, under the impression that its local irritant action upon the rectum would be unimportant, in comparison with that on the stumach and duodenum; hoping the while, that in adequate doses its general sedative operation might be as well secured. In the use of the remedy, after this method in pneumonia, I generally give about three grains every third hour, with fifteen or twenty drops of the tincture of opium in an ounce or two of warm water; and its controlling influence, where the enemata have been well retained, has not appeared to me appreciably less, over the febrile excitement and local morbid action, than when I have administered it by the mouth.

Although the results of my practice from this method of treatment have been highly favourable, one case stands on record in my case book in which it was principally adopted, calculated to cast a doubt upon its invariable innocuousness. Determining in the commencement of the attack to treat the case principally with the antimonial enemata, I ventured—as I thought I might do with safety, having this intention in view, and as the attack was a very violent one—upon a more free administration of the remedy by the mouth, during the first eighteen hours, than is my common practice; and it is not improbable that it was to this, in conjunction with the action of mercurials administered occasionally by the mouth during the progress of the case, that the metastasis was in reality attributable. Still I could not entirely divest myself of doubt on the subject; but even admitting in this instance an unfavourable operation from the enema treatment, I still rest satisfied of its comparative safety, in contrast with the usual method of administering the remedy by the mouth.

In the case in question, up to the evening of the fifth day, the patient was apparently doing well; the febrile excitement regularly moderating, and the organic disease gradually subsiding. At this time, a *very slight* tendency to tympanitis was discoverable, and a more rapid removal of the thoracic dulness on percussion had taken place, than between any two of my previous visits. The patient expressed himself better, however, and the general symptoms were apparently favourable. It was consequently with no slight surprise on the part of the patient's friends, as well as of a professional friend who, on this occasion, visited the patient with me, that my intimations were received of a probable speedy fatal termination. The signs and symptoms of pneumonia rapidly disappeared, the tympanitis increased, diarrhœa, thirst, restlessness, jactitation, delirium, followed by incomplete stupor of short duration, came on, and in ten hours from the time of the first symptom of the approaching change, he was dead.—*Amer. Jour.*

DIABETES IN AN INFANT.

It will appear strange that after the case of hydrocephalus in one of my own children another still more peculiar and interesting—nay unparalleled, should occur in my own domestic circle,—viz., diabetes; the subject being a male child now nearly eight months old, who, although born plump and apparently healthy, began to manifest, "a few days after birth," symptoms of diabetes, the quantity of urine voided being enormous, and truly characterized as *diabetes mellitus*, the *smell and colour of honey* being so strong as first of all to attract the attention of the mother and nurse, who, without any idea of the complaint, observed to me that the napkins smelt fragrant like honey, which remark, in fact, led me to the case, the nature of which was now (about a fortnight after birth) too evident to be mistaken; the usual concomitant symptoms being strongly developed—viz., a hot dry skin, voracious appetite, constipation of the bowels, extreme emaciation; in fact, the little patient may be termed a living skeleton. It is really wonderful that he should have survived so long in this state, having been almost in *statu quo* for nearly six months; the cranial bones being nearly as moveable as when first born. Although troubled with cough, apparently the result of repeated catarrhal attacks, there is no decided pulmonic disease, as he cries remarkably strong, nor is there any hectic tendency apparent in the countenance by night or day; the catarrhal attacks being induced, most probably, by the change of temperature to which the body is exposed, consequent on the frequent change of napkins by night and day (which average about one per hour), completely soaked. It is remarkable that not the slightest acidity has been traceable in this case, as connected with the stomach.—*Mr. Kitsell of Droitwich in Provincial Journal.*

CASE OF CROUP IN WHICH TRACHEOTOMY WAS SUCCESSFUL.

By Gurdon Buck, Jun., M.D.

S. B——, a lad, aged 11, residing in Brooklyn, Long Island, was attacked in the month of May, 1849, with scarlet fever, in the treatment of which calomel was freely administered. Profuse salivation succeeded, and destructive sloughing which involved the left edge of the tongue, the gums, and the alveolar sockets of the lower incisor teeth on the left side, and the under lip at the left angle of the mouth. Superficial abscesses also formed beneath the scalp and upon other parts of the body. At the expiration of about five weeks from the commencement of his illness, and while gradually recovering from the debilitated condition consequent upon mercurial cachexia, he was attacked with symptoms of croup, of which he was temporarily relieved by appropriate remedies. In a few days, however, the disease reappeared with increased violence, and notwithstanding the judicious and skilful treatment employed, it advanced steadily towards a fatal termination.

Under these circumstances I first saw the patient on the 8th of July, at one p.m., at the request of his attending and consulting physicians, and found his condition as follows:—He lay in a horizontal position, with his head thrown backwards, and breathing with great effort, each inspiration being accompanied with a loud, hoarse, metallic sound. His countenance was anxious, his pupils dilated, and his eyes had a wild expression; the voice was reduced to a whisper; the skin was moist; the pulse, though frequent, was not irregular or intermittent, and still retained a good degree of force. The respiratory murmur was audible and clear over the entire posterior part of the chest. The patient's situation was evidently one of imminent danger, and inasmuch as the disease had steadily advanced with only temporary abatement during the preceding forty-eight hours, in spite of efficient treatment, the only remaining resource that afforded a reasonable hope of relief was the operation of tracheotomy, without which it was scarcely possible for him to survive many hours. The operation was therefore decided upon without delay, and performed as follows:—A folded sheet being passed round the body, confining the arms to the sides, and the patient placed so as to expose the neck favourably to the light, a longitudinal incision two inches and a half in length was made over the median line, by dividing perpendicularly a transverse fold of skin, pinched up between the thumb and finger of the operator and assistant. This incision extended over the lower half of the larynx and upper part of the trachea. The subjacent layers of aponeurosis were then successively divided, and the sterno-hyoid and thyroid muscles drawn to either side. The isthmus of the thyroid body being now brought into view, was partly torn across as its upper edge, and partly pushed down, till the three or four superior rings of the trachea were laid bare. After delaying till all hæmorrhage had ceased, the opening into the trachea itself was made as follows:—A transverse slit, one-fourth of an inch in length, between the first and second cartilaginous rings, was made; the lower edge of the slit was

then seized with a clawed forceps, and a triangular piece excised with scissors curved edgeways, the incisions commencing at either extremity of the slit and meeting below at the inferior edge of the fourth tracheal ring. At the instant of perforating the trachea, the air rushed in with a hissing sound, and as soon as the opening was completed, respiration was promptly established through it, and in a short time became tranquil and easy. No embarrassment occurred from hæmorrhage into the trachea at the moment of opening it, the precaution having been taken to delay the opening until the flow of blood had ceased. The convulsive cough consequent upon establishing a new passage for the air to and from the lungs was of short duration.

The rapid transition from extreme distress and anxiety to a state of tranquil repose and comfort, was scarcely less gratifying to those who witnessed it than agreeable and welcome to the patient himself. His countenance lost its wild and anxious expression, and became calm and natural. Directions were given to wipe away promptly the viscid secretion from the wound whenever coughing occurred. At nine p.m., we found our patient had slept quietly most of the time since the operation, and his breathing had continued perfectly easy. Fearing lest the tracheal opening should become contracted by the swelling of the edges of the wound and the accumulation of the viscid secretion around its orifice, a full sized canula of the ordinary shape was introduced, and secured in place by a tape tied round the neck.

July 9th. Patient had passed a quiet night; respiration continued easy, and other symptoms were favourable; removed the tracheal tube, and after cleansing it of the tough viscid secretion lining the inner surface, replaced it as before. 11th. Progress still favourable; the rapid accumulation of viscid secretion upon the inner surface of the tube rendered it necessary to cleanse it twice in twenty-four hours. On exploring the top of the larynx with the forefinger passed back into the fauces, the aryteno-epiglottic folds were felt to be very much swollen, soft, and pulpy; the epiglottis itself was normal. Applied a solution of nitrate of silver (ʒi to ʒi) to the larynx, by means of a curved whalebone probang. 12th. Increased the strength of the solution to one drachm to the ounce, and applied it daily. The continuance of the obstruction of the larynx without perceptible abatement, showed conclusively what would have been the result of the disease if the operation had not been resorted to. 14th. Some diminution of the obstruction in the larynx seemed to have taken place. In closing momentarily the tracheal opening, patient was able to breathe once or twice through the natural passage, but not without great effort. The application of the nitrate of silver was continued till the 30th, when it was suspended for three weeks, the tube in the meantime being changed twice in twenty-four hours.

August 20th. On resuming my attendance which had been interrupted by sickness, patient was found to have improved very much in health and appearance, and to have gained flesh and strength. The condition of the larynx was as follows:—The tube being removed and the tracheal opening closed, a few words could be uttered in an audible tone, but not without considerable effort; respiration could be carried on through the larynx only a very short time, and also required very great effort. With the view of exercising the obstructed parts without removing the tube, a free opening was made at the bend of the tube through its convex side, which would allow the ascending column of air to pass up through the larynx in the act of expiration, and the reverse to take place in the act of inspiration, the outer orifice of the tube being closed. With the tube thus arranged, and *in situ*, it was found that after inflating the lungs through the tube, a very considerable effort was required to expel the air through the larynx with the external orifice of the tube closed; thus showing the existence of obstruction to the egress as well as the ingress of air through the larynx. Patient was directed frequently to repeat this experiment himself, in the hope that the expansive pressure of the ascending column of air against the walls of the larynx might aid in overcoming the obstruction. 28th. No perceptible improvement had taken place since the preceding note; the obstruction appeared to be unchanged. Resumed the application of solution of nitrate of silver (ʒi to ʒi), and succeeded in passing the sponge into the cavity of the larynx. 30th. Some improvement was now observable; patient could count from one to six, in a clear tone of voice, with the tube closed externally.

September 1st. Still further improvement has taken place; patient could count up to thirty, and breathe a few times uninterruptedly through the larynx. 5th. A sudden change of weather having interrupted his improvement since the previous date, patient was now again regaining what he had lost. Ordered iodide of potassium in solution, two and a half grains, three times a day. Stopped applications to the larynx. 11th. The improvement of the voice continued, while that of respiration did not keep pace with it; imprudent exposure to the cold wind on the roof of the house had retarded his progress. Resumed the application of solution of nitras argenti (ʒiv to ʒi) to the larynx, but continued it only a few days, after which all further treatment was laid aside.

Up to the present time (April 3, 1850) the patient, who is now submitted to your examination, has continued to enjoy excellent health. He still wears the tracheal tube, arranged in the way already described, and suffers much less inconvenience from it than would be supposed. He is a boy of great activity, participates ardently in all the out-door sports of boys of his age, and also attends school. With the tube closed he can breathe eight or ten times uninterruptedly, though before completing the number considerable effort is requisite. In using his voice he closes the tube with his finger.

In the month of October following this patient was seen, and his condition ascertained to be very much the same as when exhibited to the Academy.—*Transactions of the New York Academy of Medicine.*

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, NOVEMBER 19, 1851.

REMUNERATION FOR PROFESSIONAL SERVICES IN PRIVATE PRACTICE.

The observations on this subject, published in our Number for the 5th of November, have elicited the following sensible letter, to which we willingly give insertion: from the discussion of it, however embarrassing it may be, there is no escape. The terrible revolution in property which has taken place, requires an adjustment of medical fees to the new state of society which has followed it, as much as the new law which disables the dispensary surgeon from affording medical relief to any except persons having a legal right to demand it on the score of poverty. Doubtless many, both in the metropolis and the provinces, will adhere to the arrangements heretofore in operation; but many must adopt another plan, as indeed has already been done after a kind of contraband fashion:—

TO THE EDITOR OF THE MEDICAL PRESS.

"The administration of gratuitous medical aid to persons not paupers, at dispensaries, is no longer lawful, and those obtaining it are liable to be called on to pay for it if discovered. Right or wrong this is now the law, and the sooner the surgeons of Ireland look to it the better, for out of such changes will arise a new state of things. Guinea fees are out of the question in dealing with the parties who were heretofore quartered on the dispensaries for medical aid, but more moderate fees are not, and the moment has arrived when men must make up their minds as to the class of practitioner who is to enjoy them."—Medical Press, November 5.

Dear Sir,—I consider that the thanks of the provincial practitioners of Ireland are due to you for first breaking through the reserve which has been maintained on a subject of general interest, and for calling their attention to the new state of things arising out of the recent change in the dispensary laws. I have good reason to believe that you here express the views of a very large number among us who having heretofore sacrificed much of their income to the strict observance of the usage which acknowledged but two classes of patients, "the guinea and the gratuitous," now feel that it is no longer either their duty or their interest to insist on the *honorarium* as an absolute rule of practice, or to give gratuitous attendance to the numerous class who can afford to pay a more moderate fee. That this change ought and must be made will appear evident to any who reflect on

the breaking up of the old relations between subscribers and medical attendants of dispensaries, whereby thousands will be made to depend upon it for their chance of obtaining medical aid, beyond that of the country apothecary, until, as will inevitably occur, a new race of five-shilling general practitioners arise to supply the wants of society.

Nor does a survey of the past history of the profession in the provinces lead us to lament the impending change. It is true, that by the custom of the profession the practitioner was bound to refuse a fee below its standard; but it did not follow that he always obtained it; in fact, in prolonged attendances, he has seldom done so, nor did his refusal of ten shillings for ten minutes of his time at his own house enhance the scanty remuneration received for long and weary journeys into the country. It was practically evaded in the quartering on his dispensary of the servants and tenants of the wealthy subscribers, as well as of the farmers and their families, to whom he was obliged to give his attendance in return for the guinea subscription; nor did it prevent his being called upon to give gratuitous aid to those not patients of the institution who were unable to pay the required fee.

It may be a question if the change should be made privately, and by each individual having an understanding with his own patients, or publicly, and by the general voice of the profession; I cannot but think it should be done openly and by the body; that the public should know that, as it is no longer a question of a guinea or nothing, there is no longer a claim for our gratuitous attendance on such as can afford the smaller fee; that there is also an end to the sham which disgraced the dispensary system, of attending the families and servants of subscribers for a miserable pittance under the name of a subscription to the institution; that we in future expect to be paid for our attendance on the several classes of society by a scale of remuneration adapted to their circumstances, and to the time and labour they may require of us; sometimes falling below, sometimes rising above the present standard. It cannot be doubted that such a step on the part of the profession would be hailed by the public, who have often called for it, and now imperatively need it, as a wise and liberal concession to their feelings and interest. The recent act of Sir W. Somerville is felt to be a great boon, but without this act of ours its operation will be incomplete and partially prejudicial, since it makes no provision for the wants of those who will be deprived by it of the medical aid they have hitherto received; it rests with us to supply the deficiency and to make the benefits of the change of system felt alike by the profession and the public.

I hope, sir, you will continue to give your assistance to effect this object; perhaps a good mode of ascertaining the feeling of the provincial practitioners would be to call upon them to subscribe to a simple resolution affirming "the necessity of a change of the present uniform fee of a guinea and the substitution of a charge proportioned to the time and labour required of the practitioner and the circumstances of the patient."

The rate adopted will necessarily vary in different parts of the country, and it will be understood that each medical man will set his own value upon his own time: the principle for which I contend is, that he should be at perfect liberty to make his own arrangements with the public; I may, however, state that to myself, and several professional friends and neighbours, it seems that the following would be an equitable scale:—

1. For advice given at the house of the medical man on stated days and at stated hours, 5*s.* to 10*s.*
2. For a single visit in the town in which he resides, 10*s.*
3. For country visits, £1 and upwards.
4. For consultations in town £1; at a distance, £2 and upwards.

I am, Sir, yours, &c.,

A. Hudson.

Navan, November 9, 1851.

Whatever may be the tariff of fees adopted, and it probably will vary according to circumstances, it is clear that the dispensary surgeons must from the very outset in their new institutions resolutely resist every attempt, on the part of persons having no claim on the score of poverty, to obtain gratuitous medical relief at the public expense. They are now emancipated from the oppressive power which compelled them to give their valuable services, even to persons in affluence, as a conditional return for a miserable subscription; and let them not resume the yoke. The dispensary must now be most cautiously conducted as a part of the poor-law system, and with strict observance of the laws and regulations which govern that department; and any tampering with its specific application, or mixing up its administration with the business of private practice, will most assuredly subject the party who does so to dismissal, if not to penalties. All attempts to saddle the electoral divisions with the expense of medical relief for persons not paupers, by guardians, committee men, or relieving officers, must be closely watched; and if persevered in, must be brought under the notice of the guardians at large, or even of the commissioners. Everything will depend upon the firmness displayed at the outset; and any pusillanimous truckling, or collusion of doubtful nature, will assuredly be followed by a worse state of affairs than that which has hitherto existed. Now or never the surgeon must assert his right to a fair remuneration for his services, and now or never must he repudiate and renounce all collusive arrangements which made him the victim of the needy and greedy. Here is a paragraph from a contemporary something to the purpose:—

The case of Woolcott *v.* Glover, tried lately in the county court of Maidstone, is one of considerable importance to the interests of the medical profession. It is an unquestionable fact, that no class of the community performs so many gratuitous services as the members of our profession to those who require their aid. May they ever continue to assist with their charitable advice the poor and the needy! But it is the bounden duty of the governors of our public charities, as it is also of medical men themselves, to see that benevolence is not abused. Complaints continually reach us of persons applying to the various hospitals and dispensaries in London, who are well able to pay for medical advice; and in one instance a case was forwarded to us of a "lady governor," who subscribed to a large dispensary in London in order to be attended by a medical officer belonging to it. Such conduct is not only a fraud upon the charity, but is most dishonest and most unjust towards members of the medical profession. The advocates of self-supporting dispensaries have been constantly reminded of such cases, but the philanthropic zeal of some of them, and the interested motives of others, have either blinded them to the truth, or induced them to evade it. If persons in the middle class of society could be found mean enough to place themselves as patients at a charitable institution, how many would be induced to become subscribers to a penny dispensary, at which they might *command* the services of the various medical officers? Cases like that which occurred lately at the Kent Ophthalmic Hospital must be of frequent occurrence in the hospitals of London; and it behoves the medical officers of these institutions in such instances to follow the example of Mr. Woolcott, who is entitled to great commendation for the very proper and spirited manner in which he acted in the Maidstone case.—*Lancet.*

QUALIFICATION FOR SURGICAL OFFICES.

We have several letters inquiring whether certain collegiate diplomas or licences will be accepted as qualification from candidates for the situation of Dispensary Surgeon. The act provides that all persons who heretofore held dispensaries are eligible to hold them still, or to be appointed to others; and it is evident that all surgeons in Ireland, having been hitherto eligible to such offices, must so continue. How far it may be necessary or expedient to modify this rule or practice hereafter, according to the educational arrangements of the Colleges of Surgeons, may be considered; but privileges already recognized cannot be disturbed. It is evident that the attendant on our mixed medical charities must be a Surgeon, whatever else he may be; and if a surgeon he must be one *de jure* and *de facto*. No counterfeit copy of one uttered by dealers

in certificates and diplomas to serve as decoys to fill their empty benches will answer. The public, and all trustees for the sick poor declare this, and any departure from so obvious a rule must prove disastrous to the best interests of our profession. To this point we solicit the particular attention of our brethren throughout the provinces, and earnestly entreat of them to allow no appeals to their prejudices to divert them from a consideration of its importance. No man should be recognized as a physician or surgeon in this country unless duly qualified by education and the diploma of a college legally authorized to grant him the requisite licence. The door once opened to admit any other never can be closed. For many years the Dublin Apothecaries' Company, with a pertinacity highly characteristic, have laboured to foist their licence to open shop on the country as a medical qualification, and at the moment we write the medical professors of Trinity College are attempting to foist a mock diploma on it as a surgical one. These attempts may be and are treated with the contempt they deserve, but the making of them proves that no consideration of character or duty will restrain men when their personal interests are at stake. Our profession has suffered severely in public estimation by the disgraceful newspaper displays and other doings of some of its members, but let it be once established that there is no well marked line of demarcation between regular physicians and surgeons on the one hand, and the holders of mock diplomas on the other, and all claims to confidence is at an end.

GASTROTOMY SUCCESSFULLY PERFORMED FOR EXTRA-UTERINE PREGNANCY.

By Drs. Bradley and Rogers.

The patient was a negro woman, aged 28. the mother of seven children. In June, 1849, six weeks after conception, she began to complain of colic, attended with constipation. On the 10th of February, 1850, she supposed herself in labour. On examination, the os uteri was natural and the breasts were flabby. There had been no movement of the child felt since the middle of November, at which time there was milk in the breasts. A tumour filling the whole right lumbar region, extending above the hypochondriac, and below to the iliac region, and somewhat to the left of the umbilicus. There was also present considerable febrile disturbance. She was certain that she had felt the motions of the child, from the fourth or fifth to the seventh or eighth month, when she supposed it died. The diagnosis being extra-uterine pregnancy, the removal of the child was recommended.

On the 7th of February, 1851, the patient having been previously prepared, chloroform was administered. An incision was made, extending for two inches above the umbilicus to the pubes. The fœtus was found in the right Fallopian tube, fully formed and about the size of a seventh-month child. But little decomposition had taken place. It was firmly attached to the peritoneum, anteriorly and posteriorly, and latterly to the uterus. In separating the attachment, the epidermis of the child was removed at the adherent portions. After removal, the parts were carefully cleansed, and four sutures, with sufficient adhesive plaster, were used, and an opiate was ordered. Her recovery was rapid, so much so that, four weeks after the operation, it was complete.—*New Orleans Med. and Surg. Jour*

TO THE EDITOR OF THE DUBLIN MEDICAL PRESS.

Sir,—In perusing my paper, inserted in your number for 5th November, I find the following:—

Erratum.—Page 292, twenty-eight line from the bottom, "Circumscribed congestion at the *heart*" for "Circumscribed congestion at the *most*."

Your obedient servant, E. Sharkey.

BIRTHS AND DEATHS IN LONDON,

DURING THE WEEK ENDING SATURDAY, NOVEMBER 8.

Births.		Deaths.	
Males	770	Males	484
Females	710	Females	505
	1480		989

CAUSES OF DEATH.

1. *Zymotic* (epidemic, endemic, &c.) *Diseases*, ...	242
2. Dropsy, cancer, &c., of uncertain seat, ...	40
3. Brain, spinal marrow, nerves, and senses, ..	115
4. Heart and bloodvessels, ...	40
5. Lungs, and other organs of respiration, ...	148
6. Stomach, liver, and other organs of digestion ...	63
7. Diseases of the kidneys, &c., ...	11
8. Childbirth, diseases of the uterus, &c., ...	9
9. Rheumatism, diseases of the bones, joints, ...	8
10. Skin, cellular tissue, &c., ...	1
11. Premature birth, ...	26
12. Old age, ...	33
13. Violence, privation, cold, and intemperance, ...	40

The following is a selection of the number of deaths from the most important special causes:—

Small-pox,	25	Paralysis,	22
Measles,	12	Convulsions,	41
Scarlatina,	59	Bronchitis,	40
Hooping-cough,	17	Pneumonia,	76
Diarrhœa,	28	Phthisis,	125
Cholera,	1	Diseases of lungs, &c.,	7
Typhus,	56	Teething,	2
Dropsy,	17	Diseases of stomach, &c	6
Sudden deaths,	8	Diseases of liver, &c.	12
Hydrocephalus,	24	Childbirth,	5
Apoplexy,	30	Uterus,	3

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1851.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Nov. 2nd,	49	32	29.550	.080
Monday,	3rd,	45	26.5	30.014	
Tuesday,	4th,	44	28	30.066	
Wednesday,	5th,	44	25.5	30.172	
Thursday,	6th,	48.5	36	30.100	
Friday,	7th,	49	39	30.050	.070
Saturday,	8th,	51.5	42	29.950	.153
Sunday,	9th,	51	37	30.000	.010
Monday,	10th,	48	35	29.850	.068
Tuesday,	11th,	48	36	30.222	.100
Wednesday,	12th,	53	32.5	30.370	.035
Thursday,	13th,	47.5	38.5	30.450	.020
Friday,	14th,	48	35	30.500	
Saturday,	15th,	50	35	30.034	.065

PORTARLINGTON, QUEEN'S COUNTY.

1851.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Nov. 2nd,	49	35	29.283	42	40.5	38.6	.058	NW
3rd,	43	31	29.789	43.1	40.6	37.4	.059	NW
4th,	43	31.5	29.810	42.1	40.7	38 9	.078	NE
5th,	42	27.5	29.891	41.9	40.1	37.8		NW
6th,	47.5	40	29.870	47.4	45 9	44.3	.004	W
7th,	51	44	29.847	47.8	47.2	46.6	.062	Calm
8th,	50	47	29.705	49.1	48.3	47 5	.224	Calm
9th,	52.5	40	29.737	48	46.6	45.1	.001	Calm
10th,	51	39	29.657	48.1	45 5	42.7	.018	NW
11th,	50	35.5	29.945	42.5	40.2	37 2	.043	NW
12th,	50	35	30 104	46.3	46	45.7	.060	Calm
13th,	48.5	42	30.265	47.2	45.7	44.1	.045	Calm
14th,	49	38	30.261	43.5	41	37.9	.001	NE
15th,	49	37.5	29.798	49	48.7	48.4	.045	WSW

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THE PRESIDENT and COUNCIL hereby give notice, that on Monday, the 15th of December next, at the hour of Two o'clock, they will proceed, according to the provisions of the Supplemental Charter, to elect a Professor of Practical and Descriptive Anatomy, in the room of Dr. Macdonnell, resigned.

Candidates are requested to lodge their applications at the College on or before Tuesday, the 9th of December.

By order of the Council.

H. MAUNSELL, Secretary.

College, November 13, 1851.

DISEASES OF THE EYE.

DR. JACOB will deliver a full Course of Lectures on the Anatomy, Physiology, and Optical Mechanism of the Eye, during the ensuing Session, in the College of Surgeons, and also a separate Course on its Pathology and Diseases, with the Operations required in their Treatment, in the City of Dublin Hospital.

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SURGICAL SOCIETY OF IRELAND.

THE Meetings of the Society, for the Session 1851–2, will take place at the Royal College of Surgeons, on the undermentioned Evenings, at half-past Eight o'clock, precisely:

1851.—Saturday, 22nd November.
Saturday, 6th December.
Saturday, 20th December.
1852.—Saturday, 10th January.
Saturday, 24th January.
Saturday, 7th February.
Saturday, 21st February.
Saturday, 7th March.
Saturday, 21st March.
Saturday, 4th April.
Saturday, 18th April.

Members who intend to read Papers before the Society, are requested to inform the Secretaries of their intention on the Thursday preceding the Meeting.

When the Contributor of a paper wishes that the Secretaries should read it to the Society, he will please to forward it to them some days before the Meeting.

CHARLES BENSON,
O'BRYEN BELLINGHAM, } *Secretaries.*

CORK SCHOOL OF MEDICINE.

The Twenty-fifth Winter Session commenced on the 20th of October, 1851.

Anatomy and Physiology—H. A. Cæsar, M.D.
Surgery—W. K. Tanner, M.D.
Materia Medica—J. F. McEvers, M.D.
Botany—T. Power, M.D.
Midwifery—W. C. Townsend, M.D.
Practice of Medicine—C. Y. Haines, M.D.
Chemistry and Practical Chemistry—C. Nash, M.D.
Natural History—T. C. Shinkwin, M.R.C.S.
Natural Philosophy—E. McCarthy, Esq.
Practical Anatomy and Dissections—H. A. Cæsar, M.D. and T. C. Shinkwin, M.R.C.S.

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A distinct Course of Lectures upon Diseases of the Eye is delivered by Dr. Jacob, and special wards are appropriated for the reception of Eye cases. Extended opportunities are thus afforded for acquiring a thoroughly practical knowledge of this important subject.

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C. Benson, M.D., F.R.C.S., Professor of the Practice of Medicine, Royal College of Surgeons.
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R. C. Williams, M.D., F.R.C.S., Professor of Materia Medica, Royal College of Surgeons.
T. G. Geoghegan, M.D., F.R.C.S., Professor of Forensic Medicine, Royal College of Surgeons.
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Consulting Surgeons.

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July, 1851.

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PROCEEDINGS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND.—Nov. 22.

THE first meeting of the Society for the Session 1851–52 took place at the Royal College of Surgeons, on Saturday evening, November 22nd, and was most numerously attended. The chair was taken by Mr. TRANT, President of the College, who delivered the following

ADDRESS.

GENTLEMEN,—The period having arrived for commencing the usual annual sessional meetings of the Surgical Society of Ireland, we, as members of that body, have assembled here together this evening, not only for that scientific purpose, but also to celebrate this the 19th anniversary of its distinguished existence.

I can assure you, that, interested as we all must be deeply in the permanent success of this Society, dedicated as it is to the promotion of medical knowledge, it affords me no small degree of satisfaction in being able on this occasion to congratulate you on the prosperous career it has run, from its first commencement to the present moment—a career which, I am happy to say, has never at any time during that period received either check or obstruction in its onward progress, but has steadily advanced, creating as it proceeded a pure desire of scientific knowledge amongst its numerous members, which increased with every step it took and with every acquisition it acquired; reflecting back, at the same time, much dignity and credit on this College, which has ever been distinguished as the maternal nurse of medical literature and science, and in this instance, from its anxious desire to promote the scientific objects of this Society, and at an early period of its meetings, whilst I may say it was struggling into life, it held out to it the right hand of friendship, directing its juvenile steps with parental solicitude through the devious mazes of medical science, with that degree of zeal and success which has established for this Society the distinguished character which it now so deservedly enjoys, and thereby coöperating in carrying into effect the scientific intentions of the master-minds of those eminent individuals by whom this association was originally founded.

When I consider the different subjects which ought to belong to an address such as this, they are so numerous and important—important from their scientific bearings—that I feel it would be quite impossible for me, limited for time as we are, to enter fully into all the different topics which might be laid before you; and as there is neither time nor occasion at present for anything but casting a passing glance at some of the most important subjects as we proceed, I do not consider that I would be justified in trespassing on your time by expatiating at any length on the advantages which have been conferred on professional science through the instrumentality of reunions such as this; that being now a matter so universally admitted, that I feel it would be performing an act of supererogation on my part were I to do so, as it must have been heretofore ably and eloquently established in this room on similar occasions by some of my distinguished official predecessors.

I cannot, however, when I reflect on the importance of the subject, refrain from offering a short but favourable opinion as to some of the many beneficial results likely to proceed from well-conducted societies such as this, and which it has established itself to be, from the generous spirit of competition and friendly emulation which has invariably pervaded all its sessional meetings; creating amongst its members a degree of earnestness in the promotion of medical science which has ever been the object of this Society to organize and stimulate. And, as the dignity of our profession, and its rank in society, depends, to a considerable extent, on its scientific character—a character which it has acquired long since through the unexampled exertions of our revered and distinguished professional ancestors, who, by their well-directed scientific labours, and the vast intellectual vigour of their minds, unfolded many of the existing difficulties by which professional science was then enveloped, giving a new direction to the reasoning faculties of men on those subjects, and thereby establishing for surgery a position which it now so

creditably maintains amongst the highest departments of human knowledge, raising it from its original humble position as a manual art, to a distinguished place amidst the liberal and enlightened professions.

I feel, therefore, that in these days of onward progress, with examples such as this before us, that we, as members of a scientific body, cannot remain quiescent, and look on at the rapid strides which medical science is now making, without having produced in us a degree of emulation which must arouse our dormant faculties, and engender a desire to facilitate by our mental exertions and scientific contributions the steady progress with which professional knowledge is daily advancing—a progress to be anticipated when we consider the vast assistance which medical science has derived from the great energy with which the collateral branches connected with our professional pursuits are now so generally cultivated; inducing that ardent but humble spirit of observation and inquiry, without which there can be no success.

We must, therefore, labour if we are desirous to keep pace with the present times; we must meet increased difficulties by increased exertions, and apply our shoulders to the chariot-wheel of science, and endeavour, by our professional endowments and mental exertions (through the agency of this Society), to assist our fellow-labourers in forwarding its onward movement.

I trust, therefore, that those persons who have heretofore so nobly distinguished themselves by the lively interest they have evinced in promoting the desired objects of this Society, will not now allow their energies to relax, but persevere in the same direction they had originally marked out, and which by their well-directed exertions has assisted most materially in raising this Society to its present flattering position; and in proportion as it shall succeed in the diffusion of medical knowledge, so shall they have the satisfaction of knowing that its prosperity mainly depends upon their combined support and exertions; and much honour and credit will redound to them for the anxious care and deep interest they so benevolently exhibited in promoting the scientific objects contemplated by this Society—objects which can only be attained by the united and skilful application of scientific labours, and by which alone this great end is truly to be accomplished.

It is manifest, from the present state of professional information, that there is no portion of human knowledge more susceptible of being promoted by the combined exertions of scientific men, congregated together for scientific purposes, than ours; or a society in this country more eminently calculated to advance that all-desired object than this, from the professional importance of the different subjects which must necessarily come before it during the continuance of its sessional meetings; affording thereby an opportunity of dispassionately investigating their intrinsic merits by drawing to them the notice of persons who may have paid especial attention to the particular subject; and thus each member, according to his peculiar pursuit or means, will have an opportunity afforded him of supplying any wanting knowledge that may be required, or of elucidating any existing perplexity by which the subject may be surrounded, and the much desired results of profound investigation may also be elicited from those individuals whose professional eminence and great knowledge often engenders a degree of humility which induces them to consider that, although extensive may be their own professional acquirements, that still all men are equally capable of attaining scientific knowledge, and of appreciating its value, as themselves; and thus the matured opinions and the well-digested observations of different medical practitioners are carefully elicited, and satisfactory conclusions are frequently arrived at on some of the most abstruse professional subjects, from the able, scrutinizing, and scientific manner in which the various essays are discussed and investigated; displaying at the same time, in the various departments of medical science, facts which industry and observation had been for years collecting, and of submitting them to the trying tests of those persons who have had greater experience of the subjects from the continued attention they may have devoted to them.

There are various other matters of professional importance connected with the working of this Society which I regret I have not been able to bring before you on this occasion, and which perhaps ought to have been referred to, did time permit; but I scarcely think it necessary to detain you now on those matters, when I consider that they could not have escaped the scrutinizing observation of those talented individuals who preceded me in this chair, and who, from their known abilities, must have brought them before the Society heretofore, in a clearer and less hurried manner than I could possibly think of doing at this advanced period of the evening, as I find that the time allotted to holding the usual meetings each night is of a limited character, and consequently renders moments like the present of too precious a nature to allow me to trespass longer on your patience; it being desirable that we should proceed, with as little delay as possible, to the despatch of the more important business we have to consider during the remaining portion of this evening, and from the scientific importance of the subjects that will necessarily come before you, they must consequently claim your special attention.

It remains for me now to congratulate you on the agreeable circumstances under which we are assembled here together this evening, for an object which I am convinced we will all hail as one which must afford true gratification, when we consider it is to aid, by our scientific exertions, through this Society, the advancement of professional knowledge—an object which cannot but produce in us those elevating feelings which such a situation must necessarily inspire, especially when we consider the satisfaction and benefit likely to arise to the members of this body, to the public, and to the profession in general, from the future sessional meetings of this association.

I trust, however, that in addressing you this evening as regarded the past career of this Society, that I have not been found to have uttered anything that could be considered either too much or too flattering; and as regarded the future, that I have not exaggerated in any way, as I can assure you that my most anxious desire has been to guard myself from holding out expectations of too encouraging a nature on the one hand, or of depressing fair and legitimate exertion on the other.

Permit me, therefore, now, actuated as I am by the strongest feelings for the future prosperity of this Society, to express an anxious desire that all our scientific discussions may be conducted with that degree of good feeling and taste which has heretofore invariably marked the sessional meetings of this association; respecting and tolerating each others' peculiar opinions, and discouraging by every means in our power, anything calculated in the slightest degree to create or prolong division and controversy.

ACCOUNT OF THE DISSECTION OF A SUBJECT IN WHOM TWO POPLITEAL ANEURISMS HAD BEEN TREATED BY COMPRESSION FOUR YEARS PREVIOUSLY; WITH SOME REMARKS, AND A TABLE OF THE CASES IN WHICH COMPRESSION HAS BEEN SUCCESSFULLY EMPLOYED.

By O'B. Bellingham, M.D.,
Surgeon to St. Vincent's Hospital.

Dr. Bellingham said the case which he wished to bring before the Society on that evening was one of some interest. The patient had been the subject of popliteal aneurism in both limbs, several years previously, which had been treated by compression. Upon one side, the pulsation of the aneurism had ceased; upon the other, the compressing instruments were discontinued. The patient's death was the result of aortal aneurism. He had left directions that I should be asked to examine his body—a permission which I gladly availed myself of.

Samuel Wilson, a butcher, ætat. 34, healthy, was ad-

mitted into the Adelaide Hospital, under Dr. O'Brien, October 8, 1846, labouring under popliteal aneurism upon the left side. He had been accustomed to lift heavy weights, but could assign no cause for the disease: its appearance was preceded by cramp in the calf of the leg. The tumour exceeded a hen's egg in size, filled the popliteal space, and projected laterally, was accompanied by a strong heaving impulse, and on auscultation a loud bruit de soufflet was audible. Pressure upon the artery above emptied the sac. The patient complained of much pain shooting down the limb, which increased at night.

Compression was commenced soon after the patient's admission into hospital, the pressure being made upon the artery as it crosses the horizontal ramus of the pubis, but the inguinal glands, which were somewhat enlarged, became painful; compression was subsequently made lower down on the limb by means of two instruments, which were alternately relaxed. Pressure was maintained pretty regularly during the day, but not at night. Towards the end of December, or beginning of January, the patient returned home, taking the compressing instruments with him, which he continued to use. The pulsation ceased January 21, 1847.

The aneurism in the right popliteal space, which had existed unknown to the patient until after his admission into hospital, was smaller than the other, did not fill the popliteal space, nor project beyond it, and the bruit de soufflet was less loud in it than upon the opposite side.

The treatment of it was commenced when the pulsation had ceased in the other aneurism; it was conducted at the patient's residence, the management of the compressing instruments being left entirely to himself, except when visited by me, and the pressure was either intermitted at night or was inefficiently maintained.

January 22, 1847. Compression commenced to-day, by means of two instruments upon the lower third of the thigh.

26th. The patient says he has maintained pretty constant pressure. A small collateral vessel can be felt upon the inside of the knee, but its pulsation is very feeble.

28th. Two enlarged collateral vessels were noticed by the patient upon the inside of the hamstring tendons at each side, but they pulsated very feebly. On discontinuing the pressure upon the artery above, the pulsation in these vessels ceased.

30th. The aneurismal sac does not collapse when pressure is made upon the femoral artery, as it did at first, and it feels more solid. The collateral vessels have not increased in size. When the instruments are removed, the pulsation in the centre of the aneurismal tumour is still strong.

February 4th. The pulsation of the collateral vessels about the knee is almost imperceptible now; the aneurismal tumour feels somewhat more solid, and on pressing pretty firmly upon it the pulsation is checked. The patient was directed to apply a bandage to the limb, with a compress upon the tumour at night.

5th. The compress and bandage were omitted, and the compressing instruments applied again upon the artery above.

11th. The enlarged collateral vessels which had been felt are not now perceptible, and have not been for some days. The patient says that he has kept up the pressure regularly.

22nd. The pulsation of the aneurism is more feeble, the sac has diminished in size, and it appears to be rather more solid.

25th. When the instruments are removed, the pulsation of the aneurism is less strong than formerly, and no bruit is audible on applying the stethoscope over the tumour. A bandage was put on, and the patient was allowed to get up, as he said he was obliged to return to his employment in the course of another week. He was advised to make compression at intervals upon the artery in the thigh.

March 6th. The patient has been up every day since the last report, and is able to walk without inconvenience. He finds more stiffness in the opposite limb in which the aneurism had been cured, the tumour in which is extremely hard, resembling a racket-ball in size and shape. The pulsation of the aneurism is not stronger, nor has the tumour increased in size since the patient commenced walking about.

August 10th. The patient has worked at his employment (that of a butcher) without inconvenience, and the popliteal aneurism has not in the least increased in size; he says that the limb is stronger than the other in which the popliteal aneurism had been cured.

November 24th. The patient called upon me to-day, he had vomited a short time previously about a pint and a half of blood, of a very dark colour. He had been as well as usual previously, and had worked at his employment up to the time of this attack.

As this patient had been twice previously the subject of aneurism, the occurrence of aneurism of the aorta was not improbable; the chest was therefore carefully examined. The action of the heart was somewhat quickened, but there was no abnormal sound, neither was there any increased impulse, or morbid sound in the abdominal aorta. Over the upper bone of the sternum, however, a very loud double sound, resembling accurately that of the heart, but unaccompanied by any murmur, was heard; posteriorly also, over the spinous processes of the upper dorsal vertebræ, and in the space between the left scapula and the spine, a double sound, resembling that of the heart, was also heard. In front, upon the left side, the passage of the air through the left bronchus was accompanied by a sound as if this tube was slightly compressed. On percussion, the heart did not appear to extend beyond its normal limits, and there was no abnormal dulness at any part of the chest. The pulse at the left wrist could not be felt, owing to an injury which the patient formerly met with.

25th. The hæmatemesis has diminished, only about a wineglassful having been vomited since yesterday; the stools resemble tar in appearance; face pale; tongue clean; appetite diminished; some thirst; urine natural. The patient complains of a swimming in his head on sitting up, and nearly fainted on getting out of bed.

27th. The vomiting has not returned; the stools, however, have still the same appearance, and closely resemble tar.

29th. No motion from the bowels for the last two days; the pulse has come down to the natural standard; he feels stronger; appetite improved; less thirst.

In a few days afterwards the patient was sufficiently well to return to his employment.

August 18, 1848. The patient was seen to-day; he has remained perfectly well. The pulsation continues in the aneurism in the right ham, but it causes him no inconvenience.

In about a year afterwards, the patient came to me complaining of very severe pain at the upper part of the chest. On examination, signs of aneurism of the arch of the aorta were sufficiently evident, but there was no external tumour. The aneurism in the ham has not increased in size, but appears, if anything, to be smaller; he has continued to work at his employment, and declined coming into hospital, although informed of the dangerous nature of the disease.

September 1, 1850. The thoracic aneurism has increased in size, and a small pulsating tumour is now felt above the sternum; the left sterno-clavicular articulation is also more prominent than natural, and an impulse is perceived at this point, as well as below it in a circumscribed space. The impulse is double, and pretty strong. On auscultation, a ringing double sound is heard, without any bruit. He complains of pain over the tumour, extending particularly to the left shoulder, and felt much between the clavicle and trapezius muscle; also occasionally of pain in the back of the neck, extending up to the back of the head. He has some difficulty in swallowing solids, which is referred to the site of the aneurism; this latter symptom has been only experienced for about a week, within

which period he says the tumour has increased so as to be perceptible to the eye; he feels as if a tight cravat was round his neck at this part. He coughs only in the morning, and either coughing or sneezing causes increased pain in the tumour, passing backwards to the shoulders.

He has worked at his employment since I saw him last, with the exception of a few weeks; the pain, he says, is always most severe after hard work, but it does not prevent him from sleeping. His general health is very good, and his appetite is unimpaired.

The left lower extremity in which the popliteal aneurism had been cured by compression is, he says, as strong as ever; no tumour is perceptible now in the popliteal space. The aneurism in the right ham has diminished in size; its pulsation is slight, and no bruit is audible in it on auscultation.

November 26th. Patient is now suffering under extreme dyspnœa, distress, and pain. He had worked up to about a fortnight ago, when he was attacked with a very severe fit of coughing, and fell to the ground in a state of partial insensibility, from which, however, he quickly rallied. Since then he has had several equally severe fits of coughing, some of which, he says, have lasted for two hours without intermission; during them, he says, his face becomes black, and he loses consciousness for a time. Since the first attack of severe cough, he has never been free from dyspnœa and distress. He is unable to lie upon either side, or upon his back; is obliged to be propped up in bed by pillows, or to lean forwards; the latter is the easiest position. If he falls asleep, he is awakened by frightful dreams, and a feeling of impending suffocation. He suffers pain, referred to the sternal region and to the dorsal spine, which is constant and severe. The neck is emphysematous, particularly upon the left side. The aneurism points above the sternum and left sterno-clavicular articulation; its surface is not discoloured; the impulse of the aneurism is double, and it yields a double sound on auscultation, without any bruit. A harsh sibilant râle is audible in the same situation, evidently from pressure on the left bronchus; the voice is hoarse, and the cough is raucous. He says he has no difficulty in swallowing now. Pulse small and feeble, intermitting occasionally.

Upon the side on which the popliteal aneurism had been cured, no tumour can be felt; upon the other side the pulsation is still distinct; the tumour appears to be smaller than when examined last.

30th. Dyspnœa diminished; the fits of coughing have been less frequent; he is able to assume the recumbent posture, and sleeps better; the congestion of the face has much diminished.

December 6th. The patient has no pain now; he rests pretty well; the cough is less troublesome; the appetite has improved; the congestion of the face has disappeared, and the patient has been able to be out in the open air, and to walk without much inconvenience.

26th. The paroxysms of coughing continue to be severe, but are less frequent, and the patient does not become insensible in them. The external tumour has not increased, and the patient is able to be in the open air for a short time every day. He says that on two or three occasions lately he has, after coughing for some time, expectorated a substance resembling a bit of raw meat.

Jan. 15, 1851. The patient has been suffering recently from attacks of vertigo, with double vision, when he is obliged to seize upon something near for support; he says the sensation of double vision ceases when he closes one eye with the hand; he also suffers occasionally from vague sensations of terror, which have been so distressing as to make him wish to throw himself out of the window of his room; the respiration is raucous, and this is audible without the application of the stethoscope.

February 6th. The patient has suffered much since the last report from cough and dyspnœa, owing to inability to expectorate the mucus which accumulates in the bronchial tubes, and he is obliged to sit up in bed during great part of the night; when he falls asleep, he awakens in terror, with a feeling of impending suffocation; the thoracic aneurism has not enlarged externally; the pulse in right wrist is extremely feeble, sometimes almost imperceptible.

March 3rd. The patient has been rather better until within the last two days; the dyspnœa and restlessness are now extreme; the respiration is loud and raucous, and the extremities are cold.

15th. The patient has rallied again, and the restlessness has diminished.

29th. The patient has suffered very much from dyspnœa within the last fortnight, has been confined to bed for part of the time, and has been unable to leave the house. This has diminished in some degree now, and the patient is in about the same condition he was a month since. The thoracic aneurism has not enlarged externally at all.

April 7th. Patient walked to my house to-day; he is suffering very much from dyspnœa and cough; the breathing is noisy, a mixture of a wheezing with a raucous sound, which is heard without applying the stethoscope, and at a distance from him; he says he finds great difficulty in expectorating; he coughs for a long time, and is easy after expectoration for a few moments: he describes the expectoration as dark-coloured, and sometimes rust-coloured; he is continually teazed with the feeling of wanting to expectorate; he cannot cough loudly, being unable to take in much air in inspiration; and after the fit of coughing he suffers from a sense of constriction over the middle and lower part of the chest with pain; he says he has always some pain here.

The aneurism has not increased externally; the pulsation is evident, but not strong, the sound double, and no murmur accompanies either sound; his appetite is unimpaired, and he gets sleep for a few hours every night.

9th. The patient is unable to leave his bed; he is sitting up in it, and suffering greatly from dyspnœa and from pain and constriction across the lower part of the chest in front; he finds very great difficulty in expectorating, and has only been able to get up a small quantity of a darkish viscid and partly rusty-coloured fluid; he is afraid to cough, as it increases the pain; the face has an anxious expression, but is not congested; the surface of the body is perspiring; the feet were cold, but are not now; no pulse at all can be felt in the right wrist; in the left the pulse is absent in consequence of an injury.

The patient died at seven o'clock this evening, having suffered severely for several hours from dyspnœa, but preserving his consciousness to the last.

Post-mortem examination.—The heart of full size, rather flabby, thickly coated over its surface with fat. A white patch on the right ventricle. The thoracic aneurism, which was of the size of a large orange, sprung from the transverse portion of the arch of the aorta, rose slightly above the sternum, and extended on each side under the first bone of the sternum beyond the sterno-clavicular articulations; it was firmly adherent in front to the sternum and apex of the left lung; behind it pressed upon the bifurcation of the trachea and left bronchus, and slightly upon the right. Its interior was in great part filled up by fibrine in concentric layers, the outermost of which had a buff colour. The aneurismal sac had not given way, and the patient died evidently from the impediment to the respiration, caused by the pressure of the aneurism upon the bronchial tubes and recurrent nerve on the left side.

The artery and vein of the left lower extremity, on which side the popliteal aneurism had been cured by compression, were removed from the groin to the popliteal space. The femoral vein had undergone no change in any part of its course, and was unaltered from the inguinal to the popliteal region; its valves perfectly natural; it was pervious over the obliterated part of the artery in the popliteal space. The artery was pervious until it reached the site of the original popliteal aneurism; no remains of the aneurismal sac were seen, but the tube of the artery was obliterated at this point, and converted into a solid ligamentous cord for the space of two inches and a half.

On the right side, in which the aneurism had continued to pulsate up to the last time it had been examined—viz., about three or four weeks before the patient's death, the aneurismal sac was seated low down in the popliteal space, was scarcely as large as a walnut, and sprang from the posterior aspect of the artery; it had a very solid feel; on laying it open the coats were very tough, cutting almost like cartilage. Its interior was in great part occupied by fibrine, deposited in concentric layers. A small space in its centre contained a recent dark-coloured clot. The artery above was of the normal size; below the sac it was contracted. The vein ran over the back of the sac, and was quite unaltered in appearance.

OBSERVATIONS.

These pathological specimens illustrate in the one limb the mode in which compression effects the cure of aneurism, and in the other, the subsequent changes which ensue by which the recurrence of aneurism at the same part of the artery is effectually prevented.

This patient lived above four years after the treatment of the two aneurisms in opposite limbs; upon the side that the aneurism had been cured, and where, after the cure, a solid hard tumour, of the size and shape of a racket-ball, marked the site of the aneurismal sac, we now find no remains of an aneurismal sac, the sac and the artery at the part are consolidated into one, and merely a solid rounded ligamentous cord marks the site of the aneurism and of the part of the obliterated popliteal artery from which it sprung.

In the opposite limb where the compression was kept up for a much shorter period, and where the aneurism did not cease to pulsate, we find the aneurismal sac greatly diminished in size, its walls very thick, its interior nearly filled by fibrine, and the artery at the part not obliterated, but permitting a current of blood still to pass through it.

On previous occasions, I have had the opportunity of exhibiting to the members of the Society preparations illustrating the results of compression for the cure of aneurism from subjects who died of other diseases, either subsequent to the cure of the aneurism or before the pulsation had ceased. The present differs from any hitherto recorded, and is, perhaps, more important, as it bears upon a point which we had not the opportunity of determining heretofore, while it tends, as much as any single case can, to confirm all that has been said of the advantages of this method of treating aneurism.

In the details of this case, I have said that, after compression had been employed for a time upon the right lower extremity, it was discontinued before the pulsation of the aneurism had ceased, in consequence of the patient being obliged to return to his employment. Notwithstanding that the pulsation continued, the tumour, not only did not increase subsequently, but actually diminished in size, although the patient had to work at a very laborious employment, in which he was obliged to lift and carry heavy weights; and during upwards of four years that intervened between the period at which the pressure was discontinued and the patient's death, it never caused the slightest inconvenience, and he continued to work until the enlargement of the thoracic aneurism compelled him to desist.

The post-mortem examination shows why this was so; we find the aneurismal sac contracted and diminished in size, its parietes much thickened, and its cavity in great part filled up by fibrine deposited in concentric layers. A small portion of its interior still permitted the entrance of the blood which passed down the popliteal artery, the pulsation of which communicated to the sac gave the impulse which was felt at the part during the patient's life.

It is a point of some interest to determine whether an external aneurism can be considered to be cured, although the channel of the artery at the seat of the disease is not obliterated, and a current of blood continues to pass through the vessel. We know that when aneurism of the arch of the aorta undergoes a spontaneous cure, the sac alone is filled up, while the artery for an obvious reason continues pervious afterwards. Now, the examination of this preparation, combined with the history of the case, afford evidence that popliteal aneurism may be so far cured that the sac can scarcely enlarge again, although there is no obliteration of the artery at the seat of the disease, and likewise that this desirable result may be brought about by making compression upon the artery on the cardiac side of the sac.

The cause of the enlargement of an aneurismal sac in any situation is evidently the distension from within, caused by the impulse communicated to the blood by the systole of the left ventricle. If this distension can be diminished, or prevented altogether, the aneurismal sac cannot enlarge, but it will, on the other hand, rather diminish in size. Now, by making pressure upon the artery leading to an aneurismal sac, we can take off this distension, and render the sac quite flaccid, and by continuing the compression we can maintain the sac in this state for an indefinite length of time. Moreover, when the current of blood through the sac is materially diminished in force, velocity, and volume, another agent almost always comes into operation, the fibrine of the blood in its passage through the sac is deposited upon its interior, by which the parietes of the sac are still further strengthened.

It would appear, indeed, from the results of one or two cases, where the disease was of very recent origin, that when compression upon the artery above is steadily maintained, the aneurismal sac may gradually shrink until reduced to a very small size; and if the precaution is taken of not allowing a full current of blood to pass down the artery for a certain period, the remains of the shrunken aneurismal sac ultimately are scarcely to be felt, particularly if its site was the popliteal space or Hunter's canal, where the vessel lies at some distance from the surface.

It can scarcely then, I think, be doubted, that aneurism in an extremity may be so far cured that it can neither enlarge again nor give way, although the blood continues to pass through the artery from which it springs, and an impulse continues to be felt at the part, owing to the pulsation of the artery being communicated to the sac. In the present case, there was an interval of above four years between the discontinuance of compression and the death of the patient, during which time, although the pulsation continued, the patient was able to follow a laborious employment, and never suffered the slightest inconvenience from the aneurism. Indeed it is not improbable that the femoral artery has been unnecessarily tied in some cases, at least under similar circumstances, where, if a little delay had been permitted, it would have been found that the aneurism had no disposition to increase in size.

Before dismissing this subject, I may allude to a strange admission made by an Edinburgh reviewer in a notice of Mr. Tufnell's work and mine, in the July number of the *Edinburgh Medical and Surgical Journal*. The writer confesses to be unable to comprehend the distinction between the process by which the deposition of fibrine and the formation of a coagulum in an aneurismal sac take place.

"There is a strong temptation (the writer says, p. 227) to ask what is the difference between causing the coagulation of the contents of an aneurismal sac and the deposition of fibrine within the sac? Is fibrine deposited without coagulation? Is not the deposition of fibrine a species of coagulation? If coagulation take place, is fibrine not deposited? We must admit our inability to perceive the distinction here attempted to be made. If the contents of an aneurism are coagulated, we think that the deposition of fibrine has either already taken place, or must speedily follow. All this, nevertheless, we submit in deference to Dr. Bellingham, who, probably, has some mode of showing the difference between the two processes."

I should have thought that no one who had had the opportunity of examining cases of aortal aneurism could have failed to perceive the difference between the laminæ of fibrine which line the interior of the sac and the loose coagula of blood which occupy its centre; or could have supposed that there was any analogy between the processes by which they are developed; the former being the result of a vital process which had been carried on during the patient's life, the latter a mere post-mortem occurrence, the result of the stagnation of the blood after the circulation has ceased.

Indeed, I do not believe that pressure upon the artery leading to an aneurism by the instruments ordinarily in use can cause the coagulation of its contents; and when coagulated blood is found in the sac after death, I look upon it as a post-mortem appearance. But if we had no other evidence, the preparations upon the table prove that the deposition of fibrine in an aneurismal sac will be brought about by applying compression to the artery above. We know, too, that when this deposition of fibrine begins to take place, the sac, which before was readily emptied of its contents, and became flaccid when compression was made upon the artery above, now no longer does so, while its outline becomes distinct. We know, likewise, that this desirable result may ensue within a few hours from the commencement of the treatment, and that when it does occur it is a most favourable sign, as it indicates that the process by which the aneurism is to be cured has been set up in it.

It is not necessary to delay further upon this point; I have alluded to it, because I believe the writer in the *Edinburgh Medical and Surgical Journal* is by no means singular in his opinion; as the two substances, fibrine and coagulated blood, although so unlike one another in appearance, are continually confounded under the same name, and much inconvenience necessarily is the result of such a loose nomenclature.

The preparation from the opposite limb of this patient, in which the aneurism had been cured, is also of some interest, as being an additional example of the subsequent changes which ensue after the cure by compression, by which Nature effectually prevents the recurrence of aneurism at the same part of the vessel; as well as because it shows in some degree within what period these changes are brought about. The treatment of the aneurism in this limb was, as I have remarked, rather tedious, extending over a period of three months; after the cure, the site of the aneurismal sac was marked by a very solid hard tumour, resembling a racket-ball in shape and feel—a proof that the sac was filled with solid fibrine. About three years subsequently, upon a careful examination of the limb, no trace of this tumour remained; and now, after four years, we find that the aneurismal sac and the fibrine with which it was filled, have been entirely absorbed, and merely a solid ligamentous cord marks the site of the obliterated popliteal artery and aneurismal sac.

The last point illustrated by this preparation to which I wish to call attention is the condition of the femoral vein. It will be seen that this vein, throughout its whole course in the thigh, as well at the points at which the compression had been made, as at those where no pressure had been applied, preserves its natural healthy appearance; its valves are sound, there is no thickening of its coats, and no alteration of any kind is perceptible either upon its exterior or in its interior. Now, the treatment of the aneurism in this limb extended, as I have said, over a period of about three months—viz., from the middle of October to the middle of January; and during much of that time the pressure was made upon the middle and lower third of the thigh, where the artery and vein are very closely united, and the latter was of course necessarily compressed with the former.

It has been gravely proposed that in using pressure for the cure of aneurism, the pad of the compressing instrument should be so applied as to avoid making pressure on the femoral vein; any one, however, who has dissected the parts must know that this would be utterly impracticable, and every one who has tied the femoral artery knows that one of the chief difficulties in the operation consists in avoiding injury to the vein in consequence of its close proximity to the artery; indeed Mr. Porter has shown that, in cases of popliteal aneurism, "the femoral vein is always more closely adherent to the artery than in the healthy subject;" and this is evidently the case in the preparation before us.

I have myself had the opportunity of examining the condition of the femoral vein after the cure of popliteal or femoral aneurism by compression in several instances in addition to the present; and in none did this vein present the slightest change, proving that it bears pressure equally as well as the artery, and that if the treatment is properly conducted neither vessel can suffer any injury from the compressing instruments.

In a paper which I read before this Society on a former occasion, I gave a list of the cases of aneurism which had been treated by compression up to the date of that communication. As it may not be without interest to follow up this subject, I have drawn up the following table of the cases that have been published, where this method of treatment has proved successful, commencing with the case of popliteal aneurism treated by Dr. Hutton in the Richmond Hospital in October, 1842, and bringing it down to the present day; distinguishing the cases according to the situation of the aneurism, and giving under separate heads the age, sex, and occupation of the patient, the name of the hospital or other locality where the treatment was conducted, the name of the surgeon who had the management of the case, and of the journal in which it was published, the result, and occasional observations.

LIST OF CASES OF POPLITEAL ANEURISM SUCCESSFULLY TREATED BY COMPRESSION BETWEEN 1842 AND 1851.

Surgeon's name.	Sex.	Age	Occupation.	Where treated.	Where reported.	Result	Observations.
1. Hutton.....	Male	30	Labourer	Richmond Hospital	Dublin Medical Press	Cured	
2. Cusack.....	Male	55	Tanner	Steevens' Hospital	Dublin Medical Press	Cured	
3. Bellingham	Male	32	Servant	St. Vincent's Hospital	Dublin Medical Press	Cured	This patient subsequently laboured under femoral aneurism in the opposite limb, which was also cured by compression. He died of aortal aneurism.
4. Harrison ...	Male	29	Carpenter	Jervis-street Hospital	Rept. Brit. Association	Cured	
5. Kirby	Male	28	Baker	Jervis-street Hospital	Dublin Medical Press	Cured	
6. Allan.....	Male	32	Seaman	Haslar Hospital	Lancet	Cured	
7. Cusack.....	Male	26	Gentleman	At patient's residence	Dublin Medical Press	Cured	This patient has died since of cerebral disease.
8. Greatrex'...	Male	27	Soldier	Regimental Hospital	Proc. Med.-Chir. Soc.	Cured	
9. Porter	Male	29	Tailor	Meath Hospital	Dublin Quarterly Jour.	Cured	
10. Porter	Male	20	Medical man	,, ,,	Dublin Quarterly Jour.	Cured	This patient died subsequently of aortal aneurism.
11. Jolley	Male	38	Labourer	Torbay Dispensary	Provincial Med. Jour.	Cured	
12. Ferrall.....	Male	32	Labourer	St. Vincent's Hospital	Dublin Hospital Gaz.	Cured	
13. Macdonnell	Male	32	,, ,,	Richmond Hospital	Dublin Medical Press	Cured	This patient had been operated on some years previously for popliteal aneurism in the opposite limb.
14. Dartnell....	Male	38	Soldier	Gen. Hosp., Fort Pitt	London Medical Gaz.	Cured	
15. Cusack	Male	33	Medical man	Steevens' Hospital	Dublin Quarterly Jour.	Cured	
16. Humfrey ...	Male	43	Soldier	Mil. Inf. Phœnix Park	Dublin Medical Press	Cured	
17. Storks	Male	32	Tailor	At patient's residence	Lancet	Cured	
18. Ferrall.....	Male	37	,, ,,	St. Vincent's Hospital	Dublin Quarterly Jour.	Cured	
19. Storks.....	Male	24	Brewer	At patient's residence	Lancet	Cured	
20. O'Brien.....	Male	34	Butcher	Adelaide Hospital	Dublin Medical Press	Cured	This patient had aneurism in the opposite limb, and has died since of aortal aneurism.
21. Armstrong	Male	26	Sailor	Naval Hosp. Plymouth	Lancet	Cured	In this case the compression was made directly upon the aneurismal sac.
22. Tufnell.....	Male	27	Sawyer	At patient's residence	Dublin Medical Press	Cured	
23. Cusack.....	Male	30	,, ,,	Steevens' Hospital	Dublin Quarterly Jour.	Cured	
24. Tufnell.....	Male	28	Sawyer	At patient's residence	Dublin Medical Press	Cured	Nos. 22 and 24 refer to the same patient; he subsequently laboured under femoral aneurism, which was also cured by compression.
25. Hutton.....	Male	32	,, ,,	,, ,,	Dublin Medical Press	Cured	In this case compression was made for seven hours and a half, when the pulsation ceased.
26. Banon	Male	27	Labourer	Jervis-street Hospital	Dublin Medical Press	Cured	
27. Bellingham	Male	44	Labourer	St. Vincent's Hospital	Proc. Med.-Chir. Soc.	Cured	In this case the pulsation ceased after compression had been maintained for twenty-three hours.
28. Rodgers....	Male	47	Sailor	New York Hospital	Trans. Amer. Med. As.	Cured	
29. Mütter.....	Male	41	Bookkeeper	New York Hospital	do. do. do.	Cured	
30. Knight.....	Male	48	,, ,,	New York Hospital	do. do. do.	Cured	The compression was made in this case by the fingers of relays of assistants.
31. Hosack.....	Male	55	,, ,,	,, ,,	New York Journal	Cured	In this case the artery had been tied some time previously but pulsation had returned in the sac.
32. Paget.....	Male	27	Surgeon	,, ,,	London Medical Gaz.	Cured	
33. Thompson,	Male	30	Boatman	Tyrone Infirmary	Medical Times	Cured	
34. Ward.....	Male	45	Lighterman	London Hospital	Lancet	Cured	
35. Bennett.....	Male	30	Blacksmith	,, ,,	New York Journal	Cured	In this case the pressure was made directly upon the tumour.
36. Wood.....	Male	33	Carman	Bellevue Hospital	New York Journal	Cured	
37. Wood.....	Male	30	Carpenter	Bellevue Hospital	New York Journal	Cured	
38. Humphrey,	Male	24	Sailor	Addenbrooke's Hosp.	Provincial Med. Jour.	Cured	In this case the pulsation ceased after compression had been maintained for fifteen hours.
39. Allan.....	Male	27	Pensioner	Naval Hospital, Haslar	Lancet	Cured	
40. Ward.....	Male	36	Ostler	Huntingdonshire Infir.	Provincial Med. Jour	Cured	

LIST OF CASES OF FEMORAL ANEURISM SUCCESSFULLY TREATED BY COMPRESSION BETWEEN 1842 AND 1851.

Surgeon's name.	Sex.	Age	Occupation.	Where treated.	Where reported.	Result	Observations.
1. Liston.....	Male	30	Tin worker	University Coll. Hosp.	Lancet	Cured	
2. Liston.....	Male	53	,, ,,	University Coll. Hosp.	Lancet	Cured	
3. Bellingham	Male	33	Servant	St. Vincent's Hospital	Dublin Medical Press	Cured	This patient, who laboured under popliteal aneurism in the opposite limb, which was likewise cured by compression, died subsequently of aortal aneurism.
4. Mackern ...	Male	30	Master of canal boat	,, ,,	Lancet	Cured	
5. Humfrey ...	Male	31	Soldier	Mil. Inf. Phœnix Park	Dublin Medical Press	Cured	
6. Smyley.....	Male	48	Schoolmaster	Meath Hospital	Dublin Medical Press	Cured	This patient died suddenly three years afterwards, probably of internal aneurism.
7. Tufnell	Male	29	Sawyer	City of Dublin Hosp.	Treatiseoncompression	Cured	This patient laboured under popliteal aneurism in both limbs previously, which had been cured by compression.
8. Colles.	Male	29	Glassblower	Steevens' Hospital	Dublin Quarterly Jour.	Cured	
9. Hargrave ..	Fe'ale	23	Dressmaker	City of Dublin Hosp.	Dublin Quarterly Jour.	Cured	
10. Watson.....	Fe'ale	38	,, ,,	New York Hospital	Trans. Amer. Med. As.	Cured	
11. Parratt.....	Male	,,	Soldier	Ord. Hosp. Woolwich	Lancet	Cured	
12. Briscoe	Male	22	Soldier	Ord. Hosp. Woolwich	Lancet	Cured	
13. Watson.....	Male	30	Farmer	New York Hospital	New York Journal	Cured	
14. Dartnell....	Male	35	Soldier	Regt. Hosp. Chatham	Medical Times	Cured	

LIST OF CASES OF BRACHIAL ANEURISM SUCCESSFULLY TREATED BY COMPRESSION.

Surgeon's name.	Sex.	Age	Occupation.	Where treated.	Where reported.	Result	Observations.
1. Cusack.....	Fe'ale	40	,, ,,	Steevens' Hospital	Treatise on Compression by Mr. Tufnell	Cured	Traumatic aneurism from gunshot wound.
2. Hutton.....	Male	34	Farm servant	Richmond Hospital	Dublin Medical Press	Cured	Traumatic aneurism from wound in venesection.
3. Johnston ...	Male	,,	Blacksmith	,, ,,	American Med. Jour.	Cured	Traumatic aneurism from wound in venesection.

LIST OF CASES OF RADIAL OR ULNAR ANEURISM SUCCESSFULLY TREATED BY COMPRESSION.

Surgeon's name.	Sex.	Age	Occupation.	Where treated.	Where reported.	Result	Observations.
1. Crampton....	Male	11	,, ,,	At patient's residence	Dublin Medical Press	Cured	Traumatic aneurism of the radial from wound.
2. Syme.....	Male	30	,, ,,	,, ,,	Edin. Monthly Jour.	Cured	Non-traumatic aneurism of the radial.
3. Velpeau.....	Male	30	Coachguard	La Charité	Gazette des Hôpitaux	Cured	Traumatic aneurism of the radial from wound.
4. Hewett.....	,,	,,	,, ,,	St. George's Hospital	Proc. Med.-Chir. Soc.	Cured	Traumatic aneurism of the ulnar, the result of a woun

CASE OF ANEURISM OF ANTERIOR TIBIAL ARTERY SUCCESSFULLY TREATED BY COMPRESSION.

Surgeon's name.	Sex.	Age	Occupation.	Where treated.	Where reported.	Result	Observations.
1. Alexander...	Male	,,	Gamekeeper	,, ,,	Edin. Monthly Jour.	Cured	Traumatic aneurism from gunshot injury.

It will be seen that the foregoing table includes fifty-four cases of popliteal and femoral aneurism—viz., forty of popliteal, and fourteen of femoral; three cases of brachial aneurism; four of radial or ulnar aneurism; and one of aneurism of the anterior tibial artery, I have not admitted any case into this list where the patient was not *cured*, and did not live for some years afterwards. I am aware that it does not include every case which has occurred during the period in question, as some have not been published, and perhaps a few others have escaped my notice, or have appeared in journals to which I had not access.

Mr. TUFNELL observed, that the value of compression as a means of curing aneurism was well illustrated by the interesting case narrated by Dr. Bellingham. During the progress of the treatment, he had frequent opportunities of seeing the patient; and the conclusion he drew from the case was, that it afforded an additional assurance to the surgeon that, although he might sometimes be foiled for a while in treating aneurism by compression, yet he would not on that account be obliged to resort at once to the ligature, unless the sac of the aneurism manifested a disposition to increase.

EASY MODE OF REDUCING A DISLOCATED FEMUR.

By Dr. MAYR.

DR. FISCHER of Cologne, published in *Casper's Wochenschrift*, November 1, 1849, an account of his mode of reducing dislocation of the femur, and which consists in flexing the femur to an acute angle with the trunk, and impressing upon it gentle rotatory movement while in a state of adduction if dislocated on to the pubes, and of abduction if dislocated on to the ilium. Dr. Mayr, without being then aware of this procedure of Dr. Fischer, resorted to it in a case that occurred lately to himself. A man, æt. 31, dislocated his right femur upwards and backwards; and after repeated attempts at reduction, even by the pulleys, had been made, the author was called in on the 13th day after the accident. After he had in vain tried the ordinary plan of extension and counter-extension, he resorted to the following means. The opposite limb and the pelvis were fixed, the operator flexed the femur upon the trunk, and, passing one arm under the ham while he grasped the calf with the other, he imparted rotary movements of gradually increased strength to the limb. As soon as he perceived a greater mobility of the head of the femur, he brought the limb into a state of strong abduction; and when, still continuing the rotation, the head had approached the acetabulum, he was able, by a rapid and strong pull inwards, to slide it into its pan, which it entered with a loud noise. The gentle rotatory movements mentioned by Fischer did not succeed here, all his force being required in their production, which may be probably due to the time the bone had remained unreduced.

The anatomical structure of the parts also recommends this procedure. In front of the thick edge of the acetabulum, the under surface of the ilium forms a perceptible depression, and if the directions given in the manuals are followed, of making the traction obliquely from outwards inwards, and somewhat from behind forwards, be followed, the head of the bone must meet in this depression with a considerable obstacle to its progress. This sometimes even invincible obstacle appears to be avoidable by resorting to abduction.

Mr. Clark of Southampton, in referring to the above communication, states that he published a similar process seven years since in the *Lancet* and *Provincial Medical Journal*. The case was that of a muscular man, aged 30, who, from an accident on shipboard, had dislocated the left femur backwards. The head of the bone seemed determinedly fixed on the dorsum ilii, so as to resist effectually all our attempts to dislodge it by continued traction in the usual way, when it occurred to Mr. Clark that the manipulation by which we disengage the leg of a fowl, for example, in carving, was just the kind of action wanted in this case. The same abduction which brought the head out of the acetabulum forwards in one case, would in the other raise it from behind the acetabulum, and place it in a position to fall readily into its natural cavity, and this without having any powerful muscular action to overcome.

He therefore placed the patient supine on the bed, and, by a towel round the pelvis, fixed to the opposite side of the bedstead, with the help of assistants, kept these bones immoveable. He then drew up the left foot till it rested against the inside of the other knee, where an assistant held it.

In this state, it is obvious, that the head, neck, and shaft of the femur are all on the same plane, which also intersects the acetabulum, so that any motion of the extremity of the bone outwards must necessarily move the head of the bone in the desired direction. Applying, then, his right hand upon the trochanter major, he gradually abducted the knee with the left, using the slightest effort, when, with an audible start, the reduction was at once accomplished.—*Casper's Wochenschrift* and *Med. Times*.

PHARMACY IN SWEDEN.

THE superintendence and inspection of the pharmaceutical as well as of the medical establishments in Sweden are committed to the charge of a Collegium Medicum, whose members are nominated by the King; and every candidate for this office must be a Doctor of Medicine, whose degree has been obtained by passing an examination.

APPRENTICESHIP.—Any youth who may wish to enter as apprentice in an apothecary's shop, must be fifteen years of age, and ought to have gone through a school-course of history, geography, mathematics, Latin, and modern languages.

ASSISTANT, OR PHARMACIÆ STUDIOSUS.—The apothecary must announce the name of the apprentice for registration in the Collegium Medicum, and provide for his instruction in botany, chemistry, and pharmacy during the apprenticeship, which lasts from three to four years; and after which time the student is authorized to pass an examination in botany, chemistry, pharmacy, Latin, and modern languages. This examination must be passed in Stockholm, in the Apothecaries' Society, and in the country before the official physician of the province, together with the apothecary who is the master of the apprentice. After this examination his oath is taken in compliance with the law and the official pharmaceutical regulations, and he is now declared *Pharmaciæ Studiosus*, and capable of exercising the functions of an assistant in a shop, and also answerable for the prescriptions prepared by him; and by way of a check he must always sign his name to the label of the prescription. (The apprentice or scholar is not answerable, and in consequence not allowed to prepare any prescriptions, he may sell innocent medicines only, as elder and chamomile flowers, juniper-berry, gummi acaciæ, &c.)

PHARMACEUTICAL INSTITUTION.—After serving as an assistant in a shop for three years, and producing a testimonial of the fact, he may now enter as pupil at the Pharmaceutical Institution in Stockholm, and there attend the lectures which are read in botany, materia medica, and pharmaceutical chemistry, from the beginning of October to the end of May, with a few weeks vacations at Christmas. At the same time he must work two days a week in the operations of the laboratory. The fees for the lectures and the course in the laboratory are together about £1. The pupil has free admission to the lectures in zoology, botany, materia medica, and chemistry at the Royal Caroline Institution, and to the excursions of the assistant professor of botany, which take place during the summer months, May, June, July, and August, in the environs of Stockholm. After finishing the course in the laboratory, the duration of which depends upon the capacity of the pupil, he may request a private trial by the professors in

the prescribed branches of science—viz., botany, zoology, materia medica, theoretical and pharmaceutical chemistry, and toxicology. If he can present in the Collegium Medicum a certificate from the professors of their satisfaction with the trial, a day will be appointed for examination, which is conducted by two professors at the Royal Caroline Institution, and two of the apothecaries in Stockholm before a member of the Collegium Medicum. During the examination, whoever wishes, is allowed to be present, and all the questions are registered in a book kept for that purpose, and a note made whether or not the answers are correct. And the examiners express the merits of the candidates by the following different terms: *laudatur*, *cum laude approbatur*, *approbatur*, *cum approbatione admittitur*, and last of all, *admittitur*. The examination is not passed unless the candidate receive the approbatur of all the examiners.

Provisor and Apothecary.—After the examinee has taken an oath before the Collegium Medicum to comply with the laws and pharmaceutical regulations, he is declared "Provisor and Apothecary," and obtains a diploma to that effect. He is now at liberty to purchase by agreement an apothecary's shop, if one becomes vacant, or through nomination, if a new one is required in any part of the country. The right of dispensing medicines in a shop, properly procurable by personal permission from the government, and which should cost only about £4 or £5 for the diploma, has become a traffic, and the price has gradually risen to such an extent, that at the present time the *privilegium*, or good-will of one of the best shops, is sold for about £3000—a sum beyond the reach of a poor though clever student. Those who have been interested in the success of pharmacy in Sweden, have proposed to mortgage the privileges by a loan; but their benevolent endeavours have been stranded by the difficulty of procuring so large a sum of money necessary for mortgaging the privileges over the whole of Sweden. When a person through purchase or inheritance has become possessed of an apothecary's shop, he must announce it in the Collegium Medicum in order to obtain from the government confirmation of the privilege for himself. If in any part of the country a new shop is required, the Collegium Medicum announce it, and propose three of the most deserving candidates. The government nominates one of them. It is for the most part in country places, at a distance from any town, that new apothecaries' shops are allowed for the convenience of the public. In the larger towns, on the contrary, they are rarely permitted. The number of apothecaries' shops in Stockholm is fourteen, to a population of 90,000. No new shop has been permitted during the last twenty years, as the number has been found more than sufficient. For in Sweden, as in many other countries, it is observed that the larger number of inhabitants and the fewer shops the better are the medicines. The apothecaries have, in consequence, a sufficient competence ensured in their calling, and are not compelled to enter into other trades. Hence it is they love their profession, and by dispensing medicines of the best quality, strive to obtain the confidence of the authorities and the public. On the contrary, if the number of shops is very large—or, still worse, unlimited—the apothecary or chemist cannot gain a subsistence from his profession, and is, therefore, obliged to seek in other trades what he cannot find in his own; and pharmacy, instead of being the main object, is reduced to an insignificant rank, and reflects no credit upon its followers. Under such a system, if each apothecary train up one or more assistants, the number of candidates for shops will in time become extravagantly large, and the difficulty of controlling them increases in the same proportion. (Some of the apothecaries in Sweden have endeavoured in consequence, to employ assistants only, and no apprentices, in order to obviate too great competition).

The Apothecaries' Shops (Apothek).—The shops in the towns are for the most part large, and internally are often arranged with considerable elegance. The laboratory, according to the regulations, must contain a steam apparatus for preparing decoctions, extracts, aromatic oils and waters, &c. Decoctions and infusions must be prepared *extempore*. Tinctures must be kept in a room in which the temperature is not under 15 deg. Celsius, in order that the dissolved materials may not be precipitated by the cold. Native vegetables must be renewed every year, and the old stock destroyed. The best medicines, if there are several kinds in commerce, must always be written for. Every shop has a sign of its own, derived from some animal or other object. To each medicine prepared according to a prescription must be attached a label, on which is the name of the shop. The so-called homœopathic apothecaries' shops do not exist in Sweden. They are not necessary, inasmuch as homœopathy does not seem likely to be long-lived there, and will soon become an historical curiosity. It is very probable—indeed, I believe it—that in Sweden as in other countries, many hysterical ladies, or *malades imaginaires*, male as well as female, have perhaps derived comfort from the potential homœopathie sugar-grains and interesting conversations with the homœopathic long-suffering physician. But Swedes, in general, do not like this kind of medicine; no foreign, and only one Swedish physician practises homœopathy in Stockholm, and, in the country, I believe not a single one.

Prescriptions and the Price-list of Medicines.—The chemist must put on every prescription the price, which must be according to the rate of the price-list at that time. The Swedish price-list of medicines is revised every year, and the price of medicines is changed according to the market price of the drugs. Medicines for external use ought to have a coloured label, and powerful medicines are to be sealed. The chemist must prepare medicines according to the Swedish Pharmacopœia, unless the physician has *(expressis verbis)* prescribed otherwise. The chemist is forbidden to prepare prescriptions of other than physicians who are allowed to practise in Sweden; and a list of them is every year published by Collegium Medicum. As a physician is not allowed to keep an apothecary's shop, because he has no pharmaceutical diploma, so the chemist is not allowed to practise in medicine; the privilege of that is granted only to such persons as have gone through a complete medical course at any of the Swedish Universities in Upsala or Lund, or at the Medico-Chirurgical Academy of the Royal Caroline Institution in Stockholm. To gain admission into the last-mentioned academy, the student must have passed at some of the universities a philosophical and philological examination. Foreign physicians, unless they can present a diploma as Doctor of Medicine from a well known university, are not allowed to practise medicine in Sweden without a so called colloquium familiare in the Collegium Medicum, or medical course at the Royal Caroline Institution. As the time of the apothecary is not employed in medical practice, and as his competence is sufficient, he can, if he loves science, employ his spare hours with tranquillity in working in that branch of science which he most affectionately embraces. If, in general, a greater scientific activity of the pharmaceutical profession in Sweden is to be desired, we must, however, with pleasure remember that private individuals, distinguished in other countries for original scientific researches, have been met with and are still to be found in Sweden. I will only here mention the most distinguished:—For about a century ago lived in Köping (a very small, and for the greatest part of the world, unknown town in Sweden) an apothecary and chemist, who, with great eagerness, was labouring in chemistry. The good burghers in Köping very likely thought him a clever apothecary, but none of them could foretel that their diligent friend the chemist, *Carl Wilhelm (Charles William) Scheele* in his small insignificant shop, was operating with experiments the result of which should astonish the whole scientific world.

Inspection of the Shops.—The chemists' shops in Sweden must, according to the regulations, be inspected every year. These inspections are performed in Stockholm by two professors or assistant-professors to the Royal Caro-

line Institution, in presence of two members of Collegium Medicum, and in the country of the official physician of the province, together with a magistrate. As the official physician of the province has not time enough for pharmacognosy, the Collegium Medicum has of late proposed to the government a change in inspecting the shops in the country, so that, as in some part of Germany, the whole country will be divided into a certain number of districts, and every district obtain a travelling inspector. Should the inspector find any adulterated or bad medicine it must be immediately destroyed. If an apothecary is three times found to have sold adulterated medicines, he directly loses his privilege, and must give up his shop to another person. It is at the same time a duty and a satisfaction for me to state, that medicines in Sweden are commonly very good, and when adulterated articles are met with are usually such as are imported.

Poisons, or other noxious medicines must not be sold without a sufficient prescription, which ought to be retained by the chemist, and not repeated without a note from the physician. Poisoning is, consequently, very rare in Sweden, and when practised it is commonly by means of white arsenic, which has probably been obtained from a glass manufactory. Secret medicines are forbidden in Sweden, in spite of which charlatans try to sell secretly their all-relieving medicines, but they seem more and more to lose the confidence of the public, and their credit, too, sinks in the same proportion as the reputation of the scientific physician increases.—*Pharm. Jour.*

CORRESPONDENCE.

The following letters require no comment; the facts they state are sufficiently obvious, and this exposure of them will, we hope, lead to a correction of the evils indicated. In this change much hardship must be experienced, but much may be prevented by proper arrangements:—

TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—Hoping the Medical Commissioners are subscribers to the Press, I trouble you with a representation of a grievance, as I calculate they are too much engaged at present to be able to pay attention to individual cases; yet many dispensary surgeons may be similarly circumstanced—viz., my half year's salary became due in August last, to meet which there were not sufficient funds in the hands of the treasurer, and from the reply furnished by the guardians to the query—"From what date the present arrangements should come into operation?" I find I shall have worked for three months without any remuneration if, as the guardians desire, it shall date from the first of December.

I consider I have reason to complain of such, and would suggest to the Commissioners a remedy that most likely would apply to very many others—namely, to require the salaries should date from the first of October, when the bill became the law of the country, as our services were continued as usual. Surely, we ought not to suffer on account of the delay of the government appointments. I am unwilling to criticise the acts of various boards of guardians with respect to the remuneration they suggest for their medical officers, anxiously hoping the Commissioners will require some uniform and liberal allowance that will prove satisfactory to the profession generally.

A Dispensary Surgeon.

TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—Should you deem the subject worthy of notice, I trust you will call the attention of our highly esteemed Medical Commissioner to the following plain statement:—

In a midland union the medical officer had for a considerable time £80 per annum, four years since it was raised to £90; owing to a rival practitioner having got on the board of guardians, it was reduced to £75 this time last year. Since the appointment of Dr. Macdonnell as Medical Commissioner, there was a circular from the Poor-law Commissioners, calling on the medical officers of unions to make such observations and suggestions as they deemed necessary to promote the sanitary condition of the inmates of workhouses. In the conscientious discharge of his duty, the medical officer found it necessary to make some suggestions which might be construed to imply want of due attention on the part of the visiting committee, of which the *rival practitioner is a member*; with the view of gagging the medical officer, and causing him to have due dread of the powers that be, they, on the last board day, recommended a further reduction of his salary to £60, on the plea of economy. The parent house of this union is calculated to contain one thousand three hundred, with an auxiliary capable of accommodating five hundred; they have at present about fourteen hundred inmates divided between the parent house and auxiliary, both of which the medical officer visits daily. In many of the neighbouring workhouses the salary of the medical officer is £100, though none of them are calculated to contain within some hundreds of the house that this gentleman has charge of. Would it not be well to protect medical men from such petty tyranny: if the Commissioners would strike a scale of salaries according to the extent of the houses, this would enable medical officers to discharge their duties more independently. The present uncertain state of their position is calculated very much to impede their efficiency.

I am, Sir, your very obedient,

An Observer.

COUNTY PRESENTMENTS IN SUPPORT OF DISPENSARIES.
TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—In accordance with a recommendation which I recently made through the columns of the *Dublin Evening Post* on the subject of the support of our dispensaries pending the coming into operation of the new "Dispensaries Act," I requested the treasurer of my dispensary to calculate the probable expense of carrying on the institution for two months, from November 1st, and, as heretofore, to collect from the former governors a sum equivalent to one-sixth of their wonted subscriptions. In many instances he got much more, and in no instance was he refused the amount required. This sum I had presented at road sessions, and succeeded in passing, the rate-payers admitting the justice of the claim, and the propriety of presenting for an amount sufficient to pay outstanding debts, and carry on the charity till the *guardians* shall have time to provide for the poor. This I conceive to be strictly in accordance with the intention of the legislature, which, from my construction of clause 10 in the new bill contemplates that all expenses incurred previous to the actual formation of the dispensary district, and appointment of the medical officers, shall be provided for as heretofore.

It may not yet be too late for other dispensary treasurers to make their applications. Secretaries of grand juries will, no doubt, facilitate the object, even though parties may have omitted to apply at the usual period, and at adjourned road sessions the presentment may be made.—Your obedient servant,

Percy Swan Waddy, M.D.,
Dispensary House, Broadway,
November 23rd. county Wexford.

VACCINATION AND SCROFULA.

TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—In the 15th number of Dr. Copland's Dictionary of Practical Medicine, article—"Scrofula and Tubercles," I have been not a little surprised at the following paragraphs, which will be found in pp. 740, 741:—

"That scrofulous and tubercular affections have increased since the introduction of vaccination is undoubted; and that the dangers from the inoculation of small-pox, under due management and care, in preventing the occurrence of the non-inoculated disease, were actually few, although remarkably exaggerated, are also certain; so that balancing the results from the introduction of the one, and from the suppression of the other, it is very difficult to say that humanity or society has gained anything by these measures."

"Notwithstanding the laudation bestowed upon vaccination, I believe that as the lapse of time allows the fact to be more fully demonstrated, it will be found to be a not unfruitful source of scrofula and tubercle."

Previous to this latter, Dr. Copland says:—"Vaccination may be in many instances the introduction of a poison or

virus, which, slowly and silently, contaminates the frame, without being maturated and thrown out on the surface; whilst small-pox has a very different effect, owing to the free suppuration of the pustules, and the elimination thereby of the morbid material or virus from the system." Yet, sir, Dr. Copland records the fact, that "Lepelletier, Goodlad, and Kortun applied scrofulous pus to the wounds made for vaccination, and also to wounds made without reference to vaccination, but that scrofula was not produced, although the vaccination succeeded when the vaccine lymph was introduced with the scrofulous pus." My experience of nearly thirty years in the profession has led me to a totally different conclusion from that of so high an authority as Dr. Copland, as in many hundred cases of small-pox, both natural and inoculated, I have seen numbers in whom the latent strumous diathesis was rapidly developed, both in scrofulous sores and tubercles, while in vaccinia I never recollect a case where one or other was exhibited. It may be well to call attention to the above deductions of Dr. Copland, and to elicit the opinions of the profession at large on a subject of such vast importance to society as the effect of vaccination being *even likely* to lead to the development of scrofula.—I am, sir, yours,

AN ORIGINAL AND CONSTANT SUBSCRIBER.

P.S.—I would call your attention to page 761 of the same number of Copland, pars. 169-70-71, and the notes thereto, as well worthy a place in the MEDICAL PRESS.

This is an important suggestion. We are not, we hope, about to return to the old controversy raised by the besotted opponents of vaccination at the time of its discovery. We must take our correspondent's hint, and look to it. No more mischievous prejudice could be elicited than that which these foolish remarks of Dr. Copland suggest.

TO SUBSCRIBERS.—We beg of our friends to send us the local papers containing proceedings of Unions respecting the Dispensary Act, or such brief notice as to number, area, and population of districts, with the amount of salary voted. We cannot retain agents in 163 unions.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, DECEMBER 3, 1851.

PROCEEDINGS OF GUARDIANS UNDER THE DISPENSARY ACT.

IN our last we confessed our inability, as well as unwillingness, to enter upon this subject, and in refraining from a discussion of it we believe we exercised a sound discretion. From first steps and preliminary operations prospects did not appear encouraging, and there was danger lest a premature exposure of unpropitious proceedings might lead to depression, and consequently to a want of confidence. Since then affairs have in some places assumed a more satisfactory aspect. One of the metropolitan unions, (the South Dublin), has shown a good example in its appreciation of the value of medical services, and elsewhere a proper spirit has been displayed. The Guardians of the South Dublin Union represent a community well circumstanced to give a proper tone to public feeling, as there is amongst them more of the freedom to arrive at just conclusions which competency, if not affluence, engenders, and less of the sordid spirit which belongs to the hard money-getting sections of society or of the parsimonious habits which necessarily attend upon very limited means of livelihood. We scarcely expected much more from the Guardians of the North Dublin Union than they have exhibited; they represent, we believe, pretty faithfully the constituency which elects them, and display the infirmity induced by the wind which blows from one point of the compass. The preliminary proceedings of the Belfast Guardians suggest some inquiries worth entertaining. The subject was ably submitted to their consideration by Dr. MCGEE, who proposed that the six dispensary surgeons, with two apothecaries to compound and dispense medicine now employed for the town, should be continued, but with one station, instead of two, as at present. With respect to salaries, he said "he would advise the Board of Guardians to fix upon such a sum as would be in accordance with a principle which they had already affirmed, not to have any claims made on them for extra labour; but instead of the miserable pittance of £50 a year, now paid to the medical attendants, would name £100 a year." Of the rural districts, he said:—

That there had been a dispensary lately established in Ligoniel; it was an important manufacturing locality, and he would recommend that another district should be that of Ballygomartin, which included some other unimportant townlands. The salary he would attach to that would be £100 a year. There was a difficulty in respect to the district of Whitehouse, and which extended over a very large area. The population, however, was not proportionately large, being only 12,000. He was of opinion that Ballysillan and Carnmoney would ultimately have to be united to Whitehouse in a dispensary district. The salary he should name for the district so united, would be £130, which, considering the extent of area and the expense of horse keep necessary, he conceived to be reasonable. For the Holywood district, he thought the salary should be about the same as that for Whitehouse.

Mr. Senior, poor-law inspector, said that there was one point upon which he did not agree with Dr. McGee—namely, as to the amount of salaries. He himself had a long working experience in England, and he had never heard of such a sum as £1200 a year being set apart for the dispensary expenses of such a union as that of Belfast. They might take Leeds or London, or any of the manufacturing districts in that kingdom, and they would find that such an extravagant figure never had been heard of. In such a place as Nottingham, for instance, where the population was something like that of Belfast, £80 would be looked upon as a liberal allowance, where there were no extra expenses for horse keep. The guardians must be the best judges in regard to Ballymacarrett, and the other proposed districts, but he would suggest a proportional decrease. Perhaps he was going out of the strict line of his duty in making these suggestions; but in every other portion of the proposed arrangements, he quite agreed with Dr. McGee. £1200 a year did seem to him to be a very large sum; and if they took London, or any part of the country, they would find that there was no such high scale of salaries. There was another consideration with respect to the salary of attendants. They were obliged to find a room, or rooms, in which to dispense the medicines, and they might probably set down that item of expenditure at £20. Now, this would no doubt in the end practically amount to an addition by so much to the salary. He was of the same opinion as Dr. McGee, that the salary now fixed should be such as to meet all possible contingencies and vicissitudes, out of which any claims could be made by their medical officers for extra labour done.

Dr. McGee said that it was quite true that in England the sums given were as low as those mentioned by that gentleman; but it was also a fact, that the publications of the country teemed with complaints respecting the system. Was it not a fact that such appointments were put up, and knocked down by Dutch auction, where the person who offered to do the work for the lowest salary was sure to be accepted.

Mr. Senior observed that that was a mistake; that a single instance of such a situation having been given away by tender had not occurred for the last eleven years; in fact, since before he (Mr. S.) came to this country.

Mr. Harrison remarked, that even at the present scale of payments for the medical attendants in Belfast, there were always a large number of properly qualified men found ready to offer themselves as candidates.

Dr. McGee admitted that unfortunately such was the case; but it was also well known that an article might be obtained at almost any price, and he held it to be their duty to get the best men they could. He would put it to Mr. Senior whether there were not payments made to the English gentlemen specially, such as for midwifery cases and for surgical

operations, which had the effect of raising their salaries to a respectable figure.

Mr. Senior replied that such was the case; but that they provided the medicine, which reduced the salary as much as it was supplimented by such charges.

Mr. Harrison inquired whether it might not be right on the part of the board to ascertain the salaries at present received by the medical gentlemen in charge of dispensaries, within the districts they were now forming.

Mr. Senior thought it would be right to ascertain it for the satisfaction of the guardians; but not as any rule of the amount which they were now called upon to fix. He explained his view in this way. In those districts where there were a number of resident gentry, such people would be willing to give a large subscription, with the double view of having a respectable properly qualified medical man in the neighbourhood, and of having the benefit of his advice in case of sickness amongst their servants, or such like. According to this view of the matter, the richer districts, where the smallest number of poor would have to be attended, would offer the largest salaries, whereas those which were very poor, and consequently where the labour would be greatest, would pay least. This was what he thought out to be reversed.

It was here remarked by one of the guardians that there was probably a smaller amount of disease in England than in Ireland.

Mr. Senior said that the contrary would appear to be the case, in so far as a medical officer's practice was concerned. Why, in England, if a labourer's child had only cut his finger, the first thing would be to consult the parish doctor; not so much in regard to the casualty as to establish a claim to other things, to obtain which it required some of the family to be under treatment. The guardians here would understand all about it by-and-by.

Dr. McGee observed that the practice referred to was well known in Belfast, where the principal inducement to apply to the medical attendants had been, in too many cases, to enable the applicant to get "a line" to the ladies—namely, to the Destitute Sick Society, a very worthy institution in town. He would also say, that a gentleman accepting a situation under the new act, was placing himself in a different position from any heretofore known. If he were dismissed, he would be held disqualified from being ever appointed to a situation under the poor-law authorities again; and some consideration should be allowed for the responsibility so incurred. Neither was the fact of their now accepting £50 a year any argument against their claims for a liberal salary; for, upon the same grounds, they would only have to go back four or five years to a period when they received nothing at all, but gave all their services gratuitously.

Another conversation took place about the amount of salary, as ranging between £50, the lowest mentioned, and £100, that proposed as remuneration for the Belfast medical attendants; and it was suggested that £75 might be named for the latter.

Mr. Lepper entered into a calculation, embracing the sum now proposed to be given to the Belfast attendants and apothecary, and the sum they at present receive. The whole cost at present is £430; it had been proposed to give them £800, making a difference of £370. Against this, they had the extension over Townparks, Edenderry, and Lower Malone, and the vaccination practice, which cost the union at present £80. He believed that the fixing of salaries at £75 would bring the matter down to a fair point.

Mr. Watson said the inspector might not be at all uneasy in regard to the sum of £100 per annum for each of the medical attendants in Belfast being ultimately carried, for there was no such idea entertained by the guardians.

A good deal of further conversation took place. In the course of it, it transpired that the present holders of situations as dispensary doctors are entitled to a preference in the new appointments. Finally the question was put to the vote—namely, whether or not Dr. McGee's suggestions should be embodied in a circular convening the guardians for a future day. There voted nine for it, and three against it.

Mr. Senior inquired whether the board was of opinion that he could be of any service to them on the occasion.

Several members answered affirmatively; and

Dr. McGee said that he was sure to meet in Mr. Senior very strong opposition as regards the amount of salary to be paid the medical attendants in Belfast; but there was no member of that board who would be more delighted to have his assistance on that occasion, or any other, than himself.

We give this discussion in detail, because it raises many of the points which must necessarily become the subject of discussion, and because it "drew out" a poor-law inspector respecting them. It is scarcely necessary to say that we do not agree with Mr. Senior, except in one point, that "perhaps he was going out of the strict line of his duty in making these suggestions;" in this we cordially agree. He had no business whatever to interfere in the matter, and was only making an early display of the interference to be expected from him and his brother inspectors in a department with which they are to have no concern. If conflicting opinions and actions are tolerated between the general and medical inspectors, we shall have a fine mess of it: some other work must be cut out for supernumeraries than that assigned to the medical inspectors. To Mr. Senior's argument the reply is a short one: Ireland is not England. The threatened resistance to Dr. McGee's proposals by some of the Guardians was to be expected. The "Mr. Harrison" who offered a characteristic form of opposition to them, is, "we guess," the brother of our Dublin medical friend, from whose tender mercies as Commissioner our profession has had so narrow an escape. In Waterford the matter has been taken in hand by Dr. Mackesey (who, fortunately, is on the Board there), and it is to be hoped that with his assistance proper arrangements will be adopted. Here are the proceedings in that union:—

The subject of the salaries as fixed by the board on Monday last, having been introduced by Dr. Mackesey,

The Chairman said if the salaries are to be increased at all it should be in the rural districts. Waterford ought to be reduced. He considered £80 too small in the rural districts. The salary in Waterford is large (£100).

Dr. Mackesey said, I am much gratified, Mr. Chairman, in having an opportunity to give my opinion of the total inadequacy of the salaries voted by the board on Monday last for the medical officers to be appointed to the dispensary districts of this union. I also concur with you that when a dispensary district includes a number of resident gentry able to employ and remunerate a medical practitioner, that the salary of the medical officer of that district may be on a reduced scale, unless, as in the present instance of the Waterford dispensary district, the duties are so severe, that if the surgeon fairly attends to those duties it will be totally impossible for him to engage in private practice. On Monday last I was, on attending the board, under the impression, that we should only divide the union into dispensary districts, and that the subject of the salaries for the medical officers would be taken into consideration on some future day. I was therefore unable to enter fully on the subject, and I shall now beg leave to give notice that on this day fortnight I will move that the resolution adopted on Monday, the 17th instant, fixing the salaries of medical officers, be rescinded, as I consider those salaries to be inadequate, and that instead thereof such medical officers be paid each 5s. per diem, with such allowance for a horse as may be considered necessary by the board. This will be a much smaller salary than is generally paid to the surgeons of dispensaries in this union at present. Anxious, however, for economy, and to meet the views of the guardians, I shall not propose a larger sum; and I am satisfied you should not, in justice to those gentlemen, offer a smaller. I shall, for example, mention the case of Dr. Cullinan, of Kilmacow, who will succeed to the Ullid district. He has been the attendant of that dispensary for nearly thirty years, during which long period, I can say from intimate acquaintance with that locality, both as a physician and a landed proprietor, that by his professional talents, his humane attention, his great industry, he has secured the good opinion, the respect, and esteem of every man in the county, whose opinion is worth having. I would ask the board is a man like this, now advancing in life, after thirty years active duty in the service of the public, to have his duties greatly increased and his salary cut down one-third—for his former salary was one hundred guineas per annum, and his vaccination contracts amounted to £15 per annum, making his public income £120, which you now, by your re-

solution of Monday, reduced to £80; and he is now obliged to vaccinate as part of his dispensary duty. I feel, deeply feel, that I do not act with justice, in only proposing to you as the salary of this old, valued, and efficient officer, the small sum of 5s. per diem, £92 5s. per annum. Before I conclude, I must point out that this is no new impost upon the county. This is no new taxation. Until the passing last session of the Medical Charities Act for Ireland the dispensaries were supported by private subscriptions and grand jury presentments; and I expect, by the close attention of this board, the taxation under the poor-law will be less than the former taxation under the grand jury, and that the relief will be more efficient. But I beg to point out to you that in the treatment of the sick parsimony is not economy, and I trust on this subject being again brought before you that you will allocate that salary to the medical officers that the responsibility of their situation and the severe duties imposed on them require, and that you will take into consideration in allocating those salaries the state of the country, which, from the ruined condition of the gentry and the better class of farmers, and from the extensive emigration now going forward, leaves a country practitioner but little chance of private practice. A short discussion ensued, during which some of the guardians thought the former resolution should not be altered, whilst the majority were of opinion that the amount of salary fixed for the medical officers of the rural districts was quite inadequate to the duties each will have to perform; besides it would be impossible for any medical practitioner to perform with satisfaction to himself or justice to the public the onerous duties that will devolve on him without keeping a horse. Every guardian present admitted this fact.

At Roscrea, the *Leinster Express* states:—

The division of the union into dispensary districts, under the provisions of the Medical Charities Act was yesterday (Friday) discussed. We understand that the following recommendations were offered:—That the union be formed into three dispensary districts. That a medical officer shall reside at Roscrea, with offices at Aghancon and Kyle, each of which he will attend on two days in each week. That a medical officer shall reside at Shinrone, with an office at Moneygall, which he shall attend on three days in each week. That a medical officer shall reside near Bourney church, and that he shall attend on three days in each week at an office at Barnane. That the salary of each medical officer be £80 per annum. Whether the above arrangements were decided on, we had not heard at the time of going to press.

We entertain some doubts as to the possibility of carrying out such an arrangement as this, but unacquainted with the locality, we will not venture to say that something of the kind may not be effected. We do not, at first sight of it, much like this plan of establishing "offices" or "stations" to be visited periodically by the surgeon; it looks very like one of the old abuses which this act was passed to correct, non residence and plurality of appointments. It is not a flying visit to dole out physic the sick poor of this country want, but a resident surgeon, who will become, in process of time, intimately acquainted with their condition and wants, and an efficient agent to carry out the views of the Commissioners for their welfare as to sanatory arrangements. We hope to see this act carried into effect in a statesmanlike and comprehensive way; embracing objects of much more importance than mere routine "doctoring."

In many unions we find the natural desire to escape from the payment of poor-rates influencing the Guardians in their decisions as to the expenditure for the relief of the sick poor. In the Rathdown Union, which extends to the bounds of the city of Dublin, we understand that this preference of the charity which begins at home has prevailed; and even in Limerick and Cork domestic privations become manifest, in the public display of an economical spirit. In the Athlone Union £75 per annum has been assigned for districts eight miles square; one of them containing a population of 20,000. At Ballina, £60 a year is granted for a district of fourteen miles square; and in many other places it is the same. In some places we find the Guardians losing temper at the prospect of an additional penny in the pound. A Lord Castlemaine, in Athlone, "does not care a farthing about the doctors, he considers the ratepayers first;" and another Lord, not a hundred miles from Dublin, is in the same temper. The upshot of all this will probably be a settlement of the question by the Commissioners. It is evident that some principle must be adopted, and made the basis of a rule for general application.

THE APOTHECARY AS HE SHOULD BE.

We bespeak the attention of our readers to the article entitled "Pharmacy in Sweden," page 361. It is a melancholy reflection that these countries which boast so much of the superiority of their institutions should be so excelled in a matter of this kind by a people so inferior in wealth and power. The state of pharmacy in the united kingdom, so far as apothecaries are concerned, is a reproach to the national character. In England, if it were not for the chemists and druggists, no physician or surgeon could practise with safety or effect; and in Ireland the Apothecaries' Company has become a nuisance, by its perversion of the law, its obstruction of pharmaceutical education, and its incessant impudent attacks on the surgical profession. The audacious proceedings of certain apothecaries in Dublin, in relation to the private practice of those who do not belong to the knot which plays into their hands, has become so intolerable that it can no longer be borne. These doings, however, prove the truth of the saying "that out of evil cometh good." They have led to the establishment in this city, and probably elsewhere, of admirable pharmaceutical establishments conducted by true apothecaries who devote themselves to their legitimate business, to the great comfort and advantage both of practitioners and patients.

MEDICAL PLURALITIES.

We have had several inquiries as to the legality of one surgeon holding two professional offices; such, for example, as those of attendant to a workhouse and to a dispensary We see nothing in the poor-law or dispensary acts to forbid it, but it is a dangerous experiment. As time wears on, duties may become lighter, and the workhouse surgeon may some day or another find himself in the care of two institutions with one salary.

SOUTH DUBLIN UNION.

DISPENSARY DISTRICTS.

A meeting of the guardians of this union was held on the 28th ult., pursuant to notice in the board-room of the workhouse, James's-street, for the purpose of taking into consideration the letter of the Poor-law Commissioners relative to dispensary districts and other matters immediately connected therewith.

The letter of the Commissioners having been read,

The Chairman said that the first thing to be done was to divide the union into dispensary districts.

It was then moved and seconded, and finally agreed to, that the south city electoral division should form one dispensary district.

After a lengthened discussion, the rural divisions were formed into the following dispensary districts:—Clondalkin, Palmerstown, Rathfarnham and Whitechurch, Donnybrook, Rathmines, and Tallaght.

Mr. Bonsall moved that the south city electoral division should be subdivided into four dispensary districts.

The motion having been seconded by Mr. Dowling, was put from the chair and passed.

The Chairman said that the next point on which the Commissioners requested information was as to how many medical officers should be appointed to such dispensary.

After some discussion it was finally agreed that each of the city dispensary districts should have two medical men and an apothecary, and that each dispensary district in the rural divisions should have one medical officer.

The Chairman said that the next question was as to the salary.

Mr. Carolan moved that each medical man in the city districts should receive £100 per annum.

Mr. Price seconded the motion.

Mr. Evans opposed it. He considered the work could be done quite as efficiently at a salary of £80. He would accordingly move as an amendment that each medical man should receive but £80 yearly.

The amendment was seconded by Mr. Parker.

The motion was then put from the chair, and the numbers on both sides were nearly equal.

Mr. Evans called for a division.

This was accordingly done, with the following result ;—The numbers were—For the original motion, 10 ; against it 8. The amendment was therefore lost.

It was then decided that each of the medical officers in the rural dispensary districts should also receive £100 per annum.

The following resolution was moved by Mr. Bonsall and seconded by Mr. Price, and having been put from the chair was unanimously agreed to : —

" That this board are of opinion that the medical officers to be appointed to the several districts of this union should reside in the most central portion of their respective districts."

Mr. Crawford said that it would be as well that the board should specify in what portion of the respective districts the dispensaries should be situated.

The board then proceeded to the consideration of the subject, and it was finally agreed that dispensaries of the respective districts should be situated in the following places :

For Clondalkin, in Clondalkin ; for Palmerstown, in Palmerstown ; for Donnybrook, in Donnybrook, near Ball's-bridge ; for Rathfarnham, in Rathfarnham and Crumlin ; and Tallaght, in Tallaght.

It was decided that the above arrangements should (if approved of by the Commissioners) come into operation on the 2nd January. 1852.

The Clerk was directed to forward the above proceedings for the inspection of the Commissioners, and the guardians then separated.

NORTH DUBLIN UNION.

A COMMUNICATION from the Commissioners was then read by the clerk. It referred to the proceedings of the previous board day, and requested that a more detailed account of the views of the guardians should be sent to them. It especially called for a statement of the number of dispensaries which the board would recommend ; also for a reconsideration of the extent of the Clontarf and Howth electoral divisions, in which there were two dispensary officers, and to state the reasons which induced the guardians to consider that these divisions should have one dispensary officer instead of two as heretofore. They also requested to be informed what salary the guardians would recommend to be given to the medical officers, and also the time at which they would suggest that the proposed alterations should come into operation.

The Chairman said that the way to dispose of the letter was to take it in portions. The first question to which the Commissioners required an answer was, how many dispensaries did the board think requisite for the north city electoral division?

Mr. Long proposed that three dispensaries should be nominated, and that two medical officers should be attached to each dispensary.

Dr. Brady was of opinion that six dispensaries, with one medical officer to each, would be a far more effective plan.

Mr. Long said that by having two medical men to each dispensary one of them could always be on the spot, which would not be the case if but one were appointed. Besides by having but three dispensaries, the ratepayers would only have to pay one-half the rents as well as one-half the expense of the sets of medicine. He would propose the following resolution :—

" That we consider three dispensaries sufficient for the north city electoral division, and that two medical officers be appointed to each, the arrangements of visitation and dispensary relief to be settled by the managing committee, subject to the rules and regulations of the Commissioners, so as to have constant and immediate attention to the wants of the poor."

The resolution having been seconded by Mr. Studdart, was put from the chair and carried.

The Chairman then said that the next question which arose was with reference to the district comprising Howth and Clontarf.

Mr. Long entered at some length into details respecting the above division, and concluded by moving the following resolution, which was seconded by Mr. Law, and carried:—

" That the guardians in forming dispensary districts in the rural divisions considered both the area and population, and on reference thereto find that the district comprising Howth and Clontarf is the lowest both in population and area, and therefore see no reason for altering their original opinion."

The Chairman next called the attention of the board to the salaries which should be given to the medical officers.

After some discussion the following motion was proposed by Mr. Long .—

" That we consider £100 a year fair remuneration for each of the medical officers in the rural dispensary districts, provided that the districts as recommended be adopted ; and that £75 be also a just payment to each medical officer in the north city electoral division, subject also to the approval of the Commissioners, that six medical men and three dispensaries be the best arrangement to be adopted."

Mr. Studdart seconded the motion.

Mr. Hyndman moved, as an amendment, that the payment for each of the medical men in the city dispensary districts be £60.

A division having being called for, the amendment was carried by a majority of three, the numbers being eight to five.

Mr. Long then moved, as an amendment on the remaining portion of the motion, that the payment in the rural dispensary districts to the medical officer be fixed at £80 per annum.

The motion having been put, the amendment was carried by a majority.

At the suggestion of Mr. Long, the date at which the proposed alterations should come into operation was fixed at January 1, 1852.

A CHEAP REMEDY FOR ALL DISEASES.

GERMANY, the modern hot-bed of quackery, from whence hydropathy, mesmerism, and homœopathy, with various other fanciful fallacies, have all proceeded, has recently become the birth-place of a new *pathy*, that seems to be already advocated by prophets and proselytes. We now allude to the newest theory in the healing art, invented by our Teutonic neighbours, which a Herr Maher, of Naumberg, has just launched amongst his credulous countrymen. According to the dogmas of this novel sect, patients anxious to recover from disease, or those who, being well, desire to live even unto a patriarchal age, must resume the primitive mode of life pursued by man's antediluvian ancestors. In fact, neophytes, and all labouring under any malady, ought henceforward to walk bare-footed ; to adopt bread-and-water diet ; whilst allowing their hair and beard to grow luxuriantly, as Nature intended. The great apostle is most ardent in favour of his present doctrines, and preaches the necessity of being regenerated after the manner of our original forefathers, as well on account of the essential curative advantages thus obtained as many important moral benefits. Already considerable excitement prevails at Naumberg, where wits and unbelievers nevertheless assert that the originator of the system does not rigidly act according to his own principles, as beer and tobacco—so dear to all true Germans—are sometimes taken as " solatia," although rigidly prescribed in the authorized pharmacopœia. Expecting " primopathy" will soon make bold attempts on John Bull's capacious pockets, we would, in the interim, seriously recommend mesmerists, homœopathists, *et hoc genus omne*, to look well after their fading laurels, since, doubtless, so soon as this last-invented German theory obtains a footing in the British dominions, some portion of that floating credulity incident to particular classes in this country, as elsewhere, and which always runs after every novelty, however ridiculous, will assuredly desert their former colours, in order to range themselves under the new standard.—*Lancet.*

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

1851.	Max. T.	Min. T.	Barom.	Rain.
Sunday, Nov. 23rd,	47	27	29.850	.004
Monday, 24th,	49	30.5	29.500	.040
Tuesday, 25th,	41.5	28	29.428	.005
Wednesday, 26th,	43	26	29.800	.193
Thursday, 27th,	38.5	24	29.932	.008
Friday, 28th,	36	25	30.100	.007
Saturday, 29th,	34	18.5	30.100	

PORTARLINGTON, QUEEN'S COUNTY.

1851.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Nov. 23rd,	48	30	29.652	47.4	47.1	46.8	.038	SSW
24th,	50	32	29.293	40	39.3	38.4	.080	NW
25th,	43	31.5	29.212	40.1	38.9	38.6	.045	NW
26th,	44.5	30.5	29.547	34.2	33.8	33.1	.020	NE
27th,	42	25	29.705	32 9	32.2	31		ENE
28th,	38.5	29	29.870	32.7	32.5	32.2		Calm
29th,	33.5	24	29.901	32.4	32.1	31.2		Calm

M. W. HANLON, M.B.

ROYAL OBSERVATORY, GREENWICH.

Mean height of Barometer..... 29.96
" " Thermometer*..... ..... 40.2
Self-registering do.† ..... max. 0.0 min. ..... 20.

* From 12 observations daily—† Sun.

Rain, in inches, 0 0: sum of the daily observations taken at nine o'clock.

Meteorological.—The mean temperature of the week was 6 deg. above the mean of the month.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE PRESIDENT and COUNCIL hereby give notice, that on Monday, the 15th of December next, at the hour of Two o'clock, they will proceed, according to the provisions of the Supplemental Charter, to elect a Professor of Practical and Descriptive Anatomy, in the room of Dr. Macdonnell, resigned.

Candidates are requested to lodge their applications at the College on or before Tuesday, the 9th of December.

By order of the Council.

H. MAUNSELL, Secretary.

College, November 13, 1851.

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December, 1851.

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PROCEEDINGS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND.—Nov. 22.

Mr. TRANT, President of the College, in the chair.

INOCULATION, HOW FAR USEFUL IN FORMING A DIFFERENTIAL DIAGNOSIS IN SYPHILITIC DISEASES.

By JOHN C. EGAN, M.D., F.R.C.S., M.R.I.A.,
Formerly Surgeon to the Westmorland Lock Hospital.

MR. PRESIDENT and GENTLEMEN,—The medical historian to whose lot it shall fall to record the discoveries of peculiar interest which have for the last few years emblazoned the page upon which the improvements of our art are stereotyped, shall pause with feelings of dignified pleasure, when he shall arrive at that department in nosology, which has for its aim the elucidation of disease by a careful study of the symptoms which present themselves to the notice of the practitioner. And as he passes in review before him the illustrious names of those who, by the appliances of modern invention, have contributed in no small degree to simplify the nature and divest of their obscurity the characters of those maladies which were formerly but little understood, he shall likewise, doubtless, dwell with more than ordinary emphasis on the improved and scientific line of treatment which the art of correct diagnosis has ensured. On the present occasion, I purpose making a few observations on a subject which has as yet attracted but little attention in this country, but which has in the hands of our continental brethren proved of considerable importance to those engaged in the study of special diseases—I allude to inoculation as employed in testing the character of syphilitic affections, with a view to establishing a differential diagnosis between them.

Prior to the time of Hunter, inoculation had been practised in investigating the nature of venereal diseases, but as the experiments instituted by that distinguished surgeon are among the first of which we have a detailed description, I shall commence by giving an abstract of them, as contained in his work. Two punctures were made on the penis with a lancet dipped in venereal matter from a gonorrhœa, one puncture on the glans, the other on the prepuce. The immediate effect of the operation was an itching in the inoculated part, inflammation succeeded, and a "speck" formed where the puncture had been made; this was touched with caustic, and dressed with calomel ointment. The slough having come away, it was again cauterised, and the operation was repeated at each appearance of the speck with similar results. Four months after the healing of the ulcer on the prepuce, the chancre broke out again, and healed without any application; that on the glans, however, remained perfect. During this time a swelling of the glands of the right groin took place, which was resolved by mercurial frictions. Two months after the disappearance of the bubo, pain was experienced in swallowing, and upon examination a small ulcer was discovered in one of the tonsils, for the cure of which mercury was resorted to. About three months after, "copper-coloured blotches" broke out on the skin, and the ulcer in the tonsil reappeared, for which mercury was again exhibited, but not in sufficient quantity to arrest the progress of the disease: a relapse again took place, for which mercury was freely administered, and after a period *of three years* a cure was permanently effected.

This experiment of Hunter's is now almost universally acknowledged to be as inconclusive, as it is imperfect. The spontaneous healing of the chancres, an effect which, according to the opinions of that day, could not be brought about without the aid of mercury; the occurrence of bubo, which, in all probability, was merely consequent on the irritation produced by the process of inoculation; the ulcers of the throat, the nature of which is undefined; the supervention of copper-coloured blotches; symptoms vaguely described in an individual under treatment, moreover, for three years; and the probability of renewed infection during that period,—all these circumstances taken together must afford but slender proofs of the identity of the matter of gonorrhœa and chancre, or of the nature of constitutional symptoms likely to follow such an experiment. The first conclusive experiments, and which have been fully substantiated by all subsequent manipulators are those recorded by Benjamin Bell.

Two young students having obtained gonorrhœal matter from patients labouring under that disease, placed it between the prepuce and glans, and allowed it to remain in that situation for the space of twenty-four hours. In one, a considerable degree of inflammation, followed by a discharge of fœtid matter from the urethra, was the result, but these symptoms of "bastard gonorrhœa" shortly disappeared under the use of bread cataplasms with a solution of acetate of lead, laxatives, and a severe regimen. No chancres followed. In the other, inflammation did not run to such a height, but the matter having made its way into the urethra, he was attacked on the second day by a discharge from that passage, attended with a considerable degree of pain, and which continued for a year. This gentleman having suffered so severely instituted no further experiments. His fellow-student, however, persevered, and shortly after the subsidence of inflammatory symptoms, consequent on the former inoculation, introduced gonorrhœal matter into the substance of the glans, which he repeated on three several occasions, but without being able to produce chancres. Finally, he inserted on the point of a probe matter taken from a chancre, which he introduced to the depth of three or four lines into the urethra: no symptoms of gonorrhœa appeared, but in five or six days a chancre was perceptible on the spot where he had applied the matter. To this succeeded a bubo, which suppurated, ulcers of the throat followed, and he was unable to leave his room for a month; he was eventually cured by the administration of mercury. In his remarks upon these interesting results, Mr. Bell observes—"I was by these experiments enabled to produce the most decisive proofs that could be desired of the difference between the matter of gonorrhœa and syphilis, and to show neither chancres, nor other general symptoms, can be produced by the matter of gonorrhœa, whilst that of syphilis, even to the secreting surface of the urethra, produces chancres, which afterwards introduce the infection into the system."*

But it is principally to the indefatigable exertions and laborious research of M. Ricord, that we are indebted for an accurate detail of the results produced by inoculation, he having devoted several years to the investigation of that particular subject in the wards of the Hôpital des Vénériens at Paris. In his valuable treatise,† he gives a detail of numerous cases in which he experimented with the matter of simple gonorrhœa, virulent gonorrhœa, chancre, bubo, secondary and tertiary symptoms. By these experiments he has proved that the matter of mild gonorrhœa is incapable of producing ulceration, except when it is thin and serous—a condition in which it is only to be found the few first days of infection; a stage of the disease seldom encountered in hospital practice, and therefore not likely to form materials for accurate deductions. In virulent gonorrhœa, which he states always depends upon a concealed chancre in the urethra, he has succeeded in producing the characteristic pustule by inoculation—a form of disease likely to be followed by mild secondary symptoms. He has further demonstrated that chancres in their primitive or ulcerative stage are capable of producing similar ulcers by inoculation; but when the period of reparation arrives, and they begin to take on the healing process, they are no longer recognized by this diagnostic peculiarity. From his experiments on the matter of buboes, M. Ricord has concluded that those sympathetic enlargements of the inguinal glands, the result of gonorrhœa, produce upon inoculation negative results, while those consequent on chancre afford the characteristic pustule. In no instance has he been able to produce any effect by the inoculation of the secondary or tertiary forms of syphilis. Immediately upon my appointment to the Westmorland Lock Hospital in April 1843, I commenced a repetition of those experiments detailed by M. Ricord. A numerous class of patients labouring under gonorrhœa afforded me ample scope of testing the accuracy of the results as set forward by that eminent continental surgeon. In those cases I was unable, after repeated trials, to obtain any result by inoculation of the gonorrhœal matter, which I inserted by means of a lancet, in the upper part of the thigh of the affected patient. I had no opportunity of practising inoculation on individuals who had contracted ulcers in the urethra, and cannot therefore say from experience what might have been the result of such a proceeding;* but many cases presented where the discharge was accompanied by abrasions or superficial ulceration of the vaginal mucous membrane, and which was followed by a mild form of secondaries (generally a papular eruption over the body), although incapable of inoculation. In alluding to this condition of parts, M. Ricord observes—"It is now well known, and proved by pathological anatomy, that, as the speculum shows us every day, gonorrhœa is often accompanied, or followed by erosions, or more or less extensive destructions of the mucous membranes; but the ulcerated form of gonorrhœa, if I may thus express myself, does not render it more capable of being inoculated than that which is not, the gonorrhœal ulcers being essentially distinct from chancre." As to whether these abrasions, or simple excoriations of the mucous membrane, which existed in many cases, coetaneously with the gonorrhœal discharge, were caused by the latter disease in its inflammatory or virulent stage, or by a specific virus, are questions of by no means easy solution, but certain it was that not a few of them were succeeded by constitutional symptoms, where no other form of lesion could be discovered on the most minute and careful investigation. To this latter statement it may be urged, that the specific sores may have had full time to heal from the first accession of the disease till the period when the patients were admitted into hospital; and although the force of the objection cannot be denied, yet I conceive that the fact furnishes at least presumptive evidence that the matter of gonorrhœa in its incipient state (a condition in which I had never an opportunity of testing it) is capable of producing this excoriation, which may be followed by a mild form of secondary symptoms: and this view of the case would appear not altogether to rest on mere assumption, being borne out by the observations and experiments of Mr. Evans. As regards, however, the views put forward by that gentleman, and which are to be found in his treatise on Ulcerations of the Genital Organs, I think it but fair to state that they were founded on the very imperfect examination of females, which we are enabled to make, without the aid of the speculum; for although venereal ulcerations are but very rarely met with on the neck or mouth of the womb, yet these sores are occasionally seated at a distance within the vagina, where it would be impossible to detect their existence without the assistance of an instrument such as that alluded to. Mr. Evans made, I have no doubt, as careful an examination as could be expected under the circumstances, and his diagnosis was assuredly in many instances correct, but it must nevertheless be evident from such inspections he was not justified in confidently drawing the deductions which he has laid down, more especially when he concludes that particular part of his essay in the following words: "Whether or not, in some cases, ulceration exists beyond the reach of the eye, can only be decided by examination after death. I must acknowledge no good reason presents itself to point out why it should not; but as we have no proof that venereal ulcers do form so far within the vagina as to be beyond discovery, I am in no way disposed to argue upon the supposition that they do, particularly as this is one of the many matters of fact that cannot be demonstrated by reasoning."† The apparent anomaly of a woman infected

* Hernandez, the successful competitor for the prize awarded by the Medical Society of Besancon, has likewise satisfactorily proved by a series of experiments performed on convicts during his attendance on an hospital for galley-slaves, that the virus of gonorrhœa, and that of chancre, are different and distinct.

† Traité Pratique des Maladies Vénériennes, Paris, 1838.

* M. Mairion tested eighty-five cases of gonorrhœa; of these, four yielded a specific pustule from inoculation; in those latter cases, chancres were discoverable in the urethra.

† Remarks on Ulceration of the Genital Organs, p. 78.

with gonorrhœa alone, being able to communicate venereal ulcers to one man, and gonorrhœa to another, is now, I believe, no longer put forward by the advocates of the identity of the two poisons, as in every institution an opportunity is afforded of demonstrating by means of the speculum that chancres may exist deep in the vagina, where no form of ulceration will be perceptible externally, and where the only symptom of disease is that which will give rise to the impression on the mind of the medical attendant, that the patient is labouring under the effects produced by a gonorrhœal discharge only. If the merits of the speculum vaginæ were only appreciable, as far as assisting to explode this paradoxical idea, its use as a valuable boon to our means of diagnosis must be hailed with pleasure by all engaged in the study of syphilitic diseases.

That a considerable proportion, however, of the cases of secondary symptoms which have been supposed to result from simple gonorrhœa, owed their existence to a concealed urethral chancre, can now be no longer doubted; such instances are alluded to by Hunter, and have been clearly pointed out by M. Ricord, Mr. Parker, and others, and to no other explanation can we refer in proof of the success which followed the mercurial treatment, as practised by the late Dr. Wallace of this city in cases where he was unaware of this complication. My attention was next directed to the inoculation of the matter of buboes, two classes of which, the sympathetic, usually consequent on gonorrhœal inflammation, and those produced by the absorption of the syphilitic virus, presented themselves to my notice. As regards the experiments which I had an opportunity of instituting upon the former, which were characterized for the most part by tumefaction of the deep-seated glands, I was unable after repeated trials to elicit any effect beyond slight irritation of the cuticular surface, results so far coincident with the experiments of M. Ricord; but I have been convinced from frequent observation, that even here a mild form of constitutional symptoms, as a papular eruption, an erythematous redness of the fauces, has often resulted on this affection.

In the latter, the virulent bubo of M. Ricord, I have succeeded in several instances in producing the characteristic pustule by inoculation; these enlargements of the inguinal glands were distinguishable from the former by being generally confined to the superficial ganglions. I must, however, confess, that although my experiments were performed in strict accordance with the rules laid down in those cases for the operator by M. Ricord, I was not unfrequently disappointed at finding that inoculation did not give rise to the pustule which makes its appearance after the introduction of the venereal virus. While, therefore, I admit that this test when applied to enlargement of the inguinal glands, will, in many cases, serve to distinguish the nature of the cause that produced this secondary effect, I cannot concur in the conclusion at which M. Ricord arrives when he states, that inoculation in bubonic enlargements must be relied upon as forming an unexceptionable and pathognomonic sign. Moreover, I am inclined to think that, even from his own experiments, this deduction is of too sweeping a nature; as even in cases where buboes resulted on chancre, he was not always successful in producing positive results—these effects not being produced at all in some instances, and in others not till after a repetition of the experiment. It is true that in these unsuccessful attempts, M. Ricord has endeavoured to point out the causes of failure; the pus being sometimes taken from a gland too near the surface, at other times from a mixture of that contained in a superficial and deep ganglion, and occasionally from the pus contained in the surrounding cellular tissue. Further, he observes, that in order to produce a specific pus, it is not only necessary that the bubo shall have been consequent on chancre, but that the virus shall have been transmitted to the gland by the process of absorption, and not by any sympathetic irritation. But admitting that to one or other of these circumstances, want of success can be always attributable—points which may perhaps be satisfactorily made out in the mind of an expert and experienced manipulator—it must nevertheless be sufficiently obvious that, to an operator of less practical knowledge of the cautions required and the difficulties to be avoided, conflicting statements and contradictory results must frequently ensue, which in a medico-legal point of view might be attended with unhappy consequences. Thus, Dr. Wallace informs us, that although he inoculated some hundred times with the matter discharged from buboes, he only succeeded on three occasions in producing any specific effect. On these occasions, the ulcers that resulted, presented during their entire course the characters of the primary syphilitic ulcer. On the other hand, Mr. Hamilton, whose experiments were performed at the Richmond Hospital, in this city, states that the facts which he has observed in his own trials of inoculation, bear out in every particular the truth of M. Ricord's researches, and that this is the surest test in determining the virulent or non-virulent character of buboes. There is another form of bubo alluded to by M. Ricord, of which he admits the existence, although he states it is of rare occurrence: this he denominates the primary non-consecutive bubo *(bubo d'emblée)*. The existence of this species of inguinal enlargement was likewise attested by Fallopius, Astruc, Swediaur, Bertrandi, and Gibert; and is said to present itself after impure sexual intercourse, without the intervention of any antecedent form of disease. As I have never met with a decided example of this affection, the existence of which my experience would lead me to deny, I shall transcribe from M. Ricord's work the passage which bears upon its history:—"If (he says) the patients be closely and minutely questioned, one will soon be convinced that the reputed primary buboes are very rare; for most frequently, in those which were supposed to be such, we find the cause so evident that we are surprised that the patients themselves did not perceive it. Thus, patients who have only become aware of their disease by the development of a more or less painful tumour at the anus, will only speak to you of this tumour, which they only perceived the day previous, or even that day. If you interrogate them, they state the last coition to have been a fortnight, a month, or more, previous; if they be then examined, a chancre will be found, often pretty extensive, upon the penis, prepuce, or some neighbouring part. Yet, after an unclean connexion, the engorgement of the ganglions, situate near the sexual organs, become, though rarely, primarily diseased. There are some circumstances in which it is impossible to find any suspicious antecedent or concomitant, and we are then obliged to admit the existence of the primary non-consecutive bubo *(bubo d'emblée)*. If these engorgements be attentively examined, without being led into error by those which may resemble them, it will be found that they generally make their appearance in the deeper ganglions, and not unfrequently even in those of the fossa iliaca, or at least the subaponeurotic of the thigh; that their progress is often chronic; that they are a long time indolent, and have little tendency to suppuration; but what is most remarkable is, that, when they suppurate, the pus they furnish does not inoculate. Hitherto I have never found a bubo, with all the rational signs of a non-consecutive bubo *(d'emblée)*, which furnished an inoculable pus. If to this important observation be added, that, after very careful researches, I have never found that a strictly speaking non-consecutive bubo has been followed by symptoms of general syphilis, the importance of inoculation in this case will be apparent."

Before proceeding to the description of the primary syphilitic sores, whose characters I had an opportunity of testing by the process of inoculation, it may be well to give an outline of the appearances which inoculation of the venereal virus produces in and around the part where the specific matter is inserted, and which will explain the meaning of the term "characteristic pustule." It will be likewise necessary to premise, that, for the purposes of inoculation, it is essential to bear in mind the transition through which a venereal ulcer passes previous to its cicatrization or complete disappearance, during which period

two distinct stages are recognizable; the first being that of ulceration, which may be prolonged to an indefinite space of time, and in which the sore furnishes a specific pus; the second, that of reparation, in which the venereal virus is no longer demonstrable by inoculation.

If matter be taken from a chancre during its first or ulcerative stage, it will produce the following effects:—Inflammation will be at the termination of the first day more or less apparent at the point where the skin was punctured; on the second day tumefaction of the adjacent parts will be added; on the third, an areola of a rose-coloured tint will present itself; on the fourth, a vesicle, which will have the effect of raising the cuticle, and on whose summit a dark speck is generally observable, will be perceptible; on the fifth, a depression is observed on the apex of the vesicle, and its contents are changed from a transparent to an opaque purulent matter; on the sixth, induration in the surrounding and deep-seated cellular tissue ensues, the pustule decreases, and on the succeeding days a number of concentric crusts are thrown around the pustule, and present a conical appearance. On the disappearance of the crusts, an ulcer with an indurated base, undermined edges, with a surface of a bright red colour, smeared over with a thick tenacious matter, is disclosed to view: this ulcer is bounded by a dark livid and elevated margin. Such is the progress of the syphilitic virus, and such the effects generally occasioned when matter taken from a specific ulcer is inoculated beneath the epidermis.

But although this would be conclusive evidence of the specific nature of the ulcer from which the pus had been taken, we must not be disappointed if we should fail to produce this positive result by inoculation. During the course of my experiments, I have been not unfrequently foiled in obtaining this decisive proof of the virulent character of the ulcer; although from the appearance of the primary sore, and the subsequent effects of the poison upon the constitution, conclusive evidence was afforded of the contaminating influence of the disease. In some of the cases to which I allude, the only effect produced was slight inflammation, which, in the course of a few days, subsided; in others, the inflammation ran to a higher pitch, and terminated in an unhealthy phlegmonous abscess; while in a third, no visible effect was at all discernible. These remarks more particularly apply to the first class of primary ulcer, which I shall have occasion hereafter more fully to describe, characterized more by negative than positive symptoms—namely, the absence of induration or excavation to any considerable extent, and which constitute by far the most extensive class which are met with in practice. It may be argued that the cause of failure in these cases was owing to want of sufficient attention on the part of the operator in neglecting to take the matter at a time favourable to the propagation of the venereal virus—viz., in the ulcerative stage of the sore, previous to the setting up of the reparative or healing process; or that the pus inoculated, although taken at the proper period, was inserted too deeply beneath the epidermis, and by coming in contact with the cellular membrane, gave rise to phlegmonous inflammation terminating in abscess. Or, lastly, that these instances in which inoculation did not produce the characteristic pustule were merely simple non-specific ulcers.

To these objections I can safely reply, that from the care and caution with which these experiments were instituted, no such casualties could have occurred. However, even in this form of primary syphilis, sufficient proof was available, in a succession of secondary affections, to demonstrate the virulent specific or poisonous nature of the superficial non-indurated sore; but as it is in inoculation with the matter of cow-pock, so also does it occur in the insertion of the syphilitic virus that failure, owing to causes over which we have no control, as the resistance of surfaces, even in conditions apparently favourable to the reception of the virus, must occasionally prevent the development of the symptoms consequent upon the introduction of the poison.

That this test was applied to a few simple non-specific ulcers, I am willing to concede; but in these cases it was almost evident to any person acquainted with the appearances of venereal sores, previous to inoculation, that no other result could have been anticipated. But it is more especially in reference to the next class of primary affection, the indurated and excavated ulcer of Mr. Hunter, that inoculation can truly be relied upon as supplying a valuable and unerring diagnostic test. Twenty-nine of these ulcers, which may be considered as forming the prototype of primary syphilis, fell under my observation, in all of which inoculation was performed, and in every instance, with but one exception, the characteristic pustule was the result of the operation.

In all these cases, the induration, which gave the sensation of a piece of cartilage beneath the skin, made its appearance before the termination of the first week; and I fully satisfied myself, as far as it was possible by minute investigation into the history of the case, that no plan of treatment, local or constitutional, had been resorted to, to which the superinduction of this cartilaginous hardness might have been attributed. I may further mention, as affording an illustration of the gristly induration of the margins of these particular primary sores, that while engaged in collecting matter for the purpose of experiment, the point of the lancet has been frequently turned from an unexpected jerk of the patient. Thus Mr. Hunter's idea of the specific and poisonous nature of this ulcer has been fully corroborated by inoculation. The next form of primary sore upon which I was induced to experiment, was the phagedenic or sloughing ulcer; of this class ten examples presented, but upon five only was this test instituted. In none of these cases did inoculation produce any decided result; but as the process of reparation had set in in two of the latter instances, no effect could have been expected. The cause of failure in the three cases which seemed favourable for the operation, as also in those which have occurred in the practice of others, I am inclined to consider as explicable on the supposition of the rapid destruction of the parts concerned in the disease, and not from the circumstance of the absence of a specific virus in the ulcer itself, which might militate against the propagation by inoculation of the local affection. The same explanation will, I think, account for the less frequent occurrence of constitutional symptoms as the result of absorption from this form of primary syphilis.

But although specific results do not always succeed to inoculation of this destructive form of ulceration, yet sufficient evidence can be adduced to prove that such consequences do occasionally ensue, and that ulcers identical in character and disposition have made their appearance on sound parts of the body from the introduction of pus from these peculiar sores. Thus, in his experiments on inoculation, M. Ricord adduces the following case, which, as it is one of peculiar interest as bearing upon this precise point, I have taken the liberty of transcribing:—

"Pers——, aged 40, entered April 13, 1834. The commencement of the disease was two months and a half previous, in consequence of an erosion of the prepuce during coition. A chancre appeared; its course was at first regular, but after repeated excesses, and an attempt at cauterization with a burning cigar, the ulcer assumed an acute inflammatory and phagedenic form. At the time of his entry, near the whole surface of the prepuce was affected, but two portions appeared distinctly separated; all the parts touching the roll at the base of the glans presented a gangrenous ring; the remainder presented the characters of a phagedenic chancre, properly so called: all was in the progressive stage.

14th. Some pus, taken from the ring at the base of the prepuce, was inoculated on the right thigh; an application of a concentrated decoction of opium was ordered.

18th. The inoculated puncture had produced nothing; the gangrene seemed checked; some pus was taken from the surface of the prepuce towards the margin beyond the limits of the gangrene, and inoculated on the

left thigh. Dressings of calomel cerate were ordered, and the ulceration from the destruction by the gangrene of a part of the glans and that produced on the frenum by the phagedenic chancre was cauterized with arg. nitr.

21st. The inoculated puncture had produced the characteristic pustule.

26th. The progress of the inoculation, hitherto regular, appeared to assume the *phagedenic form; it was profound and rapidly destroyed the tissues.* Dressings of calomel and opium ointment were used with cauterization with arg. nitr.

30th. There was an improvement; the chlorinated soda was used as a wash, and calomel was sprinkled on the part.

May 9th. The penis was nearly well; the inoculated chancre was in a fair way of reparation."

A case nearly similar to the foregoing is likewise recorded by the same author in the *Clinique Iconographique de l'Hôpital des Veneriens*, where, from the inoculation of the matter from a phagedenic ulcer, a sore was produced upon the thigh which remained unhealed during a period of eight months, the precise time which the original ulcer took in completing its reparation; and in his remarks upon inoculation before alluded to, Mr. Hamilton states that this test should be cautiously resorted to in phagedenic ulcerations, as an ulcer is likely to result "precisely similar in character to the one from which the matter was taken."* In confirmation of this latter remark, he adduces an instance which came under his observation, when in Paris, of an intractable phagedenic ulcer which was caused by the insertion into the thigh of the matter from a primary phagedenic sore, and a parallel case which occurred in his own practice during the course of his experiments, and which was followed by like unpleasant consequences. Lastly, in the recent edition of his work on Syphilis, Mr. Acton cautions us, under any circumstances, against the inoculation of what he terms gangrenous, or serpiginous sores, as in so doing the surgeon may produce an intractable ulcer that may continue for years. From the preceding observations, it will be evident that phagedenic ulcers, under certain circumstances, are capable of being reproduced by inoculation; and when this effect results upon the operation it always gives rise to a sore possessing the same characters as those from which the pus had been taken. This fact would go far in establishing the point, that a peculiar and appropriate poison was generated by the pus of this particular ulcer, and this is borne out by the sequelæ of this affection, which, for the most part, exhibit a marked diversity from those which we generally encounter as the results of other forms of primary infection; as this is a subject to which I shall have occasion more fully to address myself on some future occasion, when speaking of the constitutional or secondary effects of the virus, I shall not at present enter upon its consideration. From a careful review of the experiments instituted, both by myself and others, with the pus of phagedenic ulcers, it would appear to me that there is but one stage in which the disease is inoculable, which is the period intermediate between ulceration and reparation, in which the destructive and disorganizing process of sloughing is, to a certain extent, arrested, and in which the virus would seem to concentrate or localise itself in the part primarily attacked. It is on this account that no effect is produced by inoculation in the first stage while the disease is rapidly extending, and eating up, as it were, every contiguous part; but when its destructive ravages are stayed by the powers of nature, or controlled by those of art, the inherent poison acquires a degree of virulence, the influence of which can be readily exemplified on the sound structures of the body.

Previous to taking leave of the subject of inoculation, as considered in reference to primary syphilitic ulcers, it may be well to add, that during the course of those experiments I invariably made use of the solid nitrate of silver on the fourth or fifth day, when I was fully satisfied as to the character of the sore, for the purpose of destroying the artificial ulceration. The only ill-effects which I have ever observed to follow were denoted by an increased inflammatory local determination, which was speedily dissipated by the employment of some simple emollient cataplasm.

The constitutional or secondary and tertiary forms of syphilis, in every form and variety, presented themselves to my notice, and in this department ample opportunity was afforded of testing the efficacy of inoculation. To enumerate their respective characters would be to give a summary of all those affections consequent upon primary infection; it will be sufficient for my present purpose to state that cutaneous eruptions, in every stage, from the incipient vesicle to the matured pustule, together with condylomatous excrescences and suppurating nodes, were submitted to this ordeal. In no single instance was any effect produced by inoculation—a fact verifying in its fullest extent the experiments of M. Ricord on those symptoms of general infection. A question has, however, been propounded which would seem subversive of the conclusions to which those results would naturally and irresistibly force us—viz. the non-contagious properties of secondary syphilis. How does it happen that a child affected with ulcers in the mouth is capable of producing a sore on the breast of the nurse through which the system is subsequently contaminated by the absorption of the venereal virus? or how is it that sores will be occasioned in the mouth of an infant by the ulcerated nipple of a diseased nurse, upon which symptoms denoting constitutional taint will quickly supervene? To these queries, the only reply which the present state of our knowledge permits us to give is, that such cases must be viewed as forming exceptions to the general rule; for my own part, while I freely admit that I have been unable to produce any result by inoculation from the pus of these particular sores, I am disposed to think that future investigations, directed more especially to the character of the primitive mammary ulcer, may tend to explain away some of the difficulties and clear up some of the doubts with which those interesting phenomena are at present beset: and this assurance I draw from a circumstance which always seemed to me peculiarly striking, which is that the form of ulceration observable in this species of disease presents a marked contrast with other varieties affecting the gland; while fissures and abrasions from local causes are often met with in and about the nipple, this specific breach assumes the ulcerated and excavated characteristics of the true primary venereal ulcer, and in some instances well-defined indurated margins are superadded.

From the foregoing observations and experiments, the following deductions may be drawn:—

1stly. That the virus of gonorrhœa is different in its nature and properties from that of chancre, inoculation with the former never giving rise to a specific ulcer; while that of the latter, when inserted beneath the skin, during the stage of ulceration, is generally succeeded by the characteristic pustule.

2ndly. That abrasions of the mucous membrane are likely to ensue from the irritating quality of a gonorrhœal discharge in its early or incipient stage; that although no appreciable effects result from the inoculation of these excoriations, still mild forms of secondary symptoms have been observed to supervene on this affection, where no other species of disease could be detected on most careful and repeated examinations. In no case, however, has the matter of gonorrhœa produced venereal ulcers.

3rdly. That sufficient testimony has been advanced to prove that those constitutional affections, reported to have resulted from gonorrhœa alone, have been caused by concealed urethral chancres, and not by any specific virus contained in the discharge, and hence has arisen the mistake of recommending the employment of mercury for the cure of uncomplicated gonorrhœa.

4thly. Sympathetic buboes, usually consequent upon gonorrhœal inflammation, are uninoculable, although even here a mild description of secondary symptoms is occasionally met with.

* Dublin Quarterly Journal of Medicine, May 1847.

5thly. Buboes, the result of absorption of the poison of a venereal ulcer, can *generally* be inoculated, provided the operation be conducted in accordance with established rules. From the failures, however, which have occurred during the course of these experiments, I am obliged to dissent from the aphorism laid down by M. Ricord, that when applied to the diagnosis of buboes, inoculation may be considered as forming an unexceptionable and pathognomonic sign.

6thly. The superficial non-indurated primary ulcer is sometimes inoculable, at other times not; both description of sores is occasionally followed by mild constitutional symptoms.

7thly. That in the indurated and excavated ulcer, inoculation supplies a valuable and unerring test, the characteristic pustule being always the result of the operation.

8thly. That the cause of failure in inoculation of the pus of phagedenic ulcers has been probably owing to the time at which the matter was taken—viz., at a period when the process of ulceration was rapidly advancing, whereas the most favourable opportunity would seem to be in the intermediate stage, between ulceration and reparation, when the virus would appear to concentrate itself. The ulcer produced by inoculation is identical in its nature with that from which the pus is taken.

9thly. Secondary and tertiary symptoms produce no effect upon inoculation.

10thly. If the inoculated part be freely touched with nitrate of silver previous to the fifth day, no ill-consequences are likely to ensue.

In bringing to a close those remarks on inoculation, as constituting a differential diagnosis in the various syphilitic affections alluded to in the preceding pages, I cannot more appropriately do so than in the words of Mr. Parker:* "In the present state of science all we can say is, that certain ulcers, the result of sexual intercourse, and not distinguished by their external characters from other ulcers, equally the result of sexual intercourse, yield a characteristic pustule by inoculation; but the ulcers which do not yield the characteristic pustule, are equally liable to be followed by secondary symptoms, and are equally benefited, under many circumstances, by mercury."

In a practical point of view, the experiments alluded to must be looked upon as invested with a considerable degree of interest. To the mercurialist who pertinaciously persists in the indiscriminate employment of his so called panacea, the facts which have been elicited by inoculation are calculated to make him pause, ere he submits to the same trying ordeal every form of ulceration which he may encounter as the result of impure sexual intercourse. To the non-mercurialist, who, endeavouring to avoid one error runs into the opposite extreme, they are designed to remind him that he cannot, with safety to his patient or with credit to himself, discard the use of a remedy, which in many cases exerts a salutary influence over the disease which he undertakes to cure. And to the practitioner who has studied aright the laws which regulate the animal economy in health and disease, and has reflected upon the effects of the introduction of animal poisons into the system, they are destined to enlarge those ideas to which reasoning and analogy have led him, and to point him to a scientific and more enlightened mode of treatment. The charlatan shall then no longer lay claim to the legitimate province of the surgeon, as syphilis shall be no longer the *opprobium* of medicine.

Ursine Ophthalmology and Chl[illegible] well-known bear, belonging to the Zoological G[illegible] Berlin, being affected with cataract, a surgeon volunteered to operate. The animal was then secured with some difficulty, but when tied down, was soon brought under the influence of chloroform. When the patient was insensible, the operator proceeded to extract the lens, but the bear died almost immediately from the effects of the chloroform. The usual means for reviving him were resorted to, but to no avail. An operation of the same kind was performed in London by Mr. White Cooper, and with more success." How much more?

* The Modern Treatment of Syphilitic Diseases.

MEDICAL SOCIETY OF LONDON.

A Visitor exhibited some Tambac, "a valuable therapeutic agent," of which he gave a very flattering account, and declared that it was useful in various diseases: he had obtained it from the Persian ambassador. The specimen brought before the meeting was nothing more, however, than a mild species of tobacco, grown in the neighbourhood of Shiraz, and held in much estimation by those addicted to the Oriental mode of of smoking. *Tambākū* is the well-known Eastern name of tobacco, and though the Shiraz specimen submitted be milder in properties than either the American or Syrian varieties, there is no ground for thinking that its volatile alkaloid principle is at all different from nicotiana, even though possessing, as was asserted, a sedative expectorant action, resembling in this respect the lobelia.

CLOSURE OF THE FISSURES IN THE BONY PALATE—REDUCTION OF A DISLOCATED FEMUR.

Dr. Bauer, a German physician and surgeon, brought before the Society two important improvements in operative surgery, which had been communicated to him by Dr. Buchring, the nephew of the late illustrious Dieffenbach. The first is an operation to effect an organic closure of the fissura palati dura; and it has been successfully performed, more than once, by Dr. Buchring, who appears to be its inventor. Dr. Mason Warren of Boston, has proposed an operation for the same purpose, to be effected by transplanting a portion of the mucous membrane of the roof of the mouth across the fissure, and mentions some successful cases; but the operation has failed when tried in England, Germany, and in other countries. Up to the present time, only mechanical appliances by means of obturators have been used, to prevent the communication between the cavities of the mouth and nose, and the consequent diffusion of sound in speaking. Useful though the obturators may be, yet they are attended with many inconveniences to the patient. In this respect Dr. Buchring's operation deserves high consideration. It may be remarked, that he does not operate before the tenth, nor after the twentieth year, the bones being at that time of life in a comparatively elastic condition. The operation is particularly intended for fissures in the median line of the palate, the vomer not being in connexion with either of the edges of the fissure; but modifications may be easily introduced hereafter to meet those cases where this connexion does exist. A pair of forceps of a peculiar form are required to perform the operation. The patient is to be seated in a chair; the forceps are then introduced into the open mouth, one branch being passed into the nasal cavity, as near as possible to the alveolar process, while the other is to occupy a corresponding position in the mouth, so as to embrace the palate between the two cutting edges of the forceps. The palate is then to be cut entirely through, the opening made being of a corresponding length to the fissure. It ought not to extend beyond the hard palate posteriorly, and ought to leave its anterior portion entire. This opening is to be made on both sides of the fissure. A piece of leaden wire is then to be passed through one of the wounds into the nasal cavity, and so on, through the other, into the mouth again, where the two ends are to be bent upwards. The wire is to be gradually drawn together, the effect being, that as the edges of the fissure approach each other, the space between the margins of the wounds will become wider; or wedges of soft wood may be introduced into the wounds for extending them, instead of the leaden wire. When the edges of the fissure are near to each other, they are to be cut, in order that they may unite as in hare-lip, or caustic may be used to effect the same purpose by granulation. Of course, while this is being done, the same pressure is to be kept up until a complete consolidation of the cicatrix takes place; the pressure being afterwards gradually decreased. The wounds will soon fill up with callus, and close.—The second is an entirely new apparatus for immoveably fixing the pelvis, while a luxated femur is being reduced. In cases of recent and sudden luxations

this apparatus may not be absolutely requisite; but in chronic luxations, where the reduction of the caput femoris can only be effected in the course of weeks or months, especially in those luxations arising from coxalgia, this apparatus will be found invaluable. The present method of establishing counter-extension is not only insufficient in regard to fixing the pelvis, but is intolerable to the patient when he has to endure it for a length of time, whereas Dr. Buchring's invention not only perfectly fixes the pelvis, but may be used for any length of time without causing any inconvenience whatever. While the apparatus is in use, and the femur is being extended, this invention throws the whole force of the counter-extension upon those parts of the body best calculated to bear a great amount of pressure without inconvenience—namely, upon the tubera ischii. The apparatus is made in the following manner:—First a model is taken with plaster of Paris, of the posterior surface of the pelvis, extending so far inferiorly as to include the tubera ischii. From this model an exact impression is to be taken in cast-iron, so that it will fit exactly to the corresponding parts without any undue pressure on any portion of the surface. From the superior ridge of the plate of iron two strong curved pieces of iron are to be brought round the pelvis as far as the anterior superior spine of the ilium, keeping at a distance of about two inches from the body. At each of the two ends there is to be a screw, capable of being turned by the hand, armed with a well-bolstered pelote, and the screw is thus to be turned until it becomes firmly fixed upon the anterior superior spine. The apparatus is to be fixed to the bed, and the extension may then begin.

INFLAMMATION AND ULCERATION OF RECTUM: IMPROVED SPECULUM RECTI.

Mr. Coulson said, that in September last, he saw, with Mr. Haden of Sloane-street, a patient, aged 34, who passed a semi-solid feculent motion once in twenty-four hours, tinged with mucus and blood, and in addition to this, within the same time, four or five evacuations consisting solely of small quantities of mucus and blood. On examining the bowel with the speculum, it was found that the mucous membrane was destroyed to the extent of two inches from the anus, and pus and blood were seen exuding from the ulcerated surface. Various local and constitutional remedies were employed with little relief except a slight diminution of the discharge. It was then suggested that the decoction of tormentilla should be tried; three ounces of this root in a pint and a half of boiling water were boiled down to a pint, and four ounces of the decoction were thrown up the rectum twice a day, and retained each time a quarter of an hour. Under the use of this remedy the pus and mucus gradually diminished, and within five weeks the ulceration had completely healed; the only medicine taken during this time was a little castor oil, to keep the bowels loose. Mr. Coulson believed the rectum to be occasionally the seat of inflammation, attended with muco-purulent discharge, which, if unchecked, proceeds to the destruction of the mucous membrane of the bowel, and to the formation of abscesses in the neighbourhood of the anus. A frequent desire to go to stool exists in these cases; and unless this be yielded to at once, the motions come away of their own accord, loose, and mixed with blood and mucus; at last the patient's health gives way, and he is worn out by continued suffering. Mr. Coulson showed a preparation taken from a patient who had died of this complaint: the cellular tissue round the anus was hardened, the mucous membrane of the rectum completely destroyed, and the internal surface of this bowel presented elevated hypertrophied muscular fibres, between which there were several openings communicating with external abscesses, so that these in fact were the result of the disease of the interior of the gut—the diseased action without being continuous with that within. The ulceration of which he had been speaking was not to be confounded with the fissured rectum which often occurs from mechanical causes, or the ulcerated rectum which is sometimes found in persons labouring under a syphilitic taint. These conditions of the bowel were very painful, and the source of great distress to the sufferer, but they easily yielded to remedies,—as the black oxide of mercury ointment (one drachm of the black oxide to an ounce of lard), or if this failed, to a division of the surface of the ulcers,—and when left to themselves did not destroy the patient. Mr. Coulson said it was most desirable, in all diseases of the rectum, to make an examination of the bowel with the speculum; and he would take this opportunity of showing one which was a modification of Mr. Hilton's and Mr. Curling's. The difference consisted in the handle being loose, so that the same instrument could be used for any part of the bowel, which was not the case when the handle is fixed. This alteration was suggested by Mr. Hovell of Clapton.

The instrument is of a conical form, four inches long, three-quarters of an inch at the small extremity, and an inch and one-eighth at the large. Upon the larger end is a ring, two inches and a half in diameter, with one-third of its circumference removed. In this ring are seven holes, half an inch apart, into either of which the handle can be screwed, thus permitting the handle to be placed at any inclination to the opening in the speculum. This is of use sometimes; for when the handle and the opening are in the same line, the latter is in the way of the patient's thighs. In the speculum is an opening, one inch at the largest end, and three-quarters of an inch at the point. Into this is fitted a metal plug, which just fills up the opening, so that a perfectly conical tube is formed for introduction. After introduction, the instrument is turned round until the plug is just opposite the ulcer; the latter is then withdrawn, and the diseased portion is then very clearly seen falling just into the opening of the speculum. No attempt to introduce the plug while the speculum is in the rectum should be made; but the finger should be passed into the speculum for the withdrawal.

THREE CASES OF RESECTION OF BONE.

By C. P. Johnson, M D.,
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The following cases are reported, not because of any peculiar interest which attaches to any of them, but for the purpose of adding to the statistics with reference to an operation which has, perhaps, been too much neglected in this country:—

Case. 1. *Resection of the Ulna.*—Rose, a negro girl, aged 11, has been suffering for four years with a chronic inflammation of the right arm over the ulna. The disease was originally attributed to a fall or a blow which she received on the arm. The arm has occasionally suppurated, and from time to time, during the last year, several fragments of bone have been discharged.

When first presented to me, April 18, 1849, there were two fistulous openings on the under side of the forearm, one about two inches below the elbow-joint, and the other about an inch lower down, through which the probe passed freely down to the denuded ulna. Neither the elbow-joint nor the radio-ulnar joint below, seemed to be involved in the disease. The general health of the child had now begun to suffer, and it was evident that she could not long stand the continued irritation to which she had already so long been subjected.

On April 21st I exsected the middle two-thirds of the diseased bone, the patient being placed fully under the influence of ether. The operation was performed by making two semi-elliptical incisions, extending from a point a few lines below the internal condyles to the styloid process of the ulna, meeting at their extremities, and including between them the fistulous orifices and the diseased integument; then dissecting away the integuments and muscles from the anterior and posterior surfaces of the ulna, dividing this bone just above its styloid process with the metacarpal saw, separating its attachment to the interosseous membrane, and completed by making the upper section of

the bone with the chain-saw, just below the coronoid process. But little blood was lost, and only one vessel required the ligature. The edges of the wound were then brought together by adhesive strips, and an angular splint applied, extending beyond the ends of the fingers.

With the exception of fever, accompanied with slight delirium on the second day after the operation, which was speedily checked by a mercurial cathartic, the patient recovered rapidly, and was discharged about eight weeks after the operation entirely well.

By adopting the operation of exsection in this case, the elbow and the wrist-joints were both saved to this patient; and before her discharge she could use them both freely. Before the introduction of the operation of exsection, this arm would have been amputated, probably above the elbow.

Case 2. *Resection of two-thirds of Inferior Maxilla.*—In July, 1850, I was asked to see Mary, a negro woman, æt. 35. She gives the following history of her case. About twelve months ago, while in New Orleans, she had the first molar tooth of the left side of the lower jaw extracted: she states that in the operation a portion of the alveolar process was broken off, and that from that time she has suffered constant pain and swelling in that side of the face, with occasional discharge of small pieces of bone.

When I saw her, the left side of the face was much swollen, and the whole region of the left side of the inferior maxillary bone the seat of much induration; there was a fistulous orifice externally along the lower margin of the bone, about half way between the angle and the symphysis, which communicated with the diseased bone, and another orifice which opened internally on the gum, whence the molar tooth had been extracted, which also communicated with the denuded bone and with the other sinus.

On the 12th of July, hoping to be able, by a simple operation, to remove the whole cause of the trouble, I made an incision over the seat of the disease, and finding that a large portion of the thickness of the bone was involved, took out an entire section, of a V-shape; after the external wound resulting from this operation was entirely healed, as it was in three weeks, there still remained a fistulous orifice in the mouth, which was found to communicate with denuded bone; from this orifice several pieces of necrosed bone were from time to time extracted, without, however, affording any permanent relief to the patient, whose face continued much swollen and very painful. In a few days, an external orifice again made its appearance, from which a considerable quantity of pus was discharged daily, and which was found also to communicate with denuded bone.

Upon a careful examination of the case now, it was ascertained that the whole left side of the body of the bone was in a state of hypertrophy, the disease extending across the symphysis to a point between the right lateral incisor and the canine tooth of the same side in one direction, and to the angle of the bone in the other.

Upon consultation with my friends, Drs. Marx and Gibson, it was determined that the safety of the patient depended upon the entire removal of the disease, and that to effect this with greater certainty, it would be better to disarticulate the bone at the temporo-maxillary articulation, and to resect the body just to the right of the diseased portion.

Accordingly, on the 2nd of September, I proceeded to do the operation as follows:—The patient being placed in a suitable chair, and put thoroughly under the influence of chloroform, an incision was made commencing opposite the left temporo-maxillary joint, passing downwards along the ramus a few lines below the angle, thence, slightly curved with the convexity downwards, horizontally along the inferior edge of the body of the bone, to the right side of the chin, and thence upwards to the right angle of the lip. The dissection was then made from below upwards, so as to penetrate the cavity of the mouth, and to expose the whole of the anterior face of the diseased mass. A slight dissection and the use of the fingers enabled me to detach the soft parts from the posterior face of the bone along the portion at which the section was to be made. This accomplished, the first incision was extended through the lower lip,* the flap turned back and held by an assistant, the chain saw passed behind the bone just anterior to the first bicuspid tooth, and the bone rapidly divided at that point. The internal attachments of the bone were then speedily divided, and the operation completed by the division of the attachment of the temporal muscle to the coronoid process and the disarticulation at the glenoid cavity. This stage of the operation was greatly facilitated by using the bone itself as a lever, to put upon the stretch the parts to be divided and to pry out the coronoid process from under the zygoma.

No vessel required ligaturing. The edges of the coronoid were brought together with sutures and adhesive strips, a light dressing applied, and the patient put to bed, after the administration of a stimulant, in a tolerably comfortable condition.

During the operation, a thread was passed through the arteries of the frenum of the tongue, in case retraction should take place; but although the bone was divided some distance to the right of the symphysis, and consequently the anterior portion of the genio-hyo-glossus muscle necessarily divided, no retraction of the tongue took place, and no symptoms of suffocation occurred.

Upon an examination of the bone after the removal, it was found in a state of hypertrophy, the cancellated portion and the dental canal in the left side being filled up with dense compact laminated bone structure. Though but seven weeks since the first operation, the space left by the removal of the section of bone at that time had become firmly filled with cartilaginous tissue.

The patient did well, and on the 17th September, just two weeks after the operation, the wound was completely healed. There remained, however, partial paralysis of the left side of the face owing to the section of the portio dura, and a good deal of swelling, with some eversion of the lower lip. The condition of the lip was entirely relieved in the course of a few weeks longer by the use of adhesive strips, and the paralysis gradually diminished, though it has not entirely disappeared.

Case 3. *Resection of the ununited ends of a Fractured Femur.*—The patient, an athletic Irishman, aged 19, had suffered just three months and ten days before, a very oblique fracture in the upper third of the right thigh, in a direction from above downwards and forwards; the fragments were consequently, at the time of the operation, very far separated from each other, the lower fragments being drawn upwards and inwards.

Having placed the patient fully under the influence of chloroform, the operation was commenced by an incision extending from the trochanter major to the outer surface of the external condyle. This incision extended down to the fascia lata, which was then divided continuously with the first incision. In order now to reach the lower end of the upper fragment of the fractured bone, which was drawn forwards and outwards, the vastus externus was separated from its attachments to the rectus femoris, and held back by an assistant. With some little difficulty the extremity sought for was found, a chain-saw passed around it about an inch from its termination, the section readily made, and the fragment separated from its ligamentous attachments and removed.

The next step in the proceeding, in the section of the upper extremity of the lower fragment, proved very difficult, in consequence of the great retraction of this portion of the fractured bone. This lower fragment was found drawn up to the lower portion of the gluteal region, and car-

* Anxious to preserve the integrity of the lower lip, if possible, I attempted to pass the saw without dividing it, but found that the extreme thickness of the bone and the small curve of the needle used rendered it impossible. I was obliged, therefore, to divide the lip in order to obtain more space for manipulation.

ried by the adductors considerably inwards, rendering its access by an external incision difficult. Finding it impos sible to reach the upper portion of this fragment through the separation already made between the vastus and the rectus, the vastus was separated from its posterior attachments and turned forward. After a tedious dissection, in which the handle of the scalpel and the fingers were used very much to the exclusion of any cutting instrument, in order to avoid the risk of dangerous hæmorrhage, the extremity of the bone was at length reached, and with some difficulty, owing to its very great depth, the chain-saw passed around it. This portion of the operation was much facilitated by carrying the foot across the opposite instep, so as to force the fragment sought nearer to the external surface of the thigh. The chain-saw turned down both in front and behind, by the thick muscles of the thigh, was worked with difficulty, and, before the section was completed, broke. A good metacarpal saw which was at hand was substituted, and with it the section finished. The detached portion, about an inch and a half in length, was then easily removed. The two opposite ends of the bone, thus rendered perfectly transverse, could then be brought accurately into contact, producing a shortening of the limb of about two and a half inches.

The next step in the operation consisted in boring with a small bit and brace a hole in each of the ends of the bone thus approximated, through which a very strong silk ligature was passed by means of an eye-probe, and finally tied. The holes were bored obliquely, commencing each about half an inch from the sawn extremity, and passing the one upwards and the other downwards, terminated in the medullary canal. The ends of the ligature were brought out of the wound. The edges of the wound were then brought together as accurately as possible, the limb lightly bandaged, a long splint applied along the whole posterior surface of the limb, and the patient put to bed, with the leg resting upon a slightly inclined plane.

During the operation, a good deal of blood was lost, a large portion of which was venous; and after its completion, the patient who had then recovered from the effect of the anæsthetic agent, was very pallid and excessively prostrated. Brandy and water was freely administered, and warm clothing applied. Reaction took place very slowly; about four hours after the operation, the pulse began to rise and the skin to regain its warmth. The stimulants were then used more moderately. The reaction, however, was never complete, and only lasted a few hours. During the night the pulse again began to flag, and the patient became more restless; stimulants were again resorted to and used very freely, but with no effect. The system seemed to have lost its power of responding to any agent, and in spite of the most active stimulant treatment, the patient continued gradually to sink, until about six o'clock the next evening, just thirty hours after the operation, he died. No post-mortem examination could be obtained.—*Phil. Med. Examiner.*

REVIEWS AND NOTICES OF BOOKS.

THE PREVENTION AND CURE OF MANY CHRONIC DISEASES BY MOVEMENTS. By M. Roth, M.D. London. 1851. 8vo. pp. 302.

Under the names "Kinesipathy" and "Kinesitherapie," the novel method of treatment which forms the subject of the volume before us was first promulgated to the profession. It is in point of fact little else than an improved and more scientific application of gymnastic exercises, which however useful they may prove in invigorating the frame, in strengthening the muscles, and in relieving certain deformities, can have little curative effect upon disease.

It is not pretended (Dr. Roth observes) that this is a complete treatise on the subject of movements as regards all their relations to the body in health and in disease. "He has contented himself (he says) with compiling from every available source whatever seemed to him to be of value," and "the mere fact that this method of treatment is insufficiently known to the profession and the public, is sufficient excuse for this publication."

The subject is considered under three heads. The first contains a short history of the treatment by movements before and since the time of Ling, with a biographical notice of the latter; under the second, "the doctrine of the general and specific movements and their effects" are considered; the third is devoted to the "treatment of certain diseases by movements."

The following is Ling's division of the doctrine of movements, he being regarded as the great authority upon all points connected with this subject. He arranges them in four principal groups, "according to the state of the organism, and its relation with the external world":—

"1. *Subjective-active state*, which supposes the organism to be acting upon itself with its own force, for the purpose of self-conservation and development. This is the base of the

(a) Pædagogical part, by which we learn to subject the body to the influence of our own will, and by which the natural disposition to harmony in its various parts is developed.

2. *Objective-active state.*—In this the action is the result of a combination between our own force and one that is external, which latter is striving to bring on a re-action. This is the base of the

(b) Military part, by which we learn to subdue by the assistance, either of external means (as weapons) or of our own bodily force, another will external to our own; here the oneness of the body and the weapon are developed proportionately to the action of our opponent.

3. *Subjective-passive state.*—Here the organism is in an abnormal or diseased state, during which we are less able to act ourselves, but must remain passive, and receive a mechanical influence from without. This is the base of the

(c) Medical part, by which we learn to allay or cure our pains and disorders, either of ourselves by a convenient position of the body, or with the assistance of others acting upon us by movements; whereby the harmony which had previously been deranged by the respective irregular proportions is restored to the different parts of the body.

4. *Objective-passive state*, in which we express by outward actions our feelings and impressions. This is the base of the

(d) Œsthetic part, by which we express actively our internal being, our thoughts, and feelings; thereby showing the harmony which exists between our intellectual and corporeal being."

The author next gives a classification of movements, which he divides into "simple, compound, double, and half movements; partial, parallel, and general movements; repeated, rhythmical, and movements in motions."

We have then a "division of movements with respect to the moving power," into "active, passive, combined, and mixed movements." The "general effect of movements" is considered under the heads "physical effect, physiological effect, and psychological effect;" followed by an account of the effects of active, passive, and combined movements.

The indications for treatment by movements form the subject of the next section; they are either general or special. The special indications for this method of treatment are—

"1st. Restoration of the right shape and form; as, for instance, of curvatures.

2nd. Restoration of the right position and direction of the parts; as, for instance, of ruptures.

3rd. Restoration of the mobility of the parts; as, for example, incomplete anchylosis.

4th. Removal of solid and liquid matters and foreign bodies from the cavities and textures of the body.

5th. Restoration of nutrition, assimilation, and reproduction of the whole body or single parts.

6th. General change of substance, principally of the muscular fibres.

7th. Increase of the activity of the skin, lungs, heart, liver, &c.

8th. The diminution and increase of the activity of the nervous central organs.

9th. The alleviation of pains."

The active movements are used in order.—

"1st. To strengthen and fortify a muscle; that is, to form new and stronger muscular fibres.

2nd. To remove the fat texture which has been substituted for muscle.

3rd. To effect a stronger innervation of the motory nerves.

4th. To increase the temperature.

5th. To promote the formation of arterial blood in general, and improve its mixture.

6th. To derive blood, principally the arterial, from neighbouring organs.

7th. To effect a better formation of venous blood, and an increased circulation of it, as well as of the fluid of the lymphatic vessels, not only in the muscles but also in more distant regions of the body.

8th. To relieve the contraction of certain muscles by strenghtening their antagonists.

9th. To establish, by the returning equilibrium of the antagonists, the re-formation of the texture of the ligaments, tendons, cartilages, bones, and even of internal organs."

Passive movements are used therapeutically:—

"1st. In hypertrophy of the different organs.

2nd. In pseudo formations.

3rd. In the removal of the products of inflammation.

4th. In dilatation of the veins.

5th. In disorders of the valves of the heart.

6th. In muscles and tendons which have been contracted but for a short time, in which the muscular power is to be weakened by the increased resorption."

The description of the different movements follows; the details are given with a minuteness which is somewhat amusing, and figures of the various attitudes or positions are added in illustration of the text. The remainder of the volume is occupied with the application of movements to disease. We shall conclude with the following extract from the section upon "diseases of the eyes," which will enable our readers in some measure to judge of the value of this therapeutic agent:—

"*Inflammations of the eyes, principally chronic conjunctivitis*, have been cured by absorbent and derivative movements. Many cases of specks on the cornea, of short duration, and where the opacity of the cornea was but of small extent, were successfully cured by Neumann, who communicates the following cases, and their treatment.

Case.—A girl, 22 years old, was, according to her own statement, from her infancy so blind, in consequence of variolous ophthalmia of the right eye, that she could not discern broad daylight from the darkest night. There were three spots on the cornea of the size of a pea, which touched each other, and covered the whole cornea in such a manner that only very small transparent spots remained towards the edges of the cornea. One of the opaque spots, situated in the central part of the cornea, was not only distinctly prominent, but also so unequally and differently coloured, that it was plainly a real scar of the cornea; the other opacities had the common white colour of mother-of-pearl, and therefore the cornea appeared very similar to the so-called opal glass. It was impossible, even with the microscope, to examine the state of the iris and pupil. As the conjunctiva of the sclerotic was also metamorphosed in different places by dilated vessels, and no other inflammatory symptoms were to be seen, the excision of some single pieces of it was tried, in order to diminish the nutrition of the scar-texture of the cornea; but this had not the desired effect. The repeated scraping off of the opaque spots of the cornea was equally unavailing; a more or less inflammatory reaction followed, but without changing the condition of the cornea. The medicines employed internally, as well as externally, produced no good effect, and the patient was discharged. After an interval of six weeks she returned, and requested to be operated on, with the hope the operation would succeed. Instead of which, the treatment by movements was employed, and continued for fourteen weeks, the result of which was, that the power of vision was so far restored, that the patient knew the number of the fingers held before her, the colour and form of a pocket watch, &c. At the same time the cornea became so changed, that already many entirely transparent places were to be seen, while others were covered as with a cloud. The black colour of the pupil and the quick movement of the iris (notwithstanding it appeared on the inner edge of the cornea attached to the leucoma) could be very distinctly seen with the eye; the scar of the leucoma was considerably more level, and still more diminished, and there was no doubt that the scar-texture itself disappeared."

The treatment of this case consisted of the following movements:—

"1st. Pressure on the supra-orbital region.

2nd. Passive rotation of the head.

3rd. Frictions in the direction of the longitudinal superior sinus, and transverse, and the beginning of the internal jugular vein.

4th. Flexion of the trunk, with resistance.

5th. Active rotation of the lower extremities.

6th. Percussion on the soles of the feet, with a cylindrical piece of wood."

MEDICAL TRIALS.

HOMŒOPATHY AT TOTNESS—INQUEST.

Rev. James Shore (not sworn)—Says he calls for an inquiry in consequence of his being accused of the murder of the child, or that he had killed it by his treatment, which he will show by his witnesses, and that he will prove himself both justified and qualified to treat any sick person, and to prescribe medicines, having studied medicine for thirty years; that the medicines had cost him formerly fifty pounds, but now he permitted certain ladies to receive money as a remuneration; that those persons prepared the medicines in the breakfast room in his house, from his prescriptions, and delivered the medicines to his patients at his house.

Mr. William Bowden (sworn)—I am a surgeon residing at Totness; I examined the body of Alexander Charles Screach, on the 12th day of November instant; there were no marks of violence externally, no emaciation of the body; skin tinged yellow, generally over the body, giving an idea that the child had jaundice; I then opened the head; on removing the cap of the skull, I found the membranes of the brain congested, the exterior membrane or dura mater was tinged slightly yellow; on removing the brain, I found it quite healthy; I then opened the chest, the lungs were quite healthy, there were no adhesions or appearance of any former disease; the heart was also healthy; the abdominal organs were generally healthy; the stomach contained no food, and only a small quantity of mucus; the vessels of the small curvature were slightly congested, as well as those of the duodenum; the liver was healthy; the gall-bladder was empty, with the exception of a little mucus; the kidneys were healthy; bladder full of rather high-coloured urine; I believe the child to have died from congestion of the vessels of the membranes of the brain.

Mr. W. Kellock (sworn)—I am a surgeon residing at Totness; I attended the examination of the body of Alexander Charles Screach with Mr. Bowden, and agree with him as to the cause of the child's death.

Mr. Shore (asked)—If jaundice might not produce congestion of the vessels of the brain?

Mr. Kellock—Certainly.

Mr. Shore—Might not violent sickness produce the same effect?

Mr. Kellock—Yes, but not permanently; the congestion might be the cause of sickness.

Mr. Shore—You said some of the vessels of the stomach and duodenum were congested, might not that effect be produced by ginger administered internally?

Mr. Kellock—That would depend upon the quantity given; I cannot answer that question unless you state the quantity, which I should think must be large to produce such an effect.

William Screach (sworn)—I am a tailor residing in Bridgetown; I am father of the child; it had been ill since last Monday fortnight; I considered it looked yellow, and had the jaundice; Mrs. Turpin, a neighbour, told me that Mrs. Monteith had a child cured of jaundice by Mr. Shore, or from a prescription of his; my wife took the child to Mr. Shore's house, he prescribed for it, and I sent my son for the medicine to Mr. Shore's house twice; the first time there were twelve or fourteen powders sent, I cannot say which, and the second time twelve or fourteen powders, about twenty-six altogether; the powders were directed to be given every four or six hours, he did not know which; they were given to the child; the medicine produced no apparent effect; there was no alteration in the child up to Wednesday in the last week, it was running about and occasionally lying about very heavy; on Thursday my wife heard that Mr. Thompson

had ordered some medicine for a child of Mr. Butland, chemist, of Totness, for the same disorder, and had soon cured it; she went to Mr. Butland and asked for the same medicine, and received four powders. [The prescription in Butland's handwriting was put in, it was powdered rhubarb, five grains, carbonate of magnesia, five grains, and ginger, one grain.] One powder was given on Thursday evening, one on Friday morning, and one on Friday night, nine o'clock; in the course of half an hour the child vomited very much, and continued in that state for a long time, it was restless for many hours; it then became quiet; on Saturday night it appeared to be much worse, when I sent for Mr. Derry; he came directly and sent it four powders, but he did not say the child was so dangerously ill; I saw it take one of Mr. Derry's powders; it took no effect; the child was quiet until five o'clock on Sunday morning, it then became convulsed, and remained so until seven o'clock in the morning, and died at nine o'clock, about five minutes before Mr. Derry came to my house.

Elizabeth Seycombe (sworn)—Called by Mr. Shore and examined by him; did not say Mr. Gillard had said that Mr. Shore had killed the child; I went to his surgery at Mr. Thompson's for medicine; Mr. Gillard was there and the dispenser; Mr. Gillard said, "so they say Mr. Shore has killed the child (I thought he meant Screach's child); what does he know about medicine;" no name was mentioned.

Gervas Holmes (sworn)—Went with Mr. Shore to Elizabeth Seycombe, fearing she might prevaricate, to hear what she said about this case; she stated having had a conversation with Mr. Gillard, and that Mr. Gillard had made use of these words:—"Mr. Shore has killed the child; what does he know about medicine;" she then varied by saying that Mr. Gillard said:—"They say Mr. Shore has killed the child; what does he know about medicine."

The Coroner then remarked that they must be all satisfied as to the death of the child, and if other parties were aggrieved at Mr. Shore's practising medicine they must apply to another court; and Mr. Shore, if he considered himself charged with the death of the child, must apply elsewhere.

The jury then retired for a short time, and returned their verdict that the child had died from congestion of the membranes of the brain, and that there was not the slightest blame to Mr. Shore.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, DECEMBER 10, 1851.

PROCEEDINGS UNDER THE DISPENSARY ACT.

Since our last, the working capabilities of the Dispensary Act have been pretty well tested: and to say the truth, we feel rather relieved than otherwise by the results. No where have salaries been granted to the Surgeons commensurate with the amount of duty imposed on them, and in many places they are utterly inadequate; but upon the whole, the Guardians, in the formation of districts and provision for the relief of the sick poor, have, we confess, done better than we expected. Whatever we may think of some of the Boards, and of some of the Guardians, we are gratified to perceive that, so far as matters have already been handled, there is a display of a much better spirit than that exhibited in England on a somewhat similar occasion. We are now viewing the subject in its general bearings, and more in reference to the financial condition of the department to which it belongs, than in relation to individual cases, or even to the claims of our own profession. We would suggest to our readers a similar exercise of their faculties, and a similar suppression of feeling, while they multiply one hundred and sixty-three by whatever number they may consider the average of dispensary districts in the unions; and then multiply the product by the average of salaries. We do not, by any means, wish to suggest a tame submission to any resolution which sacrifices the interests of the poor or the surgeon to the interests of the ratepayer; all we want is to suggest a consideration of both sides of the question, and we do so the more because we are of opinion that, upon a rough calculation, the total amount of tax about to be levied off the entire country for the relief of the sick poor will not be found disproportioned to its resources, even crippled as they are. We do not think that parsimonious Guardians will find in such a calculation any very convincing argument in support of sordid bargains with Dispensary Surgeons; neither do we think that the Commissioners will find it a ground for the adoption of their views. At the meetings of the Boards throughout the country, there seems to be a fair business-like calculation of profit and loss consequent on the change taking place, and a fair setting off of the former grand jury cess and subscriptions against the proposed poor-rate for the same purpose; and it is in this spirit the Dispensary Surgeon should meet the ratepayer, proving to him that he can afford to be just, and, in many cases, even generous, without sustaining any loss by the transition from the old to the new system. There seems also to be a good feeling and good temper displayed which we should not be the persons to disturb. There may have been a little exhibition of peevishness by crabbed economists here and there, and now and then a fling at "the doctors;" but there is none of the swaggering or offensive depreciation of medical services formerly indulged in. We have before us a mass of information as to these proceedings, which we cannot well use without devotion of too much of our space to the subject, or without accumulating details which may lead to confused conclusions. We select a few of the reports as they have reached us. In Belfast, Dr. McGee's proposal to grant salaries of £100 to the Surgeons, was met by a Mr. Gregg after the following fashion:—

It might (he said) be all very well to cry out "don't mind the money;" but he confessed *he did mind the money*. They had had the poor properly attended by qualified medical men for a number of years; and now, when the funds were to come out of the rates, he considered it a strange proceeding that they should consent to advance their salaries. They had plenty offering themselves for the situations at present; and although it might be all very well to slight the expense of 1½*d.* in the pound, still the light he viewed it in led him to move, as an amendment, that the salary be £70.

Mr. Robert Thompson suggested an alteration of the figure to £75, which was adopted: and he then seconded the motion.

Mr. Posnett's opinion was, that the proposition then before the house should be adopted. *The situation would be the means of bringing young medical men into notice*: and he confessed that he thought £75 a liberal allowance.

Mr. Senior also agreed in viewing the standard of remuneration as a liberal one. It was high when compared with those paid in England, when the population was equal; these were considered fully equal to the duties by the profession, while they were not regarded as too heavily pressing on the ratepayers. He repeated that he looked upon £75 as exceedingly liberal.

The question was then put, as between £75 and £100; when the former sum was carried by a majority of 19 to 2—the mover and seconder only supporting the figure.

Doubtless Mr. Gregg "minds the money," and has a very praiseworthy horror of three halfpence in the pound. Mr. Posnett, too, has an eye to business, when he pays the young doctor by "bringing him into notice." Do young spinners and bleachers sell webs cheap to bring them into notice? Then Mr. Inspector Senior again puts in his oar. We have to suggest that the Commissioners will find out something for this gentleman to do to entitle him to

his salary; his loitering about here meddling with other men's business is most improper. We have heard something about the jealousy of General Inspectors caused by the appointment of Medical Inspectors, which makes us dislike this display of Mr. Senior's notions of duty. In Sligo Union salaries of £100 have been voted. Upon this a local paper, the *Sligo Chronicle*, remarks:—

It will be seen by our report of the proceedings of the board of guardians, that the salaries of the medical officers are to be £100 a year each. This is really monstrous. We venture to say that, under the dispensary system, they did not receive each £50 a year. What will the ratepayers think when in the flourishing union of Belfast the salaries are £75 a year,—nineteen guardians voting for £75, and only two for £100? And this remuneration, the poor-law inspector stated, *was higher than was paid in England.* The guardians here have made a great mistake,—we will not use a harsher word. Is the struggling union of Sligo to pay larger salaries than any paid in England or Belfast? Surely the Poor-law Commissioners will never sanction this. To be sure they have always been for high salaries, but the present are a little beyond anything they have hitherto directed. We have been given to understand that a public meeting will be called in reference to the affair.

This is just what we said would be the effect of the Belfast proceedings, and the very improper interference of Mr. Senior. This Inspector had no business whatever to throw the weight of his official influence into the scale, or to embarrass his superiors by premature expression of opinion. In Tubbercurry Union two districts have been formed, and salaries of £100 a year voted to each of the Surgeons. In Tullamore Union five districts have been formed, but Surgeons' salaries seem not to have been declared; and in Parsonstown eight. In Naas the division has been into seven, and the salaries vary from £50 to £75. At Abbeyleix, in the Queen's County, the union has been divided into eight districts, but salaries are not yet named; the following pertinent observations were made here by Mr. Lalor, formerly member for the Queen's County, a man competent to form a sound opinion on such subjects, and a vigilant guardian of the rights of the labouring classes; by the Hon. Thomas Vesey, one of the present members, a kind and considerate friend of the poor; and by Mr. Bland, a gentleman in every respect well qualified to deal with such a subject:—

Mr. Lalor said, I was in hopes that some gentleman would propose a larger number of districts than four; I would say seven, as being the number of the present ones. I took some trouble in forming the divisions, and in making them out have stuck as close as could be to the present dispensaries. It was not the voluntary kind of attendance that was heretofore the rule that should now be the rule of medical men; the poor people must be attended in and out of their houses as the occasion may require. If the guardians made the districts unwieldy, so that no man could conveniently reach them, it would be an absurdity to expect that the people could be properly attended to. If they began at four they would ultimately have to increase to seven, under the compulsion of the Commissioners, or the coercion of circumstances.

Mr. Vesey said, each question has its difficulty. On one hand you have the taxation to consider, and on the other the comfort and wants of the poor. Besides you will have not only the medical wants of the destitute poor, *but of the deserving small farmers and the hardworking and labouring portion of the community.* Increase of taxation is an important consideration, but it is not more important than the wants of the people. The wants of the poor will require a greater number of districts than four; for the medical officer will not only have to give the poor medicine but be bound to attend them at their houses, on a ticket from any of the guardians or the committee. No one medical man could or ought to be expected to do all this: and if two doctors have to be engaged for the one district, I do not consider it would be any economy; therefore I will vote for Mr. Lalor's motion.

Mr. Bland said, my first impression was in favour of the larger districts; but after all I have heard I think it my paramount duty to vote for the motion which will afford the greatest relief and comfort to the poor. I would be very sorry to press upon the ratepayer, but the county cess will be diminished in the union by the removal of the £800 a year which had been collected for the dispensaries, besides the levy for vaccination will be at an end. These will be some compensation to the ratepayer. It would be impossible for a medical man to answer in any reasonable time calls from persons in the extremes of a large district. Though we would commence with one medical man, a second would have to be appointed, so we would then have eight instead of four. Under the consideration, as Mr. Vesey states, of a proper attention to the wants and comforts of the poorer class, being our chief object, let us waive personal considerations and vote for the motion which is likely to confer on those the greatest benefit.

At Trim a point of some importance has been mooted:—

A letter was read from the Commissioners, referring to the inquiry of the board, if they have the power of providing more than one house or place in each dispensary district for administering medical relief. The Commissioners are of opinion that the dispensary district should be formed so as to admit of the attendance of sick persons resident in each district at one building in a central position, which would serve as a dispensary or for meeting of the dispensary committee. They state, however, that they will take into consideration any arrangements which the guardians may think proper to make in reply to their circular of 12th November.

Carlow has been divided into six districts, but salaries have not been named; and Mountmelick into eight; Banbridge into six, with salaries varying from £50 to £80. Our limits do not permit us to go into further detail, especially as we are anxious to give insertion to the following letters:—

TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—I consider it incumbent on the dispensary surgeons of the different unions in Ireland to avail themselves of your invitation, and give you the proceedings taken by the boards of guardians in working the new dispensary act. Therefore I have to inform you that on last Tuesday week the guardians of this union divided it into seven districts, continuing the same number of dispensaries as existed prior to the new law. The districts are, on an average, about eight miles by eight (some rather under, and one a little over); population varying from over 9000 down to 3724, the average being about 6500. No sum has as yet been fixed as a salary, but in a conversation at the board, the majority of the guardians named £80 a year as the doctor's salary, and an allowance of £20 a year for an office and medicine. There is, evidently, an inclination to act liberally and justly towards the profession and the poor, irrespective of the additional fraction of a penny that may, in consequence, be imposed. When the act is in full operation, the poor-rate will be increased 1.5-16ths in the pound, according to the scale of salary before mentioned. The only injury that the medical attendants in this union may suffer, would be if the guardians delay enforcing the law until after the spring assizes—a contingency that was hinted at the last meeting of the board; but I trust that the medical officers of every union in Ireland will, if necessary, memorialize the Commissioners to date their salaries from the first of October, as I dare say many others are circumstanced as I am—viz., working for the *past four months* without remuneration, as the dispensary to which I am attached fell into debt some four years since, and is but now out of it. This being the usual time for getting in the subscriptions to be presented for at the spring assizes, those whose grant is now expired will have neither subscription nor salary to meet their exigencies unless the Commissioners date their salary from the first of October.—Your obedient servant,

Mullingar Union, Dec. 5, 1851. D. D.

TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—I am glad to find by the last number of your useful periodical that you have thrown off all unnecessary reserve respecting the proceedings of boards of guardians in carrying out the new dispensary act, and I trust your readers will avail themselves of your invitation to publish the movements in every locality. Many, yourself among the number, expected great improvements from the operations of the new act, and possibly cases will occur to justify your expectations;

in many more, however, disappointment will, I fear, result—disappointment to the doctors and disappointment to the poor, unless the Commissioners fix some equitable standard to guard the interests of both. This union (Glin) has been divided into two districts—Tarbert and Shanagolden; salary for the former £70, for the latter £60; and these salaries have (as I am informed) been sanctioned by the Commissioners. Now, I know that in this case the salaries were fixed at a low figure under the impression that they would be increased by the Commissioners. In the adjoining union of Listowel, however, things are much worse. I have carefully watched the movement in every direction, as given by the press, and I find that Listowel is far lower than the lowest of the rest. This union, which not long since contained eight dispensaries, has now been divided into three monster districts, each district at least twelve miles square; and for each of these large tracts the magnific nt sum of £40 is fixed. No man could perform the duties of any one of these districts with less than a pair of horses. I challenge any of your correspondents to produce an instance equal to this. It is hard to say which party—the doctors or the poor—would suffer most by such a decision. How will the Commissioners act in this case, you shall soon know from

A RATEPAYER.

With respect to the point alluded to in the letter of our Mullingar correspondent, relative to the period of commencing operations under the new system, we have to say that this must depend on the Commissioners and not on the Guardians. As soon as the districts are declared, and the salaries approved of, an "order" will of course be issued, which will declare that "from and after a day named therein, the cost of all medical relief shall be charged on the poor-rate;" and until that order is issued, the present Dispensaries are entitled to the usual support hitherto by law provided for them. With respect to the apprehensions of our other correspondent, lest the Commissioners may have sanctioned the inadequate salaries proposed for the Glin Union, we hope they are premature; and as to the munificent provision made in the Listowel Union, we have no doubt such a proceeding will not be tolerated.

Since the above was written, we have ascertained that the Kilkenny Union has been divided into five districts; salaries not settled; Wexford into six, and salaries of £100 cheerfully voted; Galway into five, with salaries of £120, £90, £90, £50, and £50; Shillelagh into three, with two stations and one Surgeon to each, salaries £100; New Ross into ten, with salaries of £100 to six Surgeons, £80 to two, £60 to one, and £40 to another. The Fermoy Guardians have divided the union into five districts, with two offices in each, to be attended by five Surgeons, with salaries of £75; a payment altogether inadequate for such duty. We have great doubt as to the legality of these sub-divisions of districts, and erection of additional offices or stations. The eighth section of the act says, "The Guardians shall provide a house, building, or room, to be used as a dispensary or office, for the medical officer of *each* such district." It is, however, a point for the consideration of the Commissioners.

ADDRESS TO DR. MACDONNELL, THE MEDICAL POOR-LAW COMMISSIONER.

ADDRESS from the Dispensary Physicians and Surgeons of the County Donegal to John Macdonnell, Esq., M.D., &c., Medical Poor-law Commissioner for Ireland.

DEAR SIR,—We, the Dispensary Physicians and Surgeons of the county of Donegal, beg to tender you our warmest congratulations on your appointment as Medical Poor-law Commissioner for Ireland. The recollection of your past exertions and efficient services in behalf of the profession, your character as a gentleman, and your education as an enlightened physician and surgeon, all conspire to call forth this our united expression of confidence and esteem. With you, a respected and honoured member of our profession, we rejoice to coöperate in carrying out the charitable designs of the legislature, feeling assured that while exercising your official authority with strictness and impartiality, you will ever be mindful of that spirit of moderation and kindness which is certain to secure the efficient working of the new system of dispensary poor-law relief.

Aided by your counsel, the non-medical Commissioners will be better enabled to attach to scientific qualifications and attainments their due weight and importance, and thus your appointment will tend in no small degree to elevate the character and respectability of the medical profession in Ireland. We feel assured that your appointment will receive unanimous approbation; and long may you reflect honour on the office of Medical Poor-law Commissioner for Ireland in health and happiness.

Signed—Henley Sharp, Letterkenny Dispensary and Fever Hospital; Benjamin Johnston, Rathmethon Dispensary and Fever Hospital; Robert Mansfield, Sagert, Donoughmore (or Killygordon) Dispensary; Simon Shiel, Ballyshannon Dispensary, George Frazer Brady, Dungloe, Templecrone, Gweedon, and Burton Part Dispensaries; John Irwin, Moville Dispensary; Henry A. Wallen, Stranorlar Dispensary; William Moorhead, Buncrana Dispensary; William H. Molloy, Millford Dispensary; J. A. Ardagh, Rumullen Dispensary; John Hunter, Fand Dispensary; John Smith, Manor Cunningham Dispensary; John Harvey, St. Johnstown and Castlefarmer Dispensaries; James Burnside, Muff Dispensary; E. C. Swayne, Dunfanaghy Dispensary and Fever Hospital; Andrew J. Hamilton, Bush and Inch Dispensary; Jos. Mulreany, Donegal and Kilmard Dispensaries; George Marshall, Pettigo Dispensary; Richard Coote. Killybegs and Ardara Branch Dispensary; Samuel Johnson, Currigarl Dispensary; James Swan, Inver and Mountcharles Dispensary.

REPLY.

GENTLEMEN,—I need hardly assure you that your kind congratulations on my appointment as Medical Commissioner under the Medical Charities' Act, and expressions of confidence and esteem, conveyed to me in your Address, have afforded me the highest gratification; and I willingly confess that I receive them with pride. With the coöperation which I confidently anticipate from you, and indeed from the Dispensary Physicians and Surgeons of Ireland generally, I am well convinced that the Poor-law Commissioners will find it no difficult task to carry out the charitable intentions of the legislature, as expressed in Sir William Somerville's Act, in such a manner as to make it productive of great benefit to the sick poor, the public, and the medical profession.

I have always thought that the *real* interests of these three parties, in everything relating to the services rendered by our profession to the sick poor at the public expense, are identical. In the services and exertions in favour of my profession, to which you so kindly refer, I have been always guided by that belief as a principle; and I can safely and with perfect truth say, that, in the new position in which I am now placed, I shall ever be governed by the same belief.—I am, gentlemen, your most obedient and obliged servant,

JOHN MACDONNELL.

Dublin, 4, Gardiner's-row, Nov. 29, 1851.

ADDRESSES TO DR. WALSHE OF BALLYNAKILL, IN THE QUEEN'S COUNTY.

ALTHOUGH such expressions of kind feeling as the following may not be so well suited to the wants of the readers of a medical journal, we venture to give insertion to them, satisfied that they are just and sincere tributes of respect and gratitude. Our limits do not permit us to give the names of the subscribers, which are those of gentlemen of the greatest respectability:—

DEAR SIR,—We, the ratepayers and inhabitants of the divisions of Raheen, Colt, Clonkeen and Clash, aware of changes being about to be made in the dispensary districts of Ireland, take this opportunity of returning you our most grateful thanks, for the unremitting care and kind attention which you have bestowed on the sick poor of these divisions

for the last twelve years—years of the most trying nature, when famine and disease swept over the land, and caused fearful havoc amongst our poor. To you, sir, under GOD, do we attribute the comparatively small number of deaths in these localities during the awful periods to which we refer. We always found you prompt in your attendance on the sick poor, wherever and whenever your aid was required. You did not restrict yourself to a mere cold and formal attendance on particular days at the dispensary, but at all times, and in all weather, you visited the hovels of the poor when requisite, acting the part, not alone of an able and successful physician but of a kind and solacing friend, saving the divisions considerable sums, in the shape of poor rates, by restoring the health of those on whose labour alone their families depended for support. We hope and trust that whatever changes may hereafter be made in the dispensary districts of this union, nothing will take place calculated to deprive us of your valuable aid, which an experience of so many years has taught us to estimate more highly than any words we might use could express. Whatever arrangements may be made hereafter, be assured, dear sir, we shall always bear in grateful recollection your kind feelings and able professional assistance, ever cheerfully given to all classes in these localities, but particularly to the poor. In conclusion, we assure you this address is not meant as flattery, neither is it intended to answer a mere purpose. It is, sir, the expression of ardent and sincere feeling on the part of persons alive to the importance of retaining you amongst them as heretofore, and who now in the full sincerity of their hearts return you their most grateful thanks for invaluable services long and efficiently rendered. [Here follow the signatures.]

SIR,—We, the undersigned governors and subscribers to the Ballynakill Dispensary, together with the landholders and ratepayers of the surrounding districts, who have experienced the benefits of the institution, ere our official connexion with it closes (in consequence of the act of parliament recently passed in relation to the medical charities of Ireland, being about to come into operation), deem it an act of duty incumbent on us, and most justly due to you, not to allow the connexion which has so long and so satisfactorily subsisted between us to cease, without giving expression, in language as strong as we can use, to the high opinion entertained by us of your professional skill and respected personal character. For upwards of eighteen years you have been the physician of our dispensary, and looking back on those years, we behold, on your part, the most untiring devotion to the toilsome duties of your office, and on the part of those committed to your care, the most perfect confidence in your skill, as well as gratitude for your humane and kindly attention. Such a retrospect must be to you as it is to us, a source of the most heartfelt satisfaction. Many of the years passed are stamped with peculiar features of suffering to the poor; famine, aggravated by the worst forms of epidemic pestilence, stalked over the land, paralysing almost the energies of all classes of the terror-stricken population of the country. This district was severely visited, yet amid all their complicated wretchedness, we never heard from the poor sufferers even a murmur of complaint against you; on the contrary, they always found you ready at their call, anxious, laborious, and sympathising in your exertions to alleviate their miseries. In our own families, most of us have experienced the happiest results consequent on your professional skill, and so fully are we convinced of your medical capabilities, that we most anxiously look forward to such arrangements under the recent enactment, as will secure to all connected with this locality, and adjoining districts, a continuance of the many advantages they have so long and with so much satisfaction to themselves derived from your professional services.

AN "OPEN" FOR CHEMICAL LECTURERS.

"THE authorities of the University of Sydney and of Sydney College, New South Wales, propose to appoint three professors—viz., a classical professor, who is to be *ex-officio* principal of the college; a mathematical professor, and a professor of chemistry and experimental philosophy, with salaries respectively of £600, £500, and £300 a year, and an additional allowance to each of £100 a year until proper residences can be provided. The salaries of these professors to commence from the day of their landing in the colony. Candidates for these several professorships are to send their letters of application and testimonials addressed to Sir J. F. W. Herschel, Bart., 32, Harley-street, London, on or before December 6, 1851, writing outside their packets 'University College, Sydney.' Printed papers relating to the University of Sydney, and to the University College, Sydney, New South Wales, may be had on application to Mr. W. Ellwood, University Marshal." It will be perceived that to the professorship of chemistry and experimental philosophy, a permanent salary of £300 per annum is assigned. We advise those scientific gentlemen who are inclined to emigrate for the sake of this professorship, to have it clearly understood whether they are or are not expected to provide chemicals and apparatus for the above-mentioned sum. In the event of this liability been thrown upon them, the emoluments will of course be so reduced as to be scarcely worthy of acceptance. If the salary be fixed, exclusive of these necessary expenses, then a certain sum should be allowed for outfit; and it is our opinion that the salary should commence from the day of sailing from this country, or a sufficient sum should be allowed for the expenses of the voyage. With a full understanding on these points, we think that this professorship presents an excellent opening to one who is devoted to science. A good knowledge of mining and metallurgy would be a most desirable addition to the qualifications of the candidate, as there is no doubt that the metallic wealth of New South Wales is as yet but imperfectly known to us, and when properly developed by scientific research, it must necessarily add to the prosperity of the colony and the benefit of the mother country.—*Med. Gaz.*

PROPOSED IMPROVEMENT IN THE STETHOSCOPE.

By B. WILLS RICHARDSON, F.R.C.S.I., of Dublin.

IT may appear presumptuous to come forward in the year 1851 to propose an alteration in the stethoscope, but I am induced to do so, as I think the following addition to the ear-piece has some advantages.

It consists in a small ivory nipple, screwed and cemented into any part of the circumference of a wooden or ivory ear-piece made of the same depth as an ear-piece for an Indian-rubber ring.

The nipple should be covered with a piece of vulcanized Indian-rubber tied round its neck.

With this ear-piece we can percuss with very great accuracy; the nipple resembles the end of the finger, and as, when covered, it will not hurt the finger laid on the chest, it does away with the necessity of a plexiметer.

By having a percussor and stethoscope all in one, there is no occasion to carry a copper hammer, which is a formidable instrument to nervous people; and by getting the ear-piece made heavy or light, it will answer for private practice, or demonstrating any alteration in the clearness of the chest to a large class of pupils.

By taking care that the turner does not make the male screw of the shank of vegetable ivory, there is very little chance of there being a rattle in the instrument.

MEDICAL BENEVOLENT SOCIETY.

THE Treasurer has received the following sums since the last report:—

Dr. Clayton, Athy	£1	1	0
Dr. Maxwell, Moneymore	1	1	0
Dr. Butler, Dublin	1	1	0
Dr. Vesey, Magherafelt	1	1	0
Dr. Brunker, Dundalk	1	0	0
Dr. Bird, Banagher	1	1	0
Dr. Thomas Mitchell, Dublin	1	0	0
Dr. Davis, Outerard	1	0	0
Dr. O'Rourke, Enniscorthy	1	1	0
Dr. Nicholson, Rathdrum	1	0	0
Dr. Morewood, Moneymore	1	1	0
Dr. Lees, Dublin	1	1	0
Dr. Tufnell, do.	1	1	0
Dr. Lynn, Sligo	1	0	0
Dr. Banks, Dublin	1	1	0

M. COLLIS, Treasurer.

APPOINTMENT.—Francis Ffolliott, Esq., F.R.C.S.I., has been appointed Surgeon to the Castlemartyr Dispensary, in the room of Dr. Eames, deceased.

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1851.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Nov. 30th,	35	23	30.112	.010
Monday,	Dec. 1st,	38	24	30.400	.004
Tuesday,	2nd,	38	25	30.400	
Wednesday,	3rd,	42	32	30.350	
Thursday,	4th,	48	36	30.280	.034
Friday,	5th,	51	38	30.250	
Saturday,	6th,	51	41	30.050	

PORTARLINGTON, QUEEN'S COUNTY.

1851.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Nov. 30th,	35	26	29.976	33.8	33.4	32.7		Calm
Dec. 1st,	34	25	30.125	32.9	32.6	32.1		NW
2nd,	37	29	30.149	33.8	33.2	32.5		NW
3rd,	40	32 5	30.150	40.5	39.1	37.3	.096	WNW
4th,	49	37	30.033	49	47.1	45.2	.040	W
5th,	50	40	29.998	49	47.9	46.7	.004	Calm
6th,	51	45	29.779	50.2	47.7	45.2	.002	W

M. W. HANLON, M.B.

ROYAL OBSERVATORY, GREENWICH.

Mean height of Barometer..... 29.69
" " Thermometer*..... 35.8
Self-registering do.† ..... max. 0.0 min. ..... 22.

Rain, in inches, 0 0: sum of the daily observations taken at nine o'clock.

Meteorological.—The mean temperature of the week was 4 deg. below the mean of the month.

ESSENCE OF BUGS.—In a former number we adverted to the circumstance of a chemist being requested by a homœopathic doctor to prepare for him some tincture of bugs, which he declined to do. We know not to what extent this remedy is in demand among the homœopaths, but have no doubt that a mode of preparing the essence artificially will be found more agreeable and convenient than the ordinary process, which involves the necessity of first catching the animals. The compound to which the term artificial essence of bugs has been applied, is called in scientific language, *oxalate of oxide of amyle.* It is obtained by heating oil of grain with excess of oxalic acid. An oil-like liquid separates, which is amylo-oxalic acid, and which distilled at 500 deg. yields the required product. We have no doubt that when reduced by proper dilution to the state of a homœopathic tincture, it will be found quite as efficacious as the tincture of the animal, of which it possesses the characteristic odour.—*Phar. Jour.*

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30	2 11 7	30	2 7 8
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50	4 11 3	50	4 5 8

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"Deputy Inspector-General of Hospitals.

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Dublin: Fannin and Co., Grafton-street.

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THE PHARMACEUTICAL JOURNAL, DECEMBER 1.

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James McBean, A.M., Secretary.

St. Andrew's, 5th December, 1851.

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December, 1851.

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SURGICAL SOCIETY OF IRELAND.—Dec. 6.

Mr. TRANT, President of the College, in the chair.

ON ONE OF THE FORMS OF DIARRHŒA, WITH A SUGGESTION FOR THE TREATMENT OF IT, AND ANALOGOUS AFFECTIONS.

By HENRY KENNEDY, A.B., M.B., M.R.I.A.

DIARRHŒA is a disease, or, more correctly, perhaps, a symptom of a disease, which is frequently coming under our notice. Of most medical and surgical diseases, it, at one period or other, forms a complication. It at times is of so serious a character as to add materially to the general mortality; of which the late returns of deaths in London afford a good example. Again, it is sometimes, in the strictest sense of the term, critical; or it may be the precursor of other and more serious diseases—as of dysentery, or the still more formidable disease Asiatic cholera. For these, and other reasons which might be adduced, this single symptom has ever received much attention from practitioners; and the many elaborate articles in our standard works sufficiently attest this. To enter into any general view of the subject would be entirely beside my present purpose, which is merely to direct attention to one of the forms of this affection which appears to me worthy of some more special notice than it has hitherto received.

In reference to my present communication, diarrhœa may be divided into the acute and chronic forms; and it is in the latter that the one about to be spoken of is to be placed. It is essentially a chronic disease, occupying weeks, months, and even years. One of the earliest cases I met had gone on upwards of four years when he first came under my notice. It might be placed under that form of the disease known by authors as the "mucous diarrhœa;" but for reasons to be stated farther on, it ought to be specially distinguished from the more ordinary form.

I have said that it is essentially a chronic disease, and its very onset may be said to be chronic; for it commences so gradually that the patient is often at a loss to state when he first began to complain. Hence it is that few, if any, cases are seen early; the fact being that the patient is often unconscious of his labouring under any special disease. In all the cases I have seen in adults, many weeks had elapsed before they sought advice; whilst one and all stated that they thought the affection of so trifling a character that it might be allowed to wear itself out. In this way the patient will have two to three, or it may be four, evacuations in the twenty-four hours; and as these are most apt to occur at stated intervals, the person's ordinary business is not so much interfered with. In the earlier stages of the complaint, two evacuations are more common than a greater number; and these occur very generally night and morning. The patient, however, is liable to exascerbations, and often without any apparent cause.

The character of the discharges varies somewhat; but speaking generally of them, they are small in quantity, rather inclined to be too fluid, but by no means free of solid matter. They are very apt, likewise, to present a lighter colour than natural; and will occasionally have a tinge of blood on them; but this is not at all constant. In addition to the more common appearance of fæces, there is at times discharged a quantity of mucus, sometimes clear and glairy, and again of a yellowish shade, and very ropy. It is exactly like what may occasionally be seen in children affected with worms, and it is worthy of notice that it is not constantly present: days will elapse and there will not be a sign of it, and then suddenly it will be observed, and in considerable quantity. It is on account of it that the affection I would describe appears to me to be fairly placed under the head "mucous diarrhœa."

Of the exact nature of this affection I am at a loss to speak. I have seen it in constitutions which were contaminated with syphilis; but, on the other hand, I have also met it where there was nothing of the sort. I have also seen it in connexion with Bright's disease; but inasmuch as the great majority of cases recover, if they get proper attention, I cannot think there is any necessary connexion between the two diseases. It is very important, however, if the two exist together, that the point should be fully recognized. On the whole, I am most in-

clined to set down the affection as one of the forms under which the strumous diathesis exhibits itself; whilst I admit, however, that even this opinion is still open to debate, for I have seen instances where the marks of such a constitution could not be detected.

Whatever doubt, however, may exist as to its nature, there is little or none as to the site of the affection; and this is a point—for reasons to be stated farther on—of some consequence to attend to. In all the cases I have seen, the affection was confined to the lower portion of the large intestine; and more particularly to the sigmoid flexure of the colon and the upper portion of the rectum. I do not say that it may not occur elsewhere; very possibly it may, but simply that I have not seen it. Here I have found a portion of the bowel, varying from six to twelve inches, affected with a kind of subacute inflammation, evidenced by congestion and vascularity, in patches, of the mucous membrane; which also gave the idea of being œdematous, and here and there abraded, but scarcely amounting to ulceration. The entire thickness of the intestine was greater than natural, while the neighbouring glands were somewhat enlarged. On the whole, the morbid appearances afforded a very marked contrast to the bowel either above or below the affected part; while at the same time the amount of disease struck me as being comparatively trifling.

The very marked chronic nature of this affection has been already spoken of, and the effects on the general health of the patient are of the same character—that is, weeks and months will pass away, and yet he will be found pursuing his usual avocations. If, however, the effects be slow, they are not the less sure; and sooner or later the general health suffers. The patient finds himself gradually getting weaker, and not so inclined to follow his business as heretofore. There is also some loss of flesh, and he is observed to be looking paler than natural, and finally he becomes confined to bed; some slight pitting about the ankles shows itself, and aphthæ in some part of the mouth; and so he dies, the affection itself not having varied in any important point from what has been already described. It is possible, however, that symptoms of phthisis may supervene towards the last, and so the patient's life be shortened. Nor is this to be wondered at when we recollect that the general health has been undermined for months previously; and so prepared, as it were, to take on any diseased action to which the constitution of the patient may have been predisposed. As far as I have seen, the affection is not one will wear itself out, except in one way—by wearing the patient with it.

The prognosis of this affection may be favourable. The great majority of cases do well, provided they only get fair play. But the slow and insidious character of the complaint is such, that it will happen now and then that it is allowed to go too far, and then all the resources of our art will be in vain, and the patient will die of an affection which there was every human probability could, at an earlier period, have been cured It is scarcely necessary to add, that the earlier the case is seen, it is the easier to cure.

The diagnosis is of some importance; for I believe this affection to be of a specific kind, and that hence it ought to be clearly distinguished from the other forms of diarrhœa; for if not, the treatment is but too apt to be wavering and uncertain. Neither is the site of the disease, already described, to be ever lost sight of. When, then, we meet a case of diarrhœa presenting the symptoms spoken of, and which need not again be gone over, and above all when we find that it has resisted ordinary treatment, continuing in spite of it for weeks and months, we have good grounds for supposing that we have a case of the affection I have been endeavouring to describe to deal with, and we should act accordingly. But this leads me, in the last place, to make a few remarks on the treatment of the affection. Before doing so, however, I may be permitted to observe that, on the many occasions I have had the honour of addressing this Society, I have been always cautious in speaking on the subject of treatment. Nor has this been done without consideration. The actual treatment of disease is, I believe, a part of the profession which is not to be taught either by books or otherwise; in other words, it must be learned for oneself. General principles, indeed, may be taught, and the resources of our art—and they cannot be too numerous—may be learned from others; but their application to the actual treatment of disease is quite another matter, and I again repeat must be learned for oneself. If, indeed, disease presented one uniform aspect—if it occurred under circumstances where there existed an identity of causes, symptoms, and progress—if the human frame were precisely the same in one and all, then we could readily understand how practical medicine could be taught and learned, and its difficulties, comparatively speaking, would vanish. But no one, I presume, can be ignorant that such a state of things neither does nor can be expected to exist. No two cases of disease are precisely the same; no more than is the expression of the human countenance. How, then, is it possible to convey from one to another a knowledge of treatment which will be suitable to a particular case? Every case must be treated on its own merits, and the idea of specifics, or a specific line of treatment, must be given up. These remarks may be illustrated by reference to any disease—it matters not which—of which the treatment is comparatively well known. Thus, if we take a case of pneumonia, peritonitis, or syphilis, and give the most accurate detail of its progress and treatment of which we are capable, does it thence follow that the next case we meet of any of these diseases is to be treated in the same way? Every one, I am sure, will agree with me by answering in the negative; and if this apply to affections which are comparatively well known, how much more strongly does it apply to those which do not run so definite a course, and of which the treatment must necessarily be ever varying? Not that, indeed, we are to wander from the general principles of treatment, but that the details, within this circle, must emanate from ourselves. Did time and the occasion allow of it, I might dwell much longer on this topic, for I believe it to be one of more consequence than might at first sight appear: but I must hurry on.

After what I have just stated, then, a few general remarks on the treatment of the affection described, is all that will be attempted.

It may be stated, of the general run of cases, that more advantage arises from attention to the great principles which regulate health, than from any particular line of treatment, such as might appear to be suited to an affection of the sort. A close inquiry into each case usually discloses the fact that the various functions of life are going on but languidly; and the experience I have had has taught me, that till these are brought into a more efficient state nothing will permanently be of advantage. Hence it is of the most essential consequence that the various secretions be attended to. Small doses of blue pill, administered at twelve hours' interval, will usually be found useful; but of the class of patients commonly affected, many will not bear even small doses. Any opiate preparation combined with the mercury, should, if possible, be avoided. The state of the surface of the body will, of course, receive our special attention. The skin is very apt to be found harsh and dry, and it is of great consequence that it should be brought and kept in the most active state possible. The clothing should be warm; and it has appeared to me that a flannel swathe round the abdomen was of much service. The diet should be plain, and such as the patient knows to be easily digestible; it should include animal as well as vegetable food, but I have not found that any special diet, as, for instance, a milk diet, is followed by any marked benefit.

Of astringents, speaking generally, I have little to say; though they would appear to be a class of medicines well suited to the affection under consideration. When used at the first, many of them appear to be useful, and the

diarrhœa, if not entirely checked, is at least moderated. But this improvement—and the point is one of some moment—is but temporary, and the disease is almost sure to return, and in an aggravated degree. Hence I have found it to be a useful general rule not to order them till the patient be, so to speak, prepared for their use. Then, and then only, can they be given with a prospect of permanent advantage. I may observe of them generally, that, in this particular affection, the purely astringent effect is not at all so marked as in the other forms of diarrhœa. The disease, it will be recollected, is apparently a very mild one, and yet it is by no means uncommon for all the class of astringents to be used with but little, if any, effect. Of those, from the use of which I have seen the most benefit, I would mention the preparations of columbæ; and I think the powder will be found of more use than the other preparations.* The angustura is also a medicine worthy of trial; and, in a late number of the *Lancet*, Mr. Coulson speaks of the tormentilla, used as an injection, being useful.

But it will happen, now and then, that any or all of these means will fail; and the question will then arise, what can farther be done? In answer to this, I would beg to detail briefly the following case, which occurred to me some years back, and which affords a good example of the affection I have been endeavouring to describe:—

Case.—Mr. ——, a gentleman under 40 years of age, of tall stature, pale face, thin person, and very temperate, became my patient some years back. There was gout in his family, while he himself had the signs of the disease in his constitution; still he never had any regular fit of the gout—a state, I need scarcely remark, which is very common to meet with. In the year 1846, he observed that his bowels began to have a tendency to be too free. At first he was affected but once daily, but this was of a more fluid character than natural; then he came to be disturbed twice in the twenty-four hours, and when he took any diet likely to disagree with him, he would have three and even four motions in the day. His general health did not appear to suffer from this in the slightest. In this way, though I was constantly in the habit of meeting him, several months passed over before he thought well of having advice. His health had at last begun to suffer. He was observed to be looking paler than even what was natural to him, and to be losing flesh; neither was he able to follow his avocations with his usual energy, and his sleep was broken and unrefreshing. During a period of about six weeks I directed such means as appeared most likely to afford relief; and at first with some apparent advantage, though subsequently with none. It will be observed that he had no special suffering at all referred to the abdomen. There was no tenesmus whatever, and but very rarely a slight sensation of griping. At this period it was that the evacuations amounted occasionally to four in the twenty-four hours. One day, in conversing with him, he casually mentioned that he now and then had a feeling of heat in the abdomen, and on asking him to what part he referred it, he directed my attention to the left side; in fact to the left iliac region. On the most minute manual examination, however, which I could make through the abdominal walls, nothing could be detected. It then struck me that possibly a speculum might throw some light on the case, and on using it I was able to see that about four inches up the bowel the mucous membrane was much reddened, and seemed to be thicker than natural, and with some signs of abrasion: these appearances too evidently went farther than it was possible for the eye to follow them. This, I confess, was the first time that I got an idea of the exact nature of the affection I had to contend with. A strong solution of nitrate of silver was now applied as high as it was possible to reach; this was repeated at intervals of a week, for five times; and the treatment first used being still enforced, I had the satisfaction at the end of two months, from the time of using the speculum, to see the patient quite recovered. The entire duration of this patient's illness was about ten months.

This case presented a good example of the form of diarrhœa I would describe. He had all the symptoms of the affection in a marked degree. The very chronic nature of the disease, the slowness with which it affected the general health, the not yielding to ordinary treatment, were all characteristic. Of the general treatment adopted, I need not speak; for to that allusion has been already made; but I would direct attention, for a moment, to the local means used. It is quite true that, so far back as May, 1848, my friend Dr. Albert Walsh gave the details of a case which I saw with him, and where the same means were used; but I believe it to be more generally useful than what is supposed, and would therefore bring it forward in a more prominent way than has hitherto been done. Neither would I put it forward as anything new; for every one knows that the application of a caustic to a mucous surface is a well-established principle in surgery. It is the mere application of this principle to affections, in which it has not hitherto been used, to which I would more particularly direct attention. Like other modes of treatment, it is not applicable to every case; and thus it is, speaking of the affection which has been the more immediate subject of this communication, cases will, I know, be met with where the plan will not be required; in fact, they can be cured without it. On the other hand, cases will also occur where no other means that I am acquainted with will save life. The case detailed was a good example of this; for until the caustic was used, the symptoms had persisted most obstinately; in truth, no impression had been made on the disease.

Some may suppose that injections of nitrate of silver would answer every purpose; and to this point I beg particular attention. But it is not so. In the very case detailed they had been used several times, and without effect, previous to the use of the speculum. The explanation would appear to be that the caustic does not come in contact with the diseased part; and even if it did it does not, in my experience, produce, by any means, such beneficial effects, as when applied in the way detailed.

Neither is it in the form of diarrhœa described that this method has alone been found useful. In some cases of chronic dysentery—a much more common disease—it has afforded most valuable aid. It is, I presume, well known that many cases of this affection get into a state where they become neither better nor worse; they remain in *statu quo* as it were; at least to all appearance. Now, in some of these, the caustic has been used as described, with the best effects. In point of fact, the diseased parts require a sudden stimulation, which is effected by the caustic. In the case already spoken of, which I saw with Dr. Walsh, this means was used, and with success; and I must add that it was about as hopeless an instance of the disease as could well be imagined.*

But the question may be rised here—How is it possible that a means which acts so locally can do good in a disease which we know generally occupies so extended a surface? I can only answer this by saying that, from the experience I have had, I have found it most advantageous to apply the caustic in this way, and that I have the best grounds for supposing that its good effects are not confined solely to the parts to which it reaches; but that the healing process being once begun, continues to spread, as it were, till all the ulcerated part is healed. Nor is this without precedent in other parts of the body; for an ulcer on the lower extremity, as an example, may, I know, be made to heal, though caustic be applied solely to one of its borders.

For so far I have only had occasion to use the speculum made by Weiss, together with a bit of common stick, with a portion of lint rolled round the end of it: in this way the caustic may be applied as high as five or probably six inches. I have no doubt, however, that this plan might

* The unstrained decoction, though not by any means an elegant preparation, is well worthy of trial.

* The impression has been forced on my mind, that on too many occasions cases of chronic dysentery have been given up, which might possibly have been saved.

be much improved on in cases where it was an object to apply the caustic still higher; and such cases will frequently be met with. For this purpose I would suggest the use of the long tube, first recommended by Dr. O'Beirne. If this were open at the end, I have no doubt the caustic might be applied in the way detailed, to the height of fifteen or sixteen inches,*—an object, as I believe, of no little importance to carry out in some affections of the colon.

In making use of this means, it need scarcely be added that a common prudence must be exercised, and the avoidance of even the appearance of roughness. In some cases of dysentery at least it would be very possible to injure the coats of the bowels; for the disease appears to render them more than usually soft and lacerable.

In conclusion, it must again be repeated, that this particular means is not suited, nor indeed called for, in all cases of the diseases we have been considering; nor is it to be used, under any circumstances, to the exclusion of other, and what may be called more general treatment.

Dr. Bagot was disposed to think that the subnitrate of bismuth, if employed perseveringly, would be found very serviceable in cases like that detailed by Dr. H. Kennedy. To be useful, however, it must be given in continued doses. He did not wish to condemn the use of opium altogether, as Dr. Kennedy had done in his present paper, because he was of opinion that, combined with the subnitrate of bismuth, it had been hitherto found of great service, and more especially when administered in the form of Dover's powder, which latter, in addition to its sedative and probably its astringent effects also, has an important influence on the skin. If Dr. H. Kennedy had not yet tried the subnitrate of bismuth in continued doses, he (Dr. B.) would strongly recommend him to do so on the first fair opportunity.

Dr. H. Kennedy admitted that the subnitrate of bismuth was a useful remedy; but in cases such as he had described, its employment was seldom attended by any good results—at least such was his own experience. It might be, that owing to the situation of the disease, the medicines underwent some change before they reached the affected part. Whether such was the fact or not, it was plain that the remedies usually resorted to in diarrhœa, had failed to produce their ordinary effects in the peculiar class of cases to which he was calling attention. He had used bismuth in large quantities, and could strongly recommend its use in the diarrhœa of children. In such cases he was in the habit of giving it in milk, and so far as his own experience went, he would say that it was far more useful than any of the medicines usually administered in that complaint. Dover's powder was also a valuable remedy, but was apt to interfere with the secretions. He did not wish to condemn opium altogether, because there was a considerable number of cases where, either to procure rest or alleviate pain, it was of the utmost possible service.

Dr. Fleming wished to offer two or three remarks relative to that portion of Dr. Kennedy's valuable communication which mentioned the occasional occurrence of diarrhœa in connexion with affections of the rectum. Diarrhœa was met with in cases where the ulceration was much nearer to the extremity of the bowel than Dr. Kennedy had described. In many cases, he (Dr. F.) had also employed a speculum, and without presuming to assert that Dr. Kennedy had not seen the condition of the rectum at the distance he had mentioned, he must remark that it could not be very easy, with the aid of any speculum whatever, to see up the rectum distinctly, to a distance of six or seven inches. It would be found, however, that in very many instances, only an exceedingly small amount of ulceration existed in the bowel—an amount so trifling as frequently to escape detection altogether, unless very carefully sought for by the practitioner. This species of ulceration was, he believed, originally pointed out by the late Professor Colles; and if in such cases, the ulceration was sought for, it would usually be found to occupy a spot not more than an inch above the anal extremity of the rectum. In this situation, the disease was within reach, and could be easily treated by the application of caustics. For this purpose he knew nothing that answered better than the nitrate of copper, which could be safely applied with the assistance of a glass speculum, or any other speculum, with a small aperture in its side, like that of Mr. Ferguson. These ulcers in the rectum were occasionally attended with much pain; and it was in consequence of the suddenness with which the evacuations from the rectum took place, and the persistence of the diarrhœa when treated in the ordinary way, that, at length, induced the surgeon to make an examination of the rectum: but these ulcers, in the cases which had fallen under his own observation, were always to be found much nearer to the extremity of the gut than Dr. Kennedy had mentioned—though, at the same time, he did not mean to deny his statement that they were occasionally to be met with higher up. As a general rule, he might say, they were within the reach of the surgeon's finger. The constitutional treatment of the disease was particularly dwelt upon in a practical paper, written by the late Professor Colles, who, he could distinctly recollect, attached very great value to a combination of blue pill, or hydrarg. c. cretæ, with Dover's powder—a combination which, he said, would be found very successful in many instances, if assisted by appropriate local treatment.

Dr. H. Kennedy explained. When he spoke of a distance of six or seven inches, he merely intended it to be understood that he was enabled to convey the caustic so far. He could not of course see to such a distance, but the caustic could be readily applied as high as six or seven inches from the anal extremity of the rectum. With reference to the ulceration of the rectum, he looked on it as a different affection altogether from that described in his communication. In the cases he saw of the disease alluded to by Dr. Fleming, there was always more or less of intense suffering; whereas in the case before them, there was nothing of the kind, and the lower half of the rectum was quite healthy. Besides, there was a marked contrast between the two cases, as regarded the general symptoms. In his case, there was no tenesmus, nor in fact anything calculated to draw attention to the state of the rectum. Before sitting down, he would again repeat that he did not claim the treatment he had proposed as in any respect new. It was simply an application of a well-known principle to a disease which, in his opinion, did not appear to be specially recognized. He might, however, add that, as far as he was aware, caustic had not been generally employed in the way stated in his paper.

Dr. Arthur Mitchell inquired the strength of the decoction of columba used by Dr. Kennedy?

Dr. H. Kennedy replied that a drachm of the sliced root was boiled in eight ounces of water. The dose was one ounce of the unstrained decoction. He was induced not to strain it, on account of the ropy appearance of the liquid, and because it would be more likely to contain the component parts of the columba.

* A bit of any flexible material, such as cane, having a portion of lint tied to the end of it, and this dipped in the caustic solution, might thus be passed through the tube to the affected part.

Treatment of Hæmorrhoids by Operation.—Mr. Skey believes he avoids in operating in hæmorrhoidal cases, the liability of bleeding after the use of the knife alone, by combining the use of the knife and ligature together, which he does in the following manner. He says: the mode I allude to consists in passing a thin copper or iron wire in the form of a loop, made through a double canula around the root of the growth, and strangulating it by drawing the wire tight. This being accomplished, the canula may be retained in this situation for any length of time, from half an hour or more, and the pile may then be removed with the knife or a pair of scissors; and, as it is far easier to arrest bleeding at the commencement than when established, so, should bleeding occur, immediate pressure should be applied by the finger or by pads of lint. Serious hæmorrhage, however, is a rare occurrence.—*Brit. and For. Med. Chir. Rev.*

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Mr. Hodgson, President.

The Society was remarkably crowded this evening, and in consequence of the number of visitors expected to be present, it was arranged that only the Fellows should be admitted into the library until the President had taken his seat. Long before this, however, the library was almost full, most of the hospital physicians and surgeons in the metropolis being present. Commodious as the library is, it could not conveniently contain more than half of those present comfortably; and even with the addition of many extra seats, and the standing room crowded, a great number of gentlemen could not gain admission at all. It was anticipated that "the heads of the profession" would have spoken out on the subject of the operation for the removal of ovarian tumours, but in this respect the large audience was disappointed.

A SUCCESSFUL CASE OF PARTURITION IN A PATIENT WHO HAD PREVIOUSLY UNDERGONE OVARIOTOMY BY A LARGE INCISION. By John Crouch, M.R.C.S.

(Communicated by Samuel Solly, F.R.S.)

The subject of the case was a healthy young woman, aged 26. Two years ago a multilocular ovarian cyst, weighing fourteen pounds, was removed by a long incision. Five weeks after the operation she walked a distance of five miles. During the next winter the catamenia appeared at regular intervals, and her health was good, except that she had an occasional pain in the left groin, and a slight difficulty in micturition, sometimes followed and relieved by a muco-purulent discharge in the urine. In 1850 she married, and on the 9th of October last she was delivered of a male child, after a lingering labour. It had been feared that the expansive powers of the parietes of the abdomen would be impaired by so large a scar passing through their centre; but it was found that the skin dilated naturally, and that the cicatrix itself had increased in length three inches, and in breadth one-sixth of an inch during the period of gestation. Seven weeks after the delivery, the cicatrix in the abdomen had returned to the same dimensions as before the pregnancy—five inches and a half in length, and a quarter of an inch in breadth.

ON THE DIAGNOSIS AND TREATMENT OF OVARIAN DISEASE, WITH THE HISTORY OF ONE HUNDRED AND FIFTY-SIX CASES. By Robert Lee, M.D., F.R.S.

The author commences with a description of the human ovarium, its coats and stroma, and the structure of the Graafian vesicles; and he then notices the condition of the organ before puberty, and the changes which take place at that period, after impregnation, and when the catamenia have ceased. Adhesions of the ovario-Fallopian tubes and uterus are very common. In the unimpregnated state this arises most commonly from inflammation of the peritoneum only; but in puerperal women all the component structures of the ovaries suffer. Thickenings of their coats sometimes are found when there has been apparently no inflammation. Inflammation of the parenchymatous structure terminating in suppuration, in the unimpregnated state, is rare; and the author believes that in those cases where abscesses of the ovaria have burst into the bladder or rectum, they have been the results of scrofulous disease, and not of simple inflammation. Fibrous tumours are sometimes met with in the stroma of the ovaries, which have the same structure as those of the uterus; malignant or cancerous disease also affects the stroma. Both fibrous tumours and malignant diseases are most frequently met with in combination with diseases of the Graafian vesicles, though they may occur without this complication. The greater number of the complex, compound, or multilocular cysts met with in connexion with the ovaria originate in the Graafian vesicles; but it is probable that cystic diseases of a different nature are sometimes set up in the walls of enlarged Graafian vesicles. The author refers to the dissection of an ovarian cyst, published in the last volume of the Transactions, to show that compound cysts are formed independent of each other, and that the smaller cysts do not grow from the inner surface of the larger ones, but are formed in the stroma of the ovaries external to each other. After noticing the varieties observed in the course of ovarian tumours, the author refers to the table of 156 cases of these diseases. In 41, or more than a quarter of the whole, sterility existed, showing a previous unhealthy state of the uterine organs. In 92 the disease occurred between twenty-four and forty-four years of age, while the uterine system was in the most active state. In several cases tapping was performed eight or more times, and in no instance was followed by an immediately fatal result; where death took place after tapping, it was attributable rather to the advanced state of the disease than to the operation. The difficulties of diagnosis in some cases of ovarian tumours are pointed out, as in cases of death of a fœtus. The general symptoms may be the same; and it is only by a careful examination of the lower segment of the uterus internally that in any case it can be positively determined whether the symptoms depend on pregnancy or on some ovarian disease. The soft and thick state of the lips of the os uteri, the shortening of the cervix, the expansion of the body, and the floating of the fœtus, would allow of a positive opinion being formed. "If the uterus be unimpregnated, drawn up, and turned to one side, or pressed forward, backward, or downward, and the cavity of the pelvis be filled more or less with a mass which can be felt occupying the brim—and more or less of the abdominal cavity—hard, or soft, and irregular in some portions, with fluctuation in others, we may conclude that the disease is ovarian." For the diagnosis of ascites as distinguished from ovarian dropsy, the author refers to the description given by Dr. Watson, and adds to this the fact that in ascites the fluctuation is usually more distinct, and that there is an absence of that irregular hardness usually felt in the abdomen when enlarged with ovarian cysts, as also of any unhealthy feeling in the contents of the pelvis. In the latter stages of ovarian disease these diagnostic signs become more obscure. The diagnosis of fibrous tumours of the uterus and ovarian cysts and tumours can, according to the author, be drawn with sufficient accuracy without the use of the uterine sound; and he instances cases in which the employment of this instrument has been productive of evil. Where fibrous tumours are embedded in the walls of the body of the uterus, the whole organ is felt enlarged and heavy, and the cervix is sometimes shortened, as in pregnancy. Attacks of menorrhagia occur, the functions of the bladder and rectum are disturbed, and there are usually pains, with signs of interrupted circulation of blood, in the lower extremities. When cavities filled with fluid exist in the deeper parts of fibrous tumours, the diagnosis is sometimes rendered extremely difficult, if not impossible. With regard to treatment, the author does not put much confidence in any of the usual remedies. Opening and injecting the cysts has generally been followed by fatal consequences, but a cure has sometimes been effected by leaving a small canula or bougie in the opening after tapping; and a case is related, communicated by Mr. Phillips, in which the plan of drawing off only a small quantity of the fluid, and fixing a small elastic gum catheter in the wound for five days, was followed by a gradual diminution of the tumour. In a few cases the long-continued use of iodine and liquor potassæ has produced a diminution of the tumour; but in the majority of instances these remedies have done no good or have done harm. The author prefers treating the disease by the use of saline purgatives and diuretics, light diet, and the avoidance of much exertion, and of every cause likely to irritate the morbid structures. In conclusion, the author refers to an analysis of 162 cases of ovariotomy, published in the last volume of the Transactions. In 60 there was either no ovarian tumour, or the removal was impracticable; 19 of these proved fatal. Of the remaining 102, in which the operation was completed, 42 terminated fatally, and the present condition of the 60 patients who recovered is very imperfectly known.

After a pause, Dr. Aldis said he thought it was a great

pity that there should be no discussion on so important a communication as had just been read to the Society. With respect to the diagnosis between ovarian tumours and ascites, he said, that in the former there was dulness on percussion anteriorly, and resonance laterally; whilst in the latter, the dulness was lateral and the resonance anterior. In one case in which much difficulty of diagnosis was experienced, there was dulness anteriorly, yet no ovarian tumour existed, but after death it was found that the disease was encysted ascites. He related another obscure case, which had occurred in St. George's Hospital, and said, in relation to the operation of ovariotomy, that many persons seemed to entertain extraordinary notions respecting it. Dr. Aldis spoke so low, it was difficult in the crowded state of the room to hear him.

Dr. Meryon regarded the introduction of the uterine sound in cases of uterine disease as an unnecessary interference; and though he had not seen any cases in which the same amount of mischief had followed its use as those alluded to by Dr. Lee, yet he had seen such constitutional irritation result from its employment as was very difficult of reduction.

After a long pause, and while the President and Secretaries were consulting about reading the next paper—

Mr. Streeter rose, and said that he considered the surgical Fellows of the Society, more particularly the surgeons of the metropolitan hospitals, were shrinking from their duty, by not rising and stating the opinions they held respecting the propriety of the performance or non-performance of the operation. Under such circumstances he would make no preface by affecting a modesty which he did not feel, but at once say, that having been present at three operations where ovarian cysts had been removed (in one both ovaries), and knowing that two of the women had recovered, he did not feel justified in remaining silent. He had also witnessed four cases where the tentative incision had been practised with the view of proceeding to complete extirpation, if the nature of the adhesions, so far as discoverable by that incision, should warrant further steps. The diagnostic incision did not, and in consequence three were tapped. The incision healed in all four, and left the sufferers no worse than before. Without at all wishing to dogmatize from this limited experience, he would say that the best conclusion he was able to arrive at was, that as a general rule the operation was not admissible, but there were many, very many, cases of exception to this general rule—cases in which the tentative incision ought to be practised with full preparations for proceeding, and some in which from the knowledge so gained, the operator should proceed for its complete removal. Other surgeons may arrive at opposite and equally conscientious conclusions, but it is not creditable for those who are qualified by reputation and experience to decline the responsibility of advising patients on this operation. Had he risen to disparage the hospital surgeons? Certainly not. Among them were some whom he revered as teachers, many more for whom he felt deep regard from long personal intercourse, and he had expected that those among them who had ever operated, would have risen, and have frankly told the profession what their experience of its performance had added to the former grounds for adopting or refraining from the operation. How otherwise can the difficulties surrounding the diagnosis be lessened? In what other way can the dangers attending the operation be narrowed to their smallest limit? All the causes of failure in the operations already recorded, cannot justly be considered as essentially inherent in its performance. The slipping off of the ligature from the pedicle is not of this character, and other dangers that have attended it might be removed in future operations by an increase of precaution and experience. He regretted that he, a private general practitioner,—one who had been so solemnly proclaimed as only competent "to the ordinary exigencies of surgery,"—should have as it were to lead the way, and compel the discussion of this high and important surgical subject. He had reflected much and anxiously upon ovarian pathology, and this operation, ever since it first became a professional duty to advise a private patient upon the subject. For all the cases he had seen, and most of the knowledge he had acquired of ovariotomy, he was indebted to Dr. Frederick Bird, who had afforded him opportunities which surgeons had twice before declined to give him. With the detail of the reasons which favour its performance he would not trespass on the Society, but only detain them by saying that they were, on the whole, perhaps, best expressed in the *American Journal of Medical Sciences* for 1844, vol. xxxiii., by Dr. John Atlee, in recording his successful case of removal of both ovaries. When all around have abandoned the patient to her fate, the operation remains as her only chance. It is a rock upon which as it is there prettily and feelingly expressed, there "beams a beacon of hope towards which the unfortunate subject of diseased ovarium may turn as from the grave." He should always feel it a duty to give an opinion, and not say to a patient, "Decide for yourself, for I cannot." That was not the way to meet the difficulties of practice, and only tended to bring discredit on the profession. "How cruel it was," said a patient, "to tell me to decide for myself; what did I know about it? He did, and I employed him to tell me whether I ought to have the operation performed or not." He would now allude to one or two points in which the paper of Dr. Lee appeared defective. It afforded no information on the anatomy of the pedicle. The success and difficulty of the removal in many cases depended on the length and vascularity of this part of the tumour. When long, the vessels were for the most part simple, and the ligature was facilitated, but when the vessels were plexiform, the tumour was more sessile, and the space for tying this part much limited. The paper was equally deficient in determining the average duration of life after the occurrence of ovarian disease. Dr. Bright, in the *Guy's Hospital Reports*, states, as the result of his inquiries and observations, that cases which continue "above four years" from the first tapping "bear a small proportion to those which prove fatal before that time." This is a point worthy of confirmation or disproval by accurate statistics. He asked those surgeons—and there were many—who were connected with life assurance offices, to bring the knowledge of the expectation of female life to bear on the consideration of the propriety of this operation in each case. This expectancy was quite calculable. Women, according to Mr. Finlaison's table, at twenty years of age, had an expectation of nearly forty-four years of life (43.99). At forty it was over thirty-one years (31.12). Contrast this expectation with the average duration of life after the operation of tapping, according to Dr. Bright, and consider whether it does not favour rather than forbid the attempt. The sufferer, at twenty years of age, perils four years of wretched life against forty years of existence and renewed powers of social and domestic enjoyment, and so on according to her age. He believed there had been far too much personal feeling mixed up with the purely scientific question of the operation, and that discussions respecting it had been conducted in a spirit that was invariably injurious to the general character of the profession. To those who indulged in these habits of disparaging its members, he would address the words of an eminent living accoucheur, who said that he did not find the members of his profession enjoyed that consideration from the public which he was conscious they deserved; and he always felt it was no part of his duty to lend his aid to lowering them in general estimation. He made these observations because, whilst he conceded to every one the undoubted right of choosing manner and place, he held it to be the duty of all who had performed this operation to place the particulars before the profession. He could not, however, help fearing that the manner in which gentlemen who had brought forward cases of operation were often treated, had, in some degree, contributed to the delay and reluctance evinced on the present as well as former occasions.

Mr. B. Phillips considered that the reluctance of the Fellows to enter upon a discussion that evening was because Dr. Lee had not clearly raised any issue. He had not decidedly advocated one plan of treating ovarian dis-

ease, nor condemned another. It was hardly fair, then, to charge surgeons with indisposition to enter upon the question, because it seemed to be equally felt by physicians. He (Mr. Phillips) was induced to rise, to explain why he was disposed to be silent; besides, as on other occasions, he had taken part in the discussion on ovarian operations, it might seem that he thought the interest of the subject was exhausted. There had been laid before them, by Dr. Lee, two plans of treatment—one palliatory—the other may be called radical; and if he might guess the object of the paper, though this is not stated, it is to induce the Fellows to pronounce that one plan of treatment should be always followed, and that the other should be always discarded. This, no doubt, many persons would think convenient, not only in this, but in other diseases, because it would get rid of all responsibility. All that would be necessary would be to say—a disease being given—the remedy is also given, and there is no occasion for anxious thought. But their profession is not yet so far reduced. Some necessity for thought still exists, and the decision may be wrong or right, even when the disease is known. As to ovarian diseases, taking the results of treatment as laid down by Dr. Lee to be correct, what is the conclusion come to in reference to the duration of life under the palliatory treatment? Nothing definite. But assuming that Dr. Bright's average was correct, and that four years was the average duration of life after the first tapping, this rule cannot be applied to the case before them; for the four years does not apply to every case, but is the result of adding together all the cases that have been under observation, and the time they lived, and then dividing it by the number of persons observed. The average may be four years for each, but of the whole number, one may live a day, one a month, one a year, one twenty years. If we come to apply this information to a case, we cannot tell whether the patient may live only a week, or whether she may live twenty years. He (Mr. Phillips) thought the Fellows of this Society were not prepared to say, with respect to ovarian disease, that they will be satisfied with this palliatory treatment, and will not attempt to do something better for the suffering patient. He himself was not prepared to say that ovariotomy is better; but if Dr. Lee's tables be taken as their guide, it appears that out of 162 cases in which the operation had been attempted, 102 have survived; and that out of ninety-two cases in which the tumour has been removed, fifty-six have survived. He (Mr. Phillips) would not pretend to say that such a result would justify any one in deciding that it should be an accredited operation, though on little better results those for hernia, stone in the bladder, and the ligature of arteries, are so. And in the case of the ligature of the innominata, surgeons have felt themselves justified in doing it a thirteenth time when it had already failed in twelve. Terms of opprobrium have been applied to this operation, but they are not admissible as elements of decision in scientific questions. Mr. Phillips has seen this operation performed ten times; three times the patients died, once the patient survived, though the tumour could not be removed, and six times in succession the tumour was removed, and the patients recovered. What their ultimate fate may be, he of course could not tell; but in the face of those facts he could not say that the operation should never be performed, but he would say that, to justify its performance, there must be the means of pronouncing that the tumour is not so adherent as to prevent its easy removal. Can that be done? He would say, unhesitatingly, No. We cannot tell with certainty, in any case, whether there may not be, practically, insurmountable objections. He knew that it is assumed that the diagnosis is now very refined; but he also knew that those who have paid most attention to the perfection of diagnosis have commenced the operation, and on sixty-one occasions they have not been able to proceed with it. But it is possible that the diagnosis may be improved; it would therefore be arrogant to say that the operation should be absolutely discarded because the diagnosis is not yet perfect, for it is certain that in the case of a simple non-adherent cyst the removal may be successfully practised with a great deal less disturbance to the system than would have been supposed (hear, hear).

Dr. Tanner requested Dr. F. Bird to be good enough to state the result of his experience in ovariotomy to the meeting.

Dr. Frederick Bird said that he had been surprised with the paper just read, and had waited in vain for some new fact in diagnosis or pathology, or at least some sufficient reason for introducing the subject to which it had reference to the notice of the Society; for it was surely unnecessary to describe the elementary anatomy of the ovary, or to occupy time by an imperfect allusion to its morbid changes. That the ovarium was invested by a serous and a fibrous membrane containing stroma and vesicles, were facts associated, in the present instance, with no other novelty than the poverty of their description. The whole paper was so destitute of any addition to the knowledge already possessed of ovarian disease, and its section on diagnosis so singularly poor and deficient, that it rather detracted from, than contributed anything to, the means of investigation. To such cause, he presumed, the difficulty to elicit discussion was to be attributed; and he believed, moreover, that the words of the paper had fallen familiarly on the ears of many besides himself, as it had been already read at the Western Medical Society several weeks ago. It was difficult to select any point in the paper for argument, as the selection lay between the simple enumeration of familiar facts, and the results obtained from statistical tables of which not even a summary was given; for the present tables, like the last presented by the same author, had not been read with the paper, and would probably pass to seclusion until published in the Society's Transactions; and yet Dr. Lee required that the evidence furnished by such tables should be admitted in support of his views (hear, hear). If the present statistical table resembled that presented last year, it would be found fraught with fallacy and error. Before alluding further to the table, he would advert for a moment to that portion of Dr. Lee's essay relating to diagnosis of ovarian tumours; the chief object of which, however, appeared to be that of seeking to cast ridicule upon the use of a very valuable instrument, properly called the uterine sound, but which Dr. Lee had absurdly designated an iron weapon. It was lamentable to observe the spirit of exaggeration which pervaded such statements; it was but a few weeks since, when previously reading his paper at the Western Medical Society, Dr. Lee held in his hand a uterine sound composed of soft metal, which could alone render it a useful instrument, and yet he had now described it as being formed of iron. Unfortunately, Dr. Lee, in speaking of the sound, as of ovariotomy, spoke of that of which, practically, he was profoundly ignorant, or he would not have stated that the application of the sound was to push the womb out of the pelvis, and cause its dislocation: so absurd was it to affirm, that an instrument introduced by so able an authority as Professor Simpson, and extensively employed by obstetricians, was always useless and dangerous. Without its aid, the diagnosis of adhesions between the basic portions of ovarian tumours and the uterus, and the form of the pedicles of such growths, could not be completed; and, rightly employed, it was, in many other points, a valuable addition to practice. If its use were to be rejected in the diagnosis of ovarian tumours, and the investigation of such diseases were to be conducted solely by the aid of the symptoms enumerated by Dr. Lee, errors would without doubt be as frequent as his erroneous statistics sought to make them. To the statements of the author in relation to the operation of excision, similar observations would apply; and no one could read his table of alleged cases of ovariotomy, without regret for the manner in which it was compiled and the faults it contained; that regret, however, was somewhat lightened by an admirable little notice, emanating from the council of the Society, and published in the present volume of the Transactions, containing Dr. Lee's tables, in which the council state, that the Society

does not hold itself in any way responsible for the statements, reasonings, and opinions set forth in the papers. This notice happily precedes Dr. Lee's statistical record of 162 cases of so-called ovariotomy, but which in truth should have been a much smaller number. Among these cases would be found five instances in which no tumour was present, five others in which the tumour was not ovarian, twenty-one cases in which small exploratory incisions only were made, either for the purpose of perfecting the diagnosis or of removing unusually viscid secretions, one case in which a fistulous opening was made after the suggestion of Mr. Bainbrigge of Liverpool, and four cases which have no better testimony than a little idle gossip; there is nothing recorded about them, save that a certain gentleman stated, that in a certain town certain cases had been operated upon by a certain practitioner, and that they had ended fatally. There is no word about the operation, the nature of the tumours, the date, place, or period of their occurrence; and yet Dr. Lee would ask the profession to base opposing arguments upon such vague and worthless evidence. Here, then, was a table of 162 cases, from which thirty-six at least ought to be struck off. In seeking to test truthfully the value of ovariotomy, those examples in which death resulted from a positive accident connected with the operation, as, for example, the imperfect ligature of arteries, ought also to have been excluded. But let the statistics of Dr. Lee be accepted; bad as they were they did but establish the success of the operation. With regard to the propriety of sometimes making exploratory incisions, experience had convinced him of their safety and value in proper cases; but such incisions were generally small,—often not much larger than might be required for paracentesis; they were not cases of ovariotomy, and should not have been classed as such. By small incisions the presence of adhesions could be at once discovered, without passing the hands in amongst the bowels, as Mr. Lawrence had once facetiously stated (laughter), and for the very sufficient reason of the bowels always being out of reach—for in ovarian tumours they lie compressed in the hypochondria. The safety with which such incisions could be made was not remarkable; for when adhesions existed, the peritoneum would be virtually wanting, being so changed in character by the deposition of adventitious membrane, as to be far less prone than in a natural state to inflammatory action. To what the present table, compiled by Dr. Lee, really referred was unknown; but certainly it was not supposed to furnish evidence against ovariotomy; while the paper on ovarian disease to which it was appended was so wanting in new views, so meagre in the narration of facts that were already known, and so deficient in detail, that it would be a disgrace to the labours of a first-year's student (disapprobation).

At the conclusion of Dr. Bird's speech, the time of the Society having expired, it was moved, seconded, and carried unanimously, that the time of the meeting should be prolonged in order to give Dr. Lee an opportunity to reply; hereupon—

Dr. Lee rose, and spoke to the following effect:—Sir, it has just been asserted that my analysis of 162 cases of ovariotomy which have occurred in Great Britain, published in the last volume of the *Medico-Chirurgical Transactions*, "is fraught with errors." It is equally due to the Society and myself, that I should now prove beyond all contradiction, that this charge is wholly unfounded, and that the utmost degree of labour and pains was taken to prevent any error being committed in the construction of this analysis or table, and vitiating the results obtained from it. By referring to the document itself, it will be seen that the first attempt at ovariotomy in Great Britain was made by Mr. Lizars, at Edinburgh, and that when a long incision was carried through the abdominal parietes, there was no ovarian cyst or tumour present to remove, and that the enlargement had been produced by fat and flatulence. Some of the most eminent physicians in Edinburgh had examined the patient before the operation was commenced, and they had no doubt that an ovarian cyst or tumour did exist, and considered it justifiable to attempt the extirpation of the disease. The second case in the analysis occurred likewise to Mr. Lizars, and in this case, one ovarium was removed, and the other, in a diseased state, was left behind, and the patient, I believe, was seen alive some years after by Mr. Lawrence, with a long scar along the front of the belly, and a great tumour within. The third case occurred likewise to Mr. Lizars in 1825, and the incision was made from sternum to pubes, or as a Fellow of the Society has happily expressed it, "from stem to stern." An ovarian tumour was encountered, but it adhered extensively to the pelvis and viscera around, and these connexions could not be destroyed without the employment of great violence. The patient, who might have lived for years, speedily perished. The same year Mr. Lizars operated again, but in this case he encountered a large vascular fibrous tumour of the uterus, which he wisely left untouched. The woman lived twenty-five years after this, with the tumour in her abdomen. She died last year, and when the body was examined after, both ovaria were found perfectly healthy. The account of these cases in the analysis was taken from Mr. Lizars' work, and it is in every circumstance perfectly free from error. The impossibility of establishing the diagnosis of ovarian cysts and tumours was demonstrated thus early in these cases. The next case in the table is from the work of Dr. Gooch; the operator's name is unknown, but when an incision of six inches long had been made, it was found that there was no ovarian disease present to extirpate, and that the enlargement, as in Mr. Lizars' first case, depended wholly upon fat and flatulence. The next two cases occurred to Dr. Granville, who was neither deficient in acumen nor in practical tact. In his first case the ovarian tumour could not be removed. In the second, Dr. Granville found a great fibrous tumour growing from the fundus uteri by a root nearly as thick as the wrist, which he tied and divided. I was not present at the operation, but I saw the tumour in the recent state. This occurred the first year I became permanently fixed in London, and the case made a very deep, lasting, and painful impression on my mind. From that time to this, ovariotomy is a subject which has occupied my serious attention; it has often been forced upon my most earnest consideration by cases in consultation, and I have long felt that the subject was one deeply involving the best interests of humanity, and the honour of English surgery. All the cases that follow in the table have been taken either from published reports, the references to which are given, or from manuscripts in my possession, vouching for the truth of every word stated. Mr. Lane most kindly furnished me with the histories of eleven cases which had come under his own immediate care. It is a striking fact, that in the four last cases, when Mr. Lane had acquired so much experience, the ovarian cysts and tumours could not be removed; the operation was found to be impracticable. This afternoon I received from Mr. Lane an account of the appearances observed after the death of one of these patients, No. 30. This part of the analysis was actually printed from Mr. Lane's manuscripts; there was not a word altered. Dr. Clay, the greatest ovariotomist in this country, on being requested by me to furnish a full report of all his cases, promptly, and in the most liberal and obliging manner, complied with my desire. The analysis contains forty-six cases, and the supplement five, thus communicated by Dr. Clay; and that no error might creep into the account of his cases, the part of the analysis which contained these was sent to him at Manchester, and carefully examined, and then returned for publication. Could greater care have been taken to avoid error, and shield myself from the unfounded imputation now cast, with such reckless disregard to truth, upon my accuracy, in the face of this Society? Not only did Mr. Lane and Dr. Clay come forward nobly and generously, to assist in the inquiry which I had undertaken, with the view of furnishing a body of authentic facts, not of opinion, to enable the profession to determine the real value of ovariotomy in the treatment of ovarian

diseases, but many others—Messrs. Hargraves, Handiside, I. Brown, Paget, &c.—nay, all, followed their example, except two individuals, Mr. Walne and Dr. F. Bird, the latter of whom has appeared here this evening, to throw discredit on my labours by misrepresentations and misstatements. Being personally unacquainted with Mr. Walne, I requested Sir James Eyre to communicate to him my desire for information. Mr. Walne returned an answer, peremptorily refusing to furnish any details of his cases, on the ground that he intended to publish them himself. Afterwards I wrote to him, expressing a hope that he would alter this resolution, and give me the information requisite to render my table complete. I received no answer of any kind to this application. A year and more has since elapsed, but no publication of Mr. Walne's unsuccessful cases has yet taken place, and it is probable the veil now spread over them will never be removed. The analysis contains only a few of Mr. Walne's cases, but surely this cannot be attributed to me as an error. I called upon Dr. F. Bird soon after undertaking this labour, and expressed my wish that he would communicate to me details of all his cases of ovariotomy, successful and unsuccessful. I observed that an opportunity was now presented of contributing to the best interests both of medical science and of humanity. Dr. Bird expressed the utmost readiness to comply, in every particular, with my request. I showed him the table in which the date, age, history of the symptoms, treatment, operators' names, and result, were all to be included; in fact, the table, with a slight modification, which has just been published in the Transactions of this Society. With the propriety of all this he heartily agreed. He praised the plan and the undertaking in the warmest terms, and I had no doubt that in a short time all the desired information from him would be in my possession. But weeks passed away, and nothing came. I called again, and reminded Dr. Bird of his promise. He then renewed the promise he had given, and engaged that within twenty-four hours the necessary information would be transmitted. The twenty-four hours passed away; still nothing came. Another month or more elapsed, and then I consulted a late office-bearer of the Society as to the course I ought to pursue with respect to Dr. Bird. He advised me to abstain from any further application on the subject, as the information, if furnished, would most probably be of no value. Being still most anxious that the analysis should comprehend all the cases of ovariotomy which had occurred in Great Britain, I afterwards wrote a note to him, reminding him of his promises, and begging that he would send me the desired details. In reply to this, the following answer was received:—

"Nov. 2, 1850.

My dear Sir,—When I had the pleasure of seeing you I did not recollect that I was about to publish all my cases of ovariotomy, and that I was in some degree prevented from previously giving their results. I much regret that I have allowed so many days to elapse without writing to you, but hope that the following very brief statement may not be useless from its reaching you at this late period.

I have in twelve cases extirpated large ovarian tumours, several of which were instances in which the dangers of the operation were much enhanced by such complications as peritoneal adhesions, double ovarian disease, absence of pedicle, &c. Of these cases, four died, and eight completely recovered, and were fully restored to health.—Believe me yours sincerely, Frederick Bird.

Dr. Lee."

It was now quite obvious that Dr. Bird was determined not to act like a man actuated by the principles of humanity and science, but rather to play at something like a game of hide-and-seek with me. I was endeavouring to elicit the truth for no other purpose than to arrive at just conclusions upon a subject of the highest importance to the whole profession. This note was put aside as altogether worthless, and no allusion was made to the meagre and defective information it contained in the analysis presented to this Society in 1850. At the discussion which took place on the 12th of November, it must be remembered by many now present, that Mr. Cæsar Hawkins expressed his regret that Dr. Bird had put on record his first successful cases, but had withheld from the profession his unsuccessful cases, a practice which he (Dr. Bird) had strongly reprobated in others. Mr. Hawkins also expressed a hope that Dr. Bird would communicate all these cases, that they might be incorporated in the table, that the profession might have ample and authentic facts to reason upon, and be able to settle the principles of the operation once and for ever. Dr. Bird asserted that he had communicated to me the results of his practice; I replied that he had furnished me with the bare results of the twelve cases in which he had operated, but that this information was so meagre and defective, that I could not, in justice to the completeness of the other cases in the table, add them to this document. Besides, no mention was made in this communication of those cases in which an attempt had been made by him to remove the cyst or tumour without success. Under these circumstances I had left out of the analysis the cases of Dr. Bird altogether. The question was then put to Dr. Bird by Mr. Curling, in how many cases he had commenced the operation of ovariotomy, or had attempted to remove ovarian tumours, in which the operation could not be concluded? The reply was, that he had made exploratory incisions in from forty to fifty cases. This declaration was made in the most deliberate manner, in the presence of nearly 200 Fellows of the Society and visitors. No statement under any circumstances was ever more deliberately and publicly made, but in less than fourteen days Dr. Bird published, in the *Medical Times* and the *Lancet*, a statement purporting to be a complete statement of all his operations, successful and unsuccessful, and all his operations begun but not completed, which he had called exploratory incisions. The Society will hardly believe that the forty or fifty cases of exploratory incisions, or abortive operation of ovariotomy, had dwindled down in eleven days from forty or fifty to eighteen or less than twenty. So treacherous was his memory, or so regardless was he of the facts, that he gave himself this contradiction in the most public manner. What dependence can be placed upon Dr. Bird's most deliberate statement? If there were errors in my table, who, I may now inquire, is responsible for those errors? I repeat that no labour or pain was spared to make that document correct. The secretary and referees all united to make it accurate. I admit that there are cases called cases of ovariotomy in this analysis, where there was no ovarian disease, but in these cases an operation was attempted as for ovariotomy, and therefore they must be included under the same head, and have been so in all other similar tables. Dr. Bird's objection is therefore merely technical; it is an objection without any foundation. Should we not call a case in which the bladder was cut into, but no stone removed, a case of lithotomy? The analysis was constructed with the utmost care, and the charge made here this evening, that it is "fraught with errors,"—"is full of errors,"—is a glaring misrepresentation, and I now denounce and repudiate the accusation. What are the results of these 162 cases of ovariotomy? In sixty there was no ovarian tumour to remove, or the operation was begun and not completed. About one-third of these speedily died. Of the remaining 102, forty-two were destroyed directly by the operation, and sixty are alleged to have recovered. Of the 162 cases, sixty-one died from the immediate effects of the operation, sixty recovered, and forty-two escaped with their lives, most of whom, if the statement made to me be correct, have since died. How many of the sixty who survived are now alive, no man can tell, nor in what state they now exist. It is in vain to seek for information on this head. It has been attempted to institute a comparison between ovariotomy and the great operations of surgery, amputation, hernia, and the ligature of large arteries for aneurism. It is impossible to draw a parallel between these operations and ovariotomy: there is no analogy between them. The great operations in surgery are required because death is impending; if

not performed in compound fracture, in aneurism, and wounded arteries, and strangulated hernia, speedy death is inevitable. Quite the reverse in ovariotomy: this operation has been performed in a multitude of cases—they abound in the table—where life was exposed to no immediate danger, and where the patient might have lived for years if left alone altogether, or the ordinary mode of treatment adopted. When ovariotomy is undertaken, it is impossible in any case to tell whether it be practicable or impracticable. When the surgeon takes up his knife to amputate a limb, it is speedily dissevered from the body; in hernia, the sac in soon reached, and the stricture divided. In sixty out of 162 cases of ovariotomy performed in Great Britain, the operation was begun and could not be completed. The only operation analogous to ovariotomy is the Cæsarian section, which has this marked advantage over ovariotomy—that the knife of the operator is sure to make its way into the cavity of the uterus, and the offending member to be removed. The fœtus has never been found adhering invincibly to the inner surface of the organ. In the Cæsarian section, the patient does not require to be slit open from stem to stern, as is in ovariotomy. I have performed the operation of ovariotomy many times on the dead body—not quite forty, but sufficiently often to make me thoroughly acquainted with the difficulties of the diagnosis and the danger of the operation on the living body. No man can tell, when he begins the operation of ovariotomy, whether it can be completed. It appears to me an act of the greatest cruelty, first to recommend the operation to poor patients suffering under such a disease, and then to throw the responsibility upon the patients, as if they could be aware of the fearful risk to life they are incurring in submitting to the operation. Mr. Streeter has alluded in a feeling manner to this practice. The paper read this evening could not have been read at the Western Medical Society, as confidently asserted, for the best of all reasons, because it was not then written. I have already acquainted the medical secretary with this fact, and I will now explain all the circumstances fully. Being now president of the Western Medical Society, I was called upon to open the present session with an address, or to make some communication on a medical subject for discussion, and I knew of none more important than the Diagnosis and Treatment of Ovarian Diseases. I thought, also, that the paper on this subject, which I was then earnestly engaged in writing for this Society, would be rendered more perfect if I heard the subject discussed by a body of sound practitioners. The histories of the 156 cases of ovarian disease were undoubtedly lying on the table before me, but they were scarcely referred to, and I held in my hand, during the address, only a brief sketch—a skeleton of the facts which formed the communication—to assist my memory. I still continue to think that the uterine sound or poker is a useless and mischievous weapon, and has led to the commission of gross errors in the diagnosis of uterine and ovarian diseases. I know of many such lamentable cases. But if Dr. Bird, who says the paper is barren—though it contains the faithful reports of 156 cases—will really contribute any fact, even of the slightest importance, to improve the diagnosis of ovarian diseases—something more than a set of unmeaning words—I will be most happy to add that fact to the paper, and I have no doubt the council will grant their permission. The same evening, as I was walking home with Dr. Bird, he informed me that he was about to perform ovariotomy on a lady in the country who had consulted me, and whom I had recommended not to submit to the operation. When Dr. Bird made this vaunting statement, the lady had actually been dead some weeks. Neither in this nor in my former paper, have I expressed any opinion on the propriety of having recourse to the operation of ovariotomy. It is, however, well known that I have always been opposed to it. It is right to state that the following paragraph formed the conclusion of my paper when first presented to the Society:—"I am, however, fully aware that other practitioners who have also carefully examined this analysis, have arrived at the conclusion, that there are some cases in which the operation is justifiable and proper. The president of this Society belongs to this number; but he is of opinion that ovariotomy should not be undertaken, in any case, until all remedies have failed, and not unless the disease is producing such injurious effects on vital organs as to endanger life, and which cannot be relieved by any other means. He is likewise of opinion, that in no case whatever should ovariotomy be performed without the full extent of its danger and the uncertainty of its practicability being clearly explained to the patient, and her deliberate assent obtained" (cheers).

The PRESIDENT said that Dr. Lee had very fairly stated his (the President's) views respecting the performance of ovariotomy. He thought it was a proceeding which should not be often resorted to; but that there were cases in which it was justifiable and proper for the surgeon to adopt it.

Dr. F. BIRD begged, before the Society adjourned, to make one observation respecting the case alluded to by Dr. Lee, as having, as it would appear, been operated upon by himself (Dr. F. Bird), and that the lady had since died. He alluded to the case mentioned in the walk home from the Western Medical Society.

Dr. LEE had merely said in reference to that case, that he had advised the lady not to be operated upon. Dr. F. Bird had told him he was going to perform the operation; but at that very moment the lady was actually dead.

DESTRUCTION OF ALMOST THE ENTIRE TEMPORAL BONE.

By Dr. RUSSELL,
Physician to the Birmingham General Dispensary.

MRS. PEYTON, aged 66, a nurse. I visited her as a patient of the BirminghamDispensary at the request of Mr. Figgins on August 10th. She gave me the following history:—

She was attacked with pain in the right ear about six months ago; she attributed it to exposure to very bitter weather, after having been in a hot room; immediately after the pain set in, she found a swelling in front of the ear. About a fortnight afterwards she struck her ear against a bracket; the pain became much increased, and in a day or two "a gathering broke,' discharging profusely through the auditory passage. The pain was relieved temporarily, but soon returned, and with the discharge has continued ever since. The discharge consisted of fetid pus, frequently bloody, or very thin; and occasionally of pure blood, to the extent of a meat-spoonful. About a fortnight before I visited her, a piece of bone "like the mallet bone" came away. The pain has been constant, at times intense, particularly if the discharge ceased for a day or two; she described it as starting from the front of the ear, and radiating over the right side of the head, and across the occipital region, where it was most severe. She often passed hours clasping her head between her hands. On March 30th, two months after the commencement of her complaint, her attention was first called to the existence of some paralysis of the right side of the face.

She has always enjoyed excellent health; has never before had discharge from her ears; though I learned since her death that she had long had a habit of picking her ear with a pin, but without ever complaining of any uneasiness there. Her family is free from consumption, nor is there any trace of syphilitic affection in her history.

At my visit I found the tragus and the cartilage of the auditory passage of the right ear greatly thickened, and quite raw, from the discharge; and immediately in front of the tragus there was a diffused soft swelling, not especially tender, and not fluctuating; there was a draining of fetid sanious pus from the auditory foramen. The right side of the face was partially paralysed; the muscles supplied by the portio dura, and also the buccinator; but the paralysis was not perfect, as the eye could be partially closed voluntarily, and perfectly during sleep, and as food did not collect in the cheek, though the cheek hung loosely, and flapped when she talked, considerably impairing her articulation. The power of masticating was a good deal

impaired; she could only chew sopped food; but from the disease about the root of the zygoma, it was difficult to say whether any share could be referred to impaired power in the muscles of mastication. The right side of the tongue was quite insensible, but the other parts supplied by the sentient branches of the fifth retained perfectly the power of distinguishing impressions. The senses were unaffected, except that of course the right ear was quite insensible to sound. The pupils were natural; there was no sign of paralysis elsewhere; but her arms were rather tremulous, owing to the remains of gilders' palsy, although it is many years since she worked at gilding.

When I first visited her, I found her subject to fits of a kind of maniacal excitement, with great depression of power,—owing, most probably, to want of rest from her constant suffering. My friend Mr. Bindley, who assisted me through the case, having found that a probe passed through the cartilage of the auditory passage, and moved about with much freedom over the neighbourhood of the root of the zygoma, made a free incision upon the point of the instrument; he then felt a considerable extent of exposed bone. Discharge passed freely through the opening during the remainder of her life; and about a fortnight before she died a large piece of bone came away.

It is unnecessary to detail the history of her case further than that the suffering continued with great severity, partially mitigated by large opiates repeated at short intervals, and by extract of belladonna rubbed over the painful regions. The facial paralysis became complete: the buccinator was perfectly palsied, and the conjunctiva of the right eye congested and œdematous. Her intellectual functions were unimpaired, with the exception of occasional nocturnal delirium during the last fortnight. She died October 6th, rather unexpectedly, having been sitting up the day before.

Sectio cadaveris forty hours after death: present, Mr. Bindley, Mr. Carter, Mr. Figgins, and myself. The head alone was examined. On the right side, the integuments and external ear were separated from the bone as far backwards as the mastoid process, and below to the further part of the base of the skull; the inner surface of the interspace was in a state of slough, and emitted a most fetid stench. We found the entire squamous portion of the temporal bone, except a small piece of its upper part, entirely destroyed, and with it a part of the mastoid portion, laying open the mastoid cells; a large irregular opening was thus formed through the side of the skull. The petrous portion of the temporal bone was also destroyed, leaving only a few broken-down fragments, and a mere shell attached to the basilar process: an extensive sloughy cavity was thus formed at the base of the skull, extending almost to the vertebræ, enclosed by the remains of soft parts, covered with flabby, unhealthy granulations. Through the upper part of this cavity, that portion of the facial nerve which is enclosed in the aqueduct of Fallopius passed uninjured, but fully exposed by the total destruction of the bone; this was the only part of the nerve that remained; it terminated at either extremity in a mass of granulation.

The dura mater adhered to the bone nearly to the edge of the large opening; its outer surface, where exposed by the destruction of the bone, was sloughy; it was perforated by an opening, the size of a crown-piece, which corresponded to the commencement of a sloughy sinus through the substance of the brain; at a very small distance from the opening the tissue of the membrane became quite healthy, the orifice of the internal auditory meatus remained, though unsupported by any bone, and without any remains of nerve. The lateral sinus, where lying upon the mastoid portion, was plugged with fibrine of a dirty colour, firmly adherent; it did not contain pus; by this clot the closure of the vessel in the jugular foramen was complete. The eighth pair of nerves entered the jugular foramen as usual, but on the under surface of the skull, the sloughing had removed every trace both of the jugular vein and of the nerves. The carotid artery was healthy; though deprived of its bony sheath, it was enveloped in a dense casing of granulation. The fifth pair of nerves was entire within the skull, but enclosed in a very dense thickened sheath, which must have exerted considerable pressure upon the nerve, and perhaps was one great cause of the intense pain; but here our dissection was incomplete; under the circumstances it was impossible to dissect the nerve after passing into its foramina on the under surface of the skull.

Brain.—From the opening in the dura mater, a sloughy irregular passage led, through the substance of the brain, into the lateral ventricle, which was quite full of sloughy debris, and contained some thin pus in the lowest part of the posterior cornu; the left ventricle was almost as full as the right, apparently from the breaking down of the septum lucidum; the lining membrane of both ventricles was healthy, the sloughy matter being derived from without. In the neighbourhood of the sloughy passage the brain was a good deal softened, and implicated with foul pus; but in all other parts it was healthy. The surface of the right corpus striatum had been infiltrated, but the destructive process had not penetrated to any depth. The arachnoid and pia mater were healthy, except near the sloughing part: there were about two drachms of thin purulent fluid at the base of the brain.

It is impossible to trace the origin of the disease in this curious case; the account given by the patient would certainly lead one to infer that it did not arise within the ear, but probably in the seat of the swelling, which was noticed so soon after pain began: but the history I obtained from her was more meagre than I could wish. The absence of all cerebral symptoms is explained by the fact of the great ganglia of the brain remaining intact, and by the probably slow progress of the disease within the brain: for instances of *acute* softening speedily fatal, after having involved a much smaller amount of cerebral substance, are not rare. The small amount of disturbance following the division by sloughing of the pneumogastric nerve affords a comment on the like result of dividing one nerve by Dr. Reid.—*Med. Gaz.*

REVIEWS AND NOTICES OF BOOKS.

BRADSHAW'S COMPANION TO THE CONTINENT; a Descriptive Handbook to the Chief Places of Resort; with Observations on the Influence of Climate and Travelling. By Edwin Lee, Honorary and Corresponding Member of the Principal Continental Medical Societies, &c. &c. London. 1851. pp. 408.

This is an improved edition of the "Continental Traveller and Invalids' Handbook," published by the author between three and four years ago, with numerous additions, brought out in a more portable form, reduced in price, and changed in name. "The increased facilities for locomotion having rendered distance little more than nominal, a visit to the continent is regarded (the author observes) much in the same light as was formerly a trip to one of our watering places, and there being now uninterrupted communication by steam from all parts of Great Britain to Germany on the one hand, and through France to the Mediterranean sea on the other, almost all the places of resort abroad are of comparatively easy access; so that, as regards valetudinarians more especially, the objection arising from the manifold inconveniences of a long journey on the high roads is, in a great measure, obviated; and travelling, the remedy which from the earliest periods has been recommended in chronic diseases, is generally available."

It has been my chief object, Mr. Lee says, while briefly alluding to the leading features of particular localities, "to dwell more particularly upon those points upon which information is required by invalids and the large class of travellers who seek to combine recreation with restoration to health, as also by the medical profession."

"With regard to climate in particular, it has appeared to

me, from frequently observing the mistakes which occur respecting the choice of localities by patients and practitioners, that the more general diffusion of information which might lead to a more correct appreciation of this remedial agent, as well as of the places frequented on this account, could not fail to be acceptable, the only work on this subject which we possess being that of Sir James Clark. Accordingly, I have taken pains to make this portion of the work as complete as possible, by the addition of general remarks on the influence of climate, and tables of comparative temperature, &c., from the most recent authentic sources."

The countries to which this volume is a guide, are France, Italy, Switzerland, and Germany; and the following extracts from the table of contents will give our readers an idea of the range of subjects embraced by it:—

"*France.*—Boulogne; Paris; French Characteristics; Climate of Paris; Lyons; The Rhone; Marseilles; Climate of Provence; Hyères and its Climate; Causes; Marseilles to Toulouse; Nismes; Pau and its Climate; Eaux Bonnes and Chaudes; Bordeaux and its Climate; Tours; Pyrenian Baths; Bagnères de Luchon; Bagnères de Bigorre; Vale of Argeles; Barèges; St. Sauveur; Gavarnie; Cauterets.

Italy.—Nice and its Climate; The Cornice Road; Genoa and its Climate; Baths of Lucca; Pisa and its Climate; Leghorn; The Maremma; Baths of Monte Catini; Florences its Environs and Climate; Sienna; Rome, its Characteristic, and Environs; Medicine, Malaria, Living, Climate; Pontine Marshes; Naples and the Neapolitans; Sorrento and Castellamara; Ischia and its Mineral Springs; Palermo; Malta and its Climate; Road by St. Germano to Rome; Monte Casino; from Rome to Florence by Perugia; Bologna; Parma; Milan; The Lakes Route to Venice; Venice and its Climate; Pass of Ampezzo; The Simplon; The Haut Valais; Mont Cenis; Turin; Route to Nice by the Col di Tenda; from Geneva to Basle."

The appendix contains remarks upon the influence of climate; especially of the Italian climate, and upon the remedial adaptation of climate; "considerations upon some prevalent predisposing causes of disease, and upon the remedial effects of travelling; notes respecting the mountains of Italy, and a note on Madeira; with meteorological tables."

This volume, we have little doubt, will be as popular as Mr. Lee's other writings; his style is light and agreeable, and the work is calculated to serve the double purpose of a guidebook and an instructive and entertaining companion to the traveller in pursuit either of health or of pleasure.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, DECEMBER 17, 1851.

PROCEEDINGS UNDER THE DISPENSARY ACT.

The Boards of Guardians are still busy throughout the country in arranging districts and settling salaries, but with such contrariety of views and interests that no man can with safety predict the final results. It is obvious that the Commissioners must exercise the powers conferred on them by the act, to revise the decisions of the Guardians; and we have no doubt that they will refuse their sanction to proceedings which aim at an evasion rather than an execution of it. Where inadequate salaries have been assigned, or excessive extent of districts declared, they must interfere; and therefore must every union undergo a careful revision. It behoves the Dispensary Surgeon to recollect this, lest he should relax in vigilance under a conviction that the decisions of the Guardians are final and irrevocable. Even since our last, we find in some of the unions symptoms of vacillation, and an inclination to rescind adopted resolutions. In Abbeyleix, in the Queen's County, we find Mr. Stubber giving notice of a motion to rescind the resolution adopted respecting the division into dispensary districts, and elsewhere we find similar difference of opinion. In the Mountmelick Union, which has been divided into eight districts, salaries of £75 have been proposed, but have not yet been agreed upon. Trim Union has been divided into four districts, with two houses, offices, or stations in each; and four Surgeons have been assigned, with salaries of £120 each to two, and £100 to the other two. In Carlow—

Mr. J. Fishbourne inquired what class would be entitled to medical relief, for he knew farmers and gentlemen's servants obtain tickets for dispensaries who could afford to pay for medical assistance?

The Chairman considered that labourers, and that class qualified to demand workhouse relief, were the parties entitled to it in future.

Mr. J. Fishbourne would like to have that question clearly ascertained.

Colonel Bruen considered this act was passed to provide relief for those classes who were not able to procure it, and were proper objects of medical relief. With reference to dispensaries, he hoped the board would not extend the districts so as to render the superintendence on the part of a medical officer impossible, as they could not accomplish their task with railway speed, and the poor should be adequately provided for. The necessary steps should be taken to limit the districts to such an area as to enable the medical officers to discharge their duties efficiently.

Mr. Rochfort said that they had done so on the last board day, and there was no objection to the districts into which they divided the union.

Colonel Bruen—Then if you want the duty well performed at the least expense, give your medical officers a reasonable compensation for their services.

Mr. Browne—Certainly.

Mr. J. Alexander—If you do not separate the Bagnalstown and Leighlin-bridge districts, how is it possible for one medical man to superintend a district which extends from the boundary of the county Kilkenny, in Idrone West, to Mount Leinster?

Mr. J. Fishbourne—No man living could do it.

Colonel Bruen—Unless he possessed the power of flying, or kept two or three horses.

Captain Bath considered, with reference to salaries, that £100 per annum was little enough for all the medical officers. They had paid their doctor £95 yearly for the Fenagh and Myshall district—could they offer him less now with increased duties?

Captain Watson and Mr. John Lecky Watson supported Captain Bath's views.

Mr. A. Fitzmaurice—If you go on in that way you will soon appoint another committee for the reduction of salaries.

Mr. Clayton Browne—It will become necessary, unless we act with prudence.

Mr. J. Fishbourne—And look to the interests of the ratepayers.

Carlow District.—Mr. William R. Fitzmaurice was an advocate for economy, but he considered it no economy not to pay medical men. He read from the *Leinster Express* a list of salaries granted by the Athy Union. The scale was from £120, £100, and £90 a year, according to the extent of their district. He thought that the least sum that could be offered in Carlow was £100.

Mr. Rochfort—I consider Dr. Porter's district both onerous and important, and I propose to give him £100 a year.

Mr. Browne and Mr. Lorenzo Alexander considered this sum as the very least that could be offered to a medical officer having charge of a large and populous town, including an extensive rural district. The motion was agreed to.

Tullow District.—At the suggestion of Mr. Doyne, it was agreed to give £64 yearly to Dr. Burnett, coupled with £56 a year for the fever hospital.

Borris District.—For this district a sum of £70 per annum was given to Dr. Boxwell.

Fennagh and Myshall.—For this district, which was eleven by nine miles in extent, after a long discussion, the salary voted to the doctor was £90.

Ballickmoyler and Newtown.—The salaries proposed for these united districts were £90, £80, and £70 per annum. It was finally fixed at £80 per annum, after a long discussion.

We give this discussion as we find it in the *Leinster Express*, because it touches some points of importance. The class of patients entitled to relief will prove a knotty

point presently. The Castlebar Union has been divided into two districts, with two Surgeons, at salaries of £60 and £50. This will of course be a case for revision by the Commissioners. The Cork Union has been divided into eight districts, with salaries of £68 to seven Surgeons, and £80 to one. In Tralee there was an amusing display of restiveness under taxation. At first the feeling seemed to be to "throw out" the act altogether, and have no dispensaries; but on discovering that this could not be done, the best method of practically evading it became the subject of warm discussion. Mr. HURLY, a well-paid Clerk of the Crown, seems, from the report in the *Tralee Chronicle*, to be one of the advocates of bad payment of "the doctors," and a Mr. O'CONNELL followed in the same direction, so as to effect an economical arrangement providing salaries varying from £40 to £60, which the Commissioners will not of course sanction. In Londonderry, the union has been divided into seven districts, with salaries from £120 to £80. Cashel Union has been divided into four districts, in three the Surgeons to have £75 a year, and in the fourth £60. The Guardians at Urlingford, county Kilkenny, seem to have a sharp discussion before deciding that the union should be divided into four districts, with salaries of £80. In Armagh the union has been divided into seven districts, with salaries of £80, £85, £90, £100, and £120.

THE SHAM SURGICAL DIPLOMA OF TRINITY COLLEGE.

WE find the patentees of this new article in the medical certificate trade are "coming out strong" in the advertising line. Not exactly after the fashion of MOSES or HYAM, of HAYDEN or HOLLOWAY, but according to the most approved practice of paragraph-puffing, upon which booksellers and medicals of a certain caste rely. Amongst the "dodges" of practitioners in this art, a favourite one is to prepare "an article" in Dublin which is transmitted to a London medical journal of easy virtue to be therein inserted as a "Leader," and from this to be copied by a Dublin friendly newspaper, or inserted as an advertisement in disguise in an indifferent one. This dodge has been put in requisition and perpetrated to the letter as we describe; and a fine specimen it is of the ethical principles and literary resources of the school of medical politicians from which it emanates. The happy mixture of exalted love of virtue and justice, with the instinctive leaning to that method which men of law call sharp-practice, marks the authors of the effusion. The pompous exordium which deprecates "unwise dissensions," and all other social evils, is an admirable preface to the coneluding invitation to "buy a diploma." The sentimental philanthropist pathetically complains that

> To impartial minds it cannot but be a source of profound regret that the unwise dissensions and conflicting interests of bygone days should still be evidenced in the corporate and educational distinctions which yet unhappily characterise the professions of medicine and surgery.

What candour, liberality, and sincerity have we here, and how we should admire it, were it not that unfortunately the writer has, from his entrance into our profession till the present hour, never ceased to foment these "dissensions," and to bring into collision these "conflicting interests." It is consoling, however, to find that all this has come to an end, and that unwise dissensions and conflicting interests are extinguished. The "days of such narrow and exclusive views are, however, numbered," and empty benches or alarming reports of the Bursar shall no longer fret the Professors or frighten the Board. The one-faculty-system is, it seems, now to be the rallying cry of Old Trinity, and the tottering steps of decrepid medicine are to be steadied by the support of vigorous surgery; but it appears somewhat startling to see the furious opponent of this same system in 1841 thus extolling it in 1851: circumstances, however, alter cases. Then it was urged that Surgeons were Physicians; now it is that Physicians are Surgeons. Next comes the "cream of the jest." The "Surgical Degree of Trinity College (it is no longer a simple certificate or sham diploma) must take a high position." If we were not sure that "our author" never yet perpetrated a joke, we should suspect him of a banter here, and think he meant to hint that the "surgical degree" might figure in the Park in the "high position" of a paper kite; as it is, although not very unlike another kind of kite, which parties in their need set a-flying, we suspect he only ruminates on the flight of gulls. Be this as it may, the article in question "will doubtless be received *with consideration* by the heads of the medical departments of the public service." Doubtless it will with all due consideration; for to say the truth, we wish our soldiers and sailors some better luck than to fall into the hands of the doctor's customers. But the academic beauties of this precious degree throw its surgical perfections entirely into the shade; "ample provision is made for ensuring a competent general education;" for behold "candidates are required to complete *one year's graduation* in arts." Graduates in Arts and Medicine of Old Trinity think of that! A one year's graduation; a junior freshman degree!!! It has been our lot to witness the decay and prostration of much of which our country was justly proud, but never did we dream of witnessing such a deplorable exhibition as this.

THE APOTHECARIES' HALL *v.* THE DISPENSARY SURGEONS.

WE gather from prevalent rumours that "the gentlemen of the Hall," as the Apothecaries' Company is facetiously called, are, as usual on critical occasions, endeavouring to "kick up a row." They have, we hear, the monstrous audacity to "threaten law" on any Dispensary Surgeon who dispenses medicine in his dispensary, notwithstanding the conclusive decision of the Queen's Bench in the case of NICHOLLS, and notwithstanding the practice time out of mind. It seems they want to compel Surgeons to come to them for "a Diploma" they have been fabricating, which is to serve as a protection against their threats; this Diploma "being neither more nor less than the licence to act as "*journeyman*," provided by the apothecaries' act, and proposed to be granted on a certificate of three years service in a shop, of which service no impertinent questions are to be asked. We warn Surgeons against having anything to do with any such sham licence. The journeyman's licence is only good to enable a young man to assist in an apothecary's shop, and if a protection were required would be of no avail. They say they have got a law opinion in support of their "Diploma," like the Board of Trinity College, but our readers may rely on it that "law opinions" drawn up "to order" are of no value, except to prove the absurdity of legal misconstruction of plain words. Every Surgeon in Ireland is legally authorized to administer medicines to his own patients in or out of dispensaries. He must not "open shop," or even covertly compound the prescriptions of others; that is all the restriction.

CORRESPONDENCE.

INTENTION OF DISPENSARY ACT AS TO FIRST APPOINTMENTS OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—It has been discovered, or at least it is asserted, that under the new dispensary act the Poor-law Commissioners have no power to reappoint the existing medical officers to their several dispensaries. The act (sec. 14) says—"When, on the formation of any district under the provisions of this act, a medical practitioner shall be in possession of a medical office, connected with any dispensary subject to the authority of the said Commissioners," &c. It is alleged that this does not refer to county presentment dispensaries, as they are not, and never were, under the control of the Poor-law Commissioners, nor are they placed under their control by the present act; and if this clause affects any dispensaries, they can only be those six or seven, if any remain, that have been opened under the poor-laws.

Now, this discovery has caused the greatest alarm, for it is obvious that there is not a medical officer in Ireland who, in such case, would not be exposed to the danger of a death's struggle for his position, and for the very existence of himself and his family; and that the whole island from end to end would be, morally, torn in pieces, and its peace and quiet outraged by the excited direful action of religious, political, selfish, and vindictive passions and interests.

To avert this, so great an evil, the Commissioners should suspend the appointment of the medical officers till after the meeting of parliament, when a short bill could be passed without delay, giving to the Commissioners the powers clearly intended by the legislature.—I am your obedient servant,

P. Filius, M.D., &c.

There is nothing in this. It is clear that when the districts are formed the Commissioners are to issue an order, as provided in clauses 6 and 10, which will at once make all dispensaries in the district "subject to the authority of the Commissioners." The intention of the act as to the conveyance of the dispensaries from the present trustees to the new ones is obvious, although there may be some obscurity, especially to the unlearned, in the wording of the clauses which effect it. The Commissioners evidently are empowered to declare the Dispensary Surgeons found in the newly-formed districts, to be the medical officers of the District Dispensaries, and this power they must exercise, however irksome or troublesome it may be: as our correspondent observes, nothing could be conceived more objectionable than a "general election" of Dispensary Surgeons at such a moment as this.

THE PROPOSED SALARIES OF DISPENSARY SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—Let it not be supposed for a moment that the Dispensary Doctors of Ireland are satisfied with the manner in which they are being dealt with by the several Boards of Guardians because they are silent on the subject of the gross wrongs sought to be inflicted on them. They are not; and they would speak, and loudly speak too, were they not quite confident that the Poor-law Commissioners would never lend themselves to the carrying out of such "penny-wise" economy, and by so doing victimize our medical brethren. What does a Commissioner or Inspector do but devote his whole days to the discharge of his duty. Must not a doctor in a remote district devote his days, and perhaps often his nights, to the discharge of *his* duties What leisure time, think you, will a doctor with a district ten miles square have; and look at the difference of payment. I should like to know what the meddling Mr. Senior gets. Look to Macroom, Mill-street, Kanturk, and Newcastle Unions—£50, £60, £70, and £75, the salaries fixed on for medical men—and my firm belief is, that, from the districts allotted, the labour will be so much and so hard, that each man will have to work from morning until night, and, as a matter of course, must keep a horse. Take the support of a horse, of a man to mind it, and house rent, out of £75, and what will it leave? Enough to buy Indian gruel..no more! This will not do. If a man must live in obscurity, let him at least get the means of subsistence. Let the minimum salary be £100, the maximum £130, with allowance for a horse when one is required. Then men will feel pleasure in doing their duty—then, and only then, will the sick poor be efficiently attended. A fraction in the pound added to the poor-rates of a union would greatly increase a doctor's salary—no man would miss it. Leaving the matter in your hands, and confident that there could not be a better advocate, I remain, sir, yours very truly, One of the Aggrieved.

ON THE STRENGTH OF TINCTURE OF OPIUM.

By Dr. Garrod of University College.

As many discrepant statements are to be found in works on materia medica, in various dispensatories, &c., concerning the strength of the tincture of opium of the London Pharmacopœia, it may not be either uninstructive or uninteresting, at least to the medical profession, to have the subject brought under notice and discussion at this Society, in order that they may arrive at some definite conclusion, concerning the strength of a preparation they are in the daily habit of prescribing. If we refer to the London Pharmacopœia of 1836 we find the following directions for making the tincture of opium:—

Take of hard opium powdered, 3 ounces
Proof spirit, 2 pints
Macerate for fourteen days, and strain.

In the Pharmacopœia of 1851 we are ordered to—

Take of opium powdered, 3 ounces
Proof spirit, 2 pints
Macerate for seven days, press out, and strain.

The only difference in the directions being that powdered *hard* opium, and digestion for *fourteen* days, are ordered in the one case, and simply powdered opium and seven days digestion in the other. If we look at the authorized edition of the Pharmacopœia by Mr. Phillips of 1836 (and also at the present edition), we find stated, that the preparation has a deep brownish red colour, possesses the peculiar odour and taste of opium, has sp. gr. 0.952, and about 19 minims contain 1 grain of opium, which is said to be proved by the following data: 1st, by evaporating the tincture, and finding the amount of solid extract left; 2nd, by ascertaining the quantity of opium remaining undissolved. The conclusion at which Mr. Phillips arrived, viz., that 1 grain of opium was contained in 19 minims of the Pharmacopœia tincture, has been copied into most English works on materia medica, and most medical men have been and are still in the habit of prescribing the tincture considering it to be of the *above* strength. Were Mr. Phillips's conclusions correct?

With regard to the amount of solid extract left on evaporation of the tincture, it appears from the experiments of Mr. Allchin, which are also confirmed by those which I have myself made, that 19 minims yield about 1 grain of extract; but in these cases the Turkey opium of commerce must be first exsiccated; and the tinctures of commerce yield quantities varying from 1 in 19 to 1 in 28 minims of the tincture. Tincture of opium made with Turkey opium in small masses not previously dried, fl. ʒj. gave on drying 2.7 of solid residue, or 1 grain in about 22.2 minims. Tincture of opium made with good Turkey opium, previously dried and reduced to powder (Pharmacopœia directions) fl. ʒj. gave on drying—three experiments—3.1, or 1 grain of residue in 19.3 minims.

If made with opium capable of being reduced to a state of powder, the average quantity of extract would be about 1 grain in 20 minims; this proportion would indicate that one third of the solid ingredient (opium) is left undissolved, which was found by Mr. Phillips to be the case. I believe all good specimens of Turkey opium yield about this amount of residue. An experiment made within the last week at Mr. Bell's establishment gave this

result. If then the strength of tincture of opium be considered to be that indicated by Mr. Phillips, we must assume that the undissolved portion possesses the same therapeutic effects as the dissolved portion. Is this correct?

It has been stated by some that morphia can be extracted from the residuum, and in Dr. Pereira's Materia Medica, we find the following observations:—"Proof spirit dissolves the same constituents as water does, but it takes up a larger proportion of *narcotine*, *resin*, *oil*. I have repeatedly prepared morphia from the insoluble residue left behind in the preparation of the tincture." Again, in Dr. Thomson's Dispensatory it is stated that Mr. Brande finds that the whole of the morphia is not taken up; but is found in no inconsiderable quantity in the filter. We suspect occasionally *narcotine* has been taken for *morphia*, and in the cases where *morphia* has really been found, unless the residue had been previously washed, an error may have arisen from the alkaloid being contained in the tincture of opium adhering to the dregs, and not from any contained in the residue itself. I have recently endeavoured to ascertain the true state of the case, and chiefly by means of a therapeutic inquiry into the strength of the residuum. The residue of tincture of opium prepared in the ordinary way at University College Hospital, was taken for experiment; it was first washed with a little cold water to remove any adhering tincture, and afterwards dried in a water-bath. By digestion with ether, it was found to yield abundance of *narcotine*, and was also found to contain *meconic acid* sufficient to strike a claret colour with the persalts of iron; but at the same time nitric acid gave no evidence of the presence of *morphia*. It was found also by experiment that proof spirit at the ordinary temperature dissolved but a very small portion of narcotine; the bulk of the narcotine therefore remains in the residuum from the tincture of opium, perhaps united with meconic acid; for when treated with water acidulated with acetic acid, both *narcotine* and *meconic* acid were dissolved.

A portion of the residue was given internally; *one grain* to a healthy adult produced no effect; *two grains* were given with no result; the dose was then successively increased to *four grains*, then to *six grains*, afterwards to *thirteen*, and lastly to *thirty grains*, without causing the slightest effect on the individuals to whom it was administered; the only limitation to the quantity given being the unpleasantness of taking so large an amount of so bulky a matter. It appears, therefore, that the residue is, to all intents and purposes, inert.

From these experiments, it is evident that even *should* traces of *morphia* be contained in the dregs, still the quantity must be such (when the tincture is prepared according to the London Pharmacopœia) as to make no appreciable diminution of the strength of the preparation, and that the tinctura opii contains the active matter of the whole of the drug used in its formation, and therefore about 12 minims of tincture of opium possesses all the activity of 1 grain of crude opium, assuming that it loses only 12 per cent. in the drying. If dry opium is taken for comparison, 1 grain is contained in about 13½ minims; and therefore *one* fluid drachm of tinctura opii contains about 5 grains of the drug, or 4½ grains (according as it is compared with the dry or moist opium), in place of 3 grains; or 1 fluid ounce contains 40 or 36 grains in place of 24 grains usually assumed to be contained in it; a difference of strength of the highest importance when we consider the highly poisonous and powerful therapeutic action of the drug.

In the Edinburgh preparation the amount of tincture containing a grain of opium in about 13½ minims, for the opium is ordered in the same proportion but not previously reduced to powder or dried. In the Dublin preparation the opium is ordered to be coarsely powdered, but avoirdupois weight is used in place of apothecaries, which makes the strength of the tincture such that 12.75 minims contain *one* grain.

The error as to the strength of the tincture of opium, which is found in so many works, has been recently commented on. Thus Dr. Christison objects to Mr. Phillips's statements; Dr. Royle also alludes to it, and so does Mr. Squire, in his recent work on the Pharmacopœias; and even those writers who have copied the statement must have done so without much thought on the subject, as they have calculated the strength of other preparations of opium, as that of the tinctura opii ammoniata, tinctura camphoræ composita, assuming that all the active properties of the opium used in the preparation had been taken up by the menstrua. And this is the case even with Mr. Phillips himself, in the case of the compound tincture of camphor, when he states that *nearly two* grains of opium are contained in the ounce, the Pharmacopœia proportions of opium being 1.6 grains only.

I have brought the question before the Society more for the purpose of eliciting the opinions of the members on the point, than with the idea of bringing forward much that is novel on the subject; if the conclusion to which we have arrived—namely, that 12 minims of tincture of opium contain all the medical properties of 1 grain of the crude drug, I think it very important that the members of the medical profession should be made fully aware of the delusion under which they have laboured for so many years with regard to the strength of this important preparation. —*Phar. Jour.*

A LAWYER'S OPINION OE MEDICAL MORALITY.

According to the *Morning Chronicle* of the 6th inst., whilst the Lord Chancellor was hearing a lunacy case, the previous day, he is reported to have uttered the following observation:—"When a medical gentleman, with a large fee, was sent to visit a patient, his report invariably sustained, to a great extent, the view taken by the party employing him." Disregarding altogether the animus which apparently dictated such language in a court of justice, we must dissent *in toto* from its application to medical practitioners; and would respectfully assert, that the profession are quite as honest in giving their opinions as any barrister consulted upon a point of law by a solicitor. Lord Truro, having once been an attorney, knows better than we could tell his lordship, that should the counsel decide against a client's right of action, that recommendation is never communicated to the opposite party; nor are adverse witnesses ever called whose evidence might invalidate the plea brought forward. The same proceeding is always followed respecting medical statements and evidence. If unfavourable to the persons employing the professional gentleman consulted, nothing is said thereon; so that the court is never informed unless in support of the case then advocated. Therefore, to believe that medical men always decide in favour of the individual who pays them, is fully as erroneous as it would be for a Lord Chief Justice to observe, during the trial of a case before him—"It is very singular, when counsel with a large fee comes to plead in this court, his oration invariably sustains, to a great extent, the views taken by the party employing him!" How the common law bar would grin at such an effusion may be easily conceived. Nor would learned wigs be less astonished were one of the legal fraternity to quote precedents against his own client, or argue in favour of the opposite one. Another dictum recently expressed also deserves animadversion, when it was said that fifty guineas given to Dr. Winslow for visiting a patient in Yorkshire seemed large. On the contrary, we think the amount was less than half what it ought to have been, considering the time employed, and the responsibility that physician thereby incurred. Instead of criticising medical practitioners, we would advise all judges to condemn barristers who take large fees from attorneys to appear in court when particular cases are called, but cannot be found at the critical moment. This would be much better reform than grudging the honorarium of a medical man for mental and bodily labour actually performed. With all deference towards the venerable judges of England, we sincerely believe it is injudicious and misplaced, for an occupant of the judicial bench to indulge in tirades which may disparage either his own or any of the other learned professions in public estimation.—*Lancet.*

Dr. Kingsley of Roscrea, was entertained at dinner on Thursday last, by his professional friends, at Anderson's hotel, in this city.

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

1851.		Max. T.	Min. T.	Barom.	Rain.
Sunday,	Dec. 7th,	52	43	29.950	
Monday,	8th,	53	40	30.000	.015
Tuesday,	9th,	56	38	29.900	.005
Wednesday,	10th,	57	47.5	29.750	.110
Thursday,	11th,	54	38	30.450	.005
Friday,	12th,	50	29	30.424	.002
Saturday,	13th,	40	26	30.450	.006

PORTARLINGTON, QUEEN'S COUNTY.

1851.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Dec. 7th,	52.5	47	29.681	51.1	48.2	45.6	.001	W
8th,	53	44	29.614	52.4	50.7	49.2	.001	W
9th,	54	38	29.603	54	52.6	51.4	.128	SW
10th,	58	51	29.473	50	48	46	.090	SW
11th,	53	40	30.162	45.4	43.3	40.9		Calm
12th,	48	34	30.186	42.4	41.2	39.7	.008	NW
13th,	42	29	30.193	33.5	33.2	32.7		Calm

M. W. HANLON, M.B.

ROYAL OBSERVATORY, GREENWICH.

Mean height of Barometer..... 30.13
" " Thermometer*..... 38.8
Self-registering do.† ..... max. 0.0 min. ..... 22.

* From 12 observations daily—† Sun.

Rain, in inches, .03: sum of the daily observations taken at nine o'clock.

Meteorological.—The mean temperature of the week was 1 deg. below the mean of the month.

BIRTHS AND DEATHS IN LONDON,

DURING THE WEEK ENDING SATURDAY, DECEMBER 6.

Births.		Deaths.	
Males.....	788	Males.....	624
Females.....	740	Females	692
	1528		1316

CAUSES OF DEATH.

1. *Zymotic* (epidemic, endemic, &c.) *Diseases*, ...	249
2. Dropsy, cancer, &c., of uncertain seat, ...	48
3. Brain, spinal marrow, nerves, and senses, ..	149
4. Heart and bloodvessels, ...	49
5. Lungs, and other organs of respiration, ...	333
6. Stomach, liver, and other organs of digestion ...	62
7. Diseases of the kidneys, &c., ...	6
8. Childbirth, diseases of the uterus, &c., ...	10
9. Rheumatism, diseases of the bones, joints, ..	6
10. Skin, cellular tissue, &c., ...	1
11. Premature birth, ...	0
12. Old age, ...	76
13. Violence, privation, cold, and intemperance, ...	38

The following is a selection of the number of deaths from the most important special causes:—

Small-pox, . .	27	Paralysis, . .	30
Measles, . .	17	Convulsions, . .	51
Scarlatina, . .	44	Bronchitis, . .	156
Hooping-cough, .	30	Pneumonia, . .	133
Diarrhœa, . .	26	Phthisis, . . .	180
Cholera, . . .	1	Diseases of lungs, &c.,	8
Typhus, . . .	61	Teething, . . .	9
Dropsy, . . .	19	Diseases of stomach, &c	9
Sudden deaths, .	4	Diseases of liver, &c. .	12
Hydrocephalus, .	30	Childbirth, . . .	5
Apoplexy, . .	25	Uterus, . . .	5

DEATH OF PRIESSNITZ.—Priessnitz, the celebrated founder of hydropathy, died at Graefenberg on the 26th of November, at the age of 52. In the morning of that day Priessnitz was up and stirring at an early hour, but complained of the cold, and had wood brought in to make a large fire. His friends had for some time believed him to be suffering from dropsy of the chest, and at their earnest entreaty he consented to take a little medicine, exclaiming all the while, "It is of no use." He would see no physician, but remained to the last true to his profession. About four o'clock in the afternoon of the 26th he asked to be carried to bed, and upon being laid down he expired.

PROFESSOR PORTER'S SURGICAL WORKS.

OBSERVATIONS ON THE SURGICAL PATHOLOGY OF THE LARYNX AND TRACHEA.

Chiefly with a view to Illustrate the Affections of those Organs which may require the operation of Bronchotomy.

OBSERVATIONS ON THE SURGICAL PATHOLOGY AND TREATMENT OF ANEURISM.

By WILLIAM HENRY PORTER, M.D.,

Surgeon to the Meath Hospital and County Dublin Infirmary, Consulting-Surgeon to the City of Dublin Hospital, and Professor of the Theory and Practice of Surgery in the Royal College of Surgeons in Ireland, &c. &c.

Dublin: Fannin and Co., Grafton-street.

Mr. Porter is preparing for publication his Lectures on VENEREAL DISEASES, with additional Notes and Illustrations.

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December, 1851.

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Wednesday, December 17, 1851.

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ORIGINAL COMMUNICATIONS.

CASES OF PULMONARY DISEASE.

By Edmund Sharkey, A.B., M.B., T.C.D., of Ballinasloe.

(Continued from p. 292.)

Having, in the number of the Press of November 5th, directed attention to one class of cases of incipient phthisis in which iodine seemed to me entitled to a certain amount of confidence, I should have noticed in connexion with it, a remedy which has obtained a very considerable degree of favour in the treatment of all forms of the disease. I allude to cod-liver oil. I would now, however, observe, that I cannot but think that *one* at least of the most active principles contained in it is iodine. According to Mr. Donovan's able investigations, the golden-coloured variety of the oil is that alone on which reliance can be placed, and this golden colour is derivable from two sources—viz., the contained iodine and the biliary secretion of the animal; and it seems more consistent with known facts to attribute the efficacy of the medicine to the former than the latter.

I alluded to another form of incipient phthisis distinguished from the first by a greater amount of general, and especially vascular excitement, most probably inflammatory, in which, if blood be drawn from a vein, it generally presents the excess of fibrine corresponding with that condition of the system. To this form the iodine treatment is not suited, but that by mercury has been followed by marked and speedy success. Cases of this kind have been recorded by Dr. Munk in the *London Medical Gazette* of 1840–41, and the following is one which fell under my own observation, and is strongly confirmatory of his views. I may add, that the practice has been found occasionally successful also by Drs. Graves, Stokes, Corrigan, and Sir H. Marsh.

Case 7.—Jersey, August, 1843.—A young woman, aged 27, has had hæmoptysis to a great extent for some months past, said to have commenced after suppression of the menses, in consequence of exposure to cold during their flow; she has hacking cough, with expectoration of pure blood; dyspnœa great, amounting on one occasion to orthopnœa, with an excited pulse, emaciation, and profuse night-sweats. Was bled to lb. i. Blood intensely buffed and cupped; considerable relief followed. She was treated with small doses of ant. tart., in conjunction with nit. potass. and camph., and her chest was blistered. The stethoscope detected no very positive signs, neither was any dulness found in any situation on percussion. Her progress towards recovery was very slow under these means. A diarrhœa came on, and on giving a few grains of hyd. c. cretæ for its relief, ptyalism ensued, which suddenly removed all the symptoms, and she is now quite well. I should add that she was pregnant at the time, but concealed the fact.

In this hæmoptysical variety of incipient phthisis, when, after venesection carried to as great an extent as seems advisable under the circumstances, I have found a combination of camphor and nitrate of potash, with the addition sometimes of minute doses of ant. tart., very effectual in producing such a reduction of the pulse as the bleeding alone had failed to accomplish. I have generally given it in the proportion of gr. v. camphor to gr. xv. nitrate of potash, twice or thrice a day.

Case 8.—*Confirmed Phthisis.*

Allihies, Berehaven, county Cork, February 12, 1836.—Richard Trewhela, aged 16, a Cornish lad, a blacksmith, of a strumous family, has had a cough for some time, which has been alleviated at intervals by medical treatment and change of air. When examined by me a year ago, he presented suspicious physical signs of phthisis at the top of the left lung. There is now dulness on percussion at the top of the left lung, with large mucous râle, bronchial respiration, and resonance both of voice and cough. His symptoms are, irregular rigors, loss of strength, and emaciation, palpitation, strong action of heart, quick pulse, expectoration occasionally bloody, anorexia. The treatment prescribed was the mucilaginous mixture, containing ipecacuanha, camphorated tincture of opium, and tincture of digitalis (a drachm to fourteen ounces), Griffith's pill morning and evening, and flannel to be worn next to the skin. On the 24th there was great improvement, especially of the appetite.

March 7th. Has retrograded in consequence of imprudence, as he has not ceased to work in the forge, and consequently suffers from vicissitudes of temperature.

14th. Feverish attack, with diarrhœa, but no increase of cough; epistaxis to the amount of four or five ounces; pain in the right side and shoulder.

15th. Diarrhœa relieved; violence of cough has caused a return of the epistaxis. He was ordered

℞ Mass. pil. hyd., ext. hyos., pulv. ipecac. āā. gr. xii.
Pulv. opii gr. vi. Mft. massa in pil. xii. dividenda sumat. i. mane et nocte.

A small blister to be applied under the left clavicle.

21st. Blister not applied; evident increase in the physical signs of a cavity; diarrhœa continues.

Sumat. plumb. acet. gr. ss.
Opii gr. 1.6 bis in die.
℞ Fol. uvæ ursi, ʒi.
Aquæ ʒxii. coque ad ʒviii. Dein adde
Tinct. digital. ʒi.
Syrupi q. s. Sumat. ʒi. ter in die.

This treatment, aided by a blister under left clavicle, produced great mitigation of pectoral symptoms. For the relief of the diarrhœa, the lead and opium was continued, and the tincture of digitalis omitted, Lugol's solution of iodine being substituted in the proportion of ʒii. of solution to ʒxiv. of the decoction.

28th. Passed a large worm; cough becoming more severe; pulse 120; cough relieved, and sleep procured by ʒi., ii. tinct. opii camph. This treatment was persevered in, with the irritation of tartar emetic ointment in left subclavicular region, till the 19th of May, when the report is as follows:—"Has improved in general health; has no hectic paroxysms; appetite exceedingly good; pulse 120, with the same physical signs in chest." And on June 12th, "has gained considerable strength; runs about, even up steep hills; is recovering his complexion; an abscess has appeared at the verge of the anus, opened, and discharged profusely."

August 5th. Still continues well; the abscess has healed without treatment, and another is pointing at the other side. All the physical signs of a cavity still remain, but the secretion from it is very trifling, as is also the cough. All the functions improved; pulse still 120; no hectic.

During a period of nearly two years—viz., until June, 1838, this boy enjoyed comparatively good health, being able to pursue his laborious trade, and even join in the fatiguing amusements of his companions—walking, running, and shooting in the mountains. On the 10th of June, 1838, he got an increase of cough, with anasarca of the face, legs, and body generally, with white tongue, and deep yellow urine, but not scanty, with occasional headache and epistaxis, for which he took pills containing pil. hydrarg., pulv. scill., and pulv. digital., with a mixture containing carb. potass., and subsequently saline purgatives and tincture of digitalis. The dropsical symptoms were removed, but returned in the following October, and were similarly treated. I should have mentioned that all through his illness there was a tendency to diarrhœa. This diarrhœa had become more troublesome in March, 1839, and was accompanied by a fistula in ano, which discharged copiously. He was also attacked by painful erythema of arms and legs, with some fever and great œdema of the face, and scanty urine. The cough was trifling, but there was great palpitation on taking exercise. It is needless to pursue this case further than to say, that he was run down by the diarrhœa, and sunk on the 24th. On applying the stethoscope under the right clavicle, cavernous respiration alone was heard without any râle, showing that the cavity had ceased to secrete.

From a review of this case, I think I am warranted in saying that under more favourable circumstances it would have formed one of the so called "cured cases of consumption." There had been unmistakable evidences of an extensive cavity, with corresponding constitutional sympathy, and we have seen that these hectic symptoms subsided, and that the boy (who was most imprudent and uncontrollable) abstained from none of the violent exertions incident to his age and occupation, and which involved great exertion of the chest, and great and sudden alternations of high and low temperature, checked perspirations, &c. It is most probable that had he been in a rank which would have enabled him to seek a more friendly climate, his life might have been prolonged with comfort to an advanced age.

In confirmation of this, I may relate a remarkable case which came under my care during the six years of my residence in Jersey.

Case 9.—Chronic Phthisis—Cavity Cicatrized.

A lady who had, at the age of 20, been attacked by hæmoptysis, and had been pronounced, by medical authority of the highest respectability, phthisical, had, from that time up to the period when she came under my care, been subject to chronic cough and copious expectoration, which was periodically increased to such an amount and accompanied by such debility as to give rise to an idea that abscesses burst from time to time. The stethoscope, however, gave no countenance to this opinion, detecting merely constant dulness, very marked under one clavicle, with cavernous respiration and the corresponding vocal phenomena, and occasional gargouillement. When these periodical attacks subsided, she recovered her usual strength, appetite, and spirits, and was capable of a good deal of exertion until the next. She continued up to the last year of her life to enjoy, with the above exception, an average state of health, and died within the last year at the age of 68.

I have no doubt that this was a case in which a cavity or cavities had existed, and subsequently became lined by a protective membrane and cicatrized; that it was, in fact, a case of what is usually termed "consumption cured;" and that the periodical increase of secretion was an effort of Nature, and salutary.

The following would appear to have been somewhat of the same character:—

St. Helier's, Jersey, June 28, 1847.—*Case* 10.—A woman, aged 45, had an attack of pneumonia or pleuropneumonia of right side, accompanied by complete dulness. She was relieved by mercury, pushed to salivation, blisters, and tartar emetic. Three days ago she presented herself, complaining of great and constant pain of right side, for which she took pil. hydrarg. and ext. hyos. This morning came, saying that she had spat up great quantities of fetid "corruption," with relief of pain, but great consequent debility.

July 1st. On examination with the stethoscope, I found pectoriloquy in the base of posterior right lung. She has night-sweats, copious expectoration, and great debility.

℞ Mass. pil. Griff. ʒi.
Quin. s. gr. vi. M. et in pil. xv. divide.
Sumat. i. ter in die.

March 3, 1848.—I saw her to-day; she is completely free from complaint, with the exception of some pain of right shoulder and subclavicular region. Catamenia have become regular. This case may, however, be considered doubtful, as it may have been possibly one of pulmonic or hepatic abscess.

Case 11.—*Phthisis with Cavity.*

Jersey, October 7, 1845.—A married woman, aged 32, has been for two years affected with difficult breathing and cough. After the birth of a child two months ago, she was attacked by an acute aggravation of her complaint, which assumed the character of well-marked phthisis, with a cavity under the left clavicle. She has expectorated an immense quantity of purulent matter. The hand placed under left clavicle perceived a distinct sensation of gurgling. Within a few days the expectoration has nearly ceased, as also the cough and gargouillement under the clavicle, while face, abdomen, and extremities have swelled, and this symptom is accompanied by a diminution of the urinary secretion. Bowels are regular, and appetite has improved.

℞ Infus. armoraciæ c. ʒviii.; potass. nit. ʒii.
Sumat. cochl. ii. mag. ter in die.

13th. Has been attacked by severe pain of left side, for which a blister was applied with relief; strength improved.

℞ Ext. belladon. gr. ⅛.
Conii gr. ss.
Hyos. gr. i.
Lactucarii gr. ii.
Pulv. ipecac. gr. ½.
Ft. pilula ter die sumenda.
Empl. ext. belladonnæ lateri sinistro.

20th. Pain of side relieved by empl. belladonnæ; has heat of skin, followed by profuse perspirations; the dropsical swellings have subsided.

Nov. 8th. The cough has nearly ceased, and all the functions are tolerably regular, but she suffers from profuse night perspirations; appetite diminished.

℞ Tr. hyoscyami, ʒii.
Acid. sulph. d. ʒi.
Aquæ ʒviii. M. st. ʒi. ter.

She subsequently went to the seaside, and is said to have perfectly recovered, and when I last saw her she had acquired a good deal of flesh.

This case presents the occurrence of a phenomenon frequently observed—namely, the vicarious appearance of anasarca in the sudden subsidence of a copious purulent discharge.

A NEW TEST FOR MERCURY.

The following seems to be a novel and hitherto undescribed method of detecting the salts of mercury either in substance or solution:—

If a strong solution of iodide of potassium be added to a minute portion of any of the salts of mercury placed on a clean bright plate of copper, the mercury is immediately deposited in the metallic state, appearing as a silvery stain on the copper, which cannot be mistaken, as no other metal is deposited by the same means.

By this method corrosive sublimate may be detected in a drop of a solution unaffected either by caustic potash or iodide of potassium in a mixture of calomel and sugar in the proportion of one grain to two hundred. A distinct metallic stain will be obtained with one grain, which of course contains 1–200th of a grain of calomel; in like manner 1–400th of a grain of peroxide of mercury may be detected, although the mixture with sugar is not in the least coloured by it.

With the preparations of mercury in the undiluted state, this process acts with remarkable accuracy, the smallest possible quantity of calomel or peroxide of mercury, such as would almost require a magnifying lens to perceive, placed on copper and treated with iodide of potassium, will give a distinct metallic stain.

The advantages of this test may be briefly stated as follows:—1st. It is a delicate test, inferior only to chloride of zinc and the galvanic test of zinc and gold. 2nd. It is easy of application. 3rd. It requires a very small portion of the substance to be examined—a matter of no small import. 4th. Acting on the insoluble as well as the soluble salts, it obviates the intermediate process of solution. 5th. When it acts its indications are decisive.

As to its disadvantages, the only one which seems tenable is, that although it acts on minute portions, still that must be in a concentrated condition. For instance, though we may detect the 1–1000th of a grain of corrosive sublimate in a drop of water, we cannot detect it in a drachm; but this may of course be remedied by evaporation.

Now, with regard to the theory of this process, the following seems most satisfactory, that the iodide of potassium forms a soluble and easily decomposed salt with the various salts of mercury: that is, an iodide soluble in excess of the iodide of potassium.

The foregoing is the substance of a paper read by Mr. Arthur Morgan, City of Dublin Hospital, at the first meeting of the Students' Medico-Chirurgical Society, on Friday, December the 12th, 1851.

TREATMENT OF ARTHRITIC HEADACHE.

By William Harvey, Esq.,
Surgeon to the Royal Dispensary for Diseases of the Ear.

In my last paper I endeavoured to point out the distinction between rheumatic and arthritic headache, showing that in the former the headache succeeded an attack of rheumatic inflammation of the structures of the ear, whereas in the latter the head becomes affected primarily, and the ear subsequently. Having also described other diagnostic symptoms peculiar to each, I now proceed to speak more fully of the treatment of arthritic headache. I have already alluded to the value of colchicum, in small and repeated doses, in those forms of the disease which are marked by tinnitus aurium and intermittent otalgia, as the result of gout in the cerebral mass. This medicine requires, however, judicious regulation; and not less important is the rigid attention to the hygienic rules advanced by recent authors on that subject, more particularly attention to the skin during its administration, combining with the colchicum antimonials and occasional vapour baths, the latter, I think, the more preferable. Dr. Todd's views on this point are so practical and important, and so accordant, for the most part, with my own experience, that I may be excused introducing them to the reader.

Colchicum should not be given in the asthenic form of gout.

Colchicum should never be given at the onset of a paroxysm, nor until the bowels have been duly acted upon by mild purgatives.

The first doses of the medicine should be very small; they may be gradually increased.

Colchicum should be always administered at first, uncombined with any other medicine, until the practitioner has satisfied himself that it is not likely to disagree with his patient; and indeed there is always a disadvantage in administering this medicine in combination with others, since it may become difficult, if not impossible, at times, to determine what effects should be ascribed to the colchicum, and what to the other ingredients.

It should not be administered so as to excite nausea, vomiting, or purging. These effects should be regarded as indicative of the unfavourable operation of the medicine.

Colchicum may be regarded as acting favourably when, under its use, the urine is increased in quantity, a more abundant bile is discharged, when the fæces, though solid, are surrounded by mucus, and the skin secretes freely.

The effects of colchicum should be carefully watched, as, like digitalis and other medicines, it is apt to accumulate in the system.

The use of this medicine seems chiefly applicable to the sthenic form of gout, which occurs in robust constitutions, and in the prime of life, but it is almost inadmissible in persons advanced in years, who have had several attacks, and in whom the malady would seem too deeply rooted to be influenced by the temporary administration of this remedy.

These aphorisms may not only be taken to be true in the limited extent to which Dr. Todd has applied them, but even in old age, with judicious management, I have found the medicine equally useful and necessary, with this reservation, that the doses should be so regulated as not to depress the system in any sensible degree.

The presence of this acid, or of its base—urea, in the blood of gouty people, may be said to be principally characteristic of this specific form of headache, if I may use the term; and if the uric element be not removed by appropriate treatment, the disease will most probably terminate in serious disordered action, either in the brain itself, causing the arthritic apoplexy, or else by a kind of repercussive metastasis, in the joints or organs usually affected by gout. The value of this medicine appears, indeed, to be better appreciated in proportion as its eliminative action on the kidneys is prominently kept in sight. In the November number of this journal Dr. Hughes Bennett has written some interesting observations on its

influence in connexion with other diuretics, in that species of coma which occurs as a sequela of scarlet fever. This appears, indeed, to be more readily explicable of the sedative influence of this extraordinary medicine than the attributing to it a primary action on the nervous system. It likewise assists in explaining its happy influence as an anodyne, which is often observable *after* its diuretic action has commenced, and not before. The oppression of the brain, which produced restlessness, and a sense of weariness, is relieved by the separation of the urea from the blood, which had previously acted as a poison to the brain.

In the earlier part of my remarks on this disease I have alluded to the risk attending the use of depletory measures in the treatment of this variety of headache, the injurious results which follow from the practice may be taken as one indication of the true nature of the disease under which the patient is labouring, when, as sometimes happens, an error in diagnosis, and consequently in the treatment, has been inadvertently made. The following case is a type of the primary seizure, and the result which follows:—

Case—J. B——, aged 43, a butler in a nobleman's family, was admitted a patient at the dispensary last spring. He stated that he had been suffering from severe headache, more particularly at the upper and back part, and a fulness in his ears, causing at times an imperfect hearing, and vertigo. His medical attendant, thinking it to be a threatening of apoplexy, advised bleeding and other evacuants; he was accordingly bled ad deliquium, but relief being only temporary, and the symptoms afterwards becoming more severe, the operation was repeated, with the effect of relieving him for one or two days only, other constitutional symptoms setting in obliged him to keep his bed. After some days he had a severe pain in his foot, his headache and giddiness being considerably relieved. He was shortly afterwards seized with an intense pain in the lobe of his ear, accompanied with swelling and redness; this continued to enlarge, and remained swollen for upwards of a month, and suddenly subsided; his head, in the meantime, was relieved, and he returned to his duties. Two months after another attack, resembling the first, caused him to repeat the treatment, with the like unsatisfactory result.

I saw this man shortly after, complaining of a heaviness in the side of the head on which the ear was affected, a continuous and distressing noise, aggravated towards evening, and an occasional pain, resembling a tic, on the side of the face and behind the ear. On inspection the structures presented nothing very remarkable beyond a dryness of the meatus, and a slight duskiness of the membrane of the tympanum; the hearing distance only two inches on the diseased side.

The treatment pursued was the administration of half a grain of the extract of colchicum, twice a day, a vapour bath three times a week, his diet regulated accordingly, no stimulants, and less animal food than he had been accustomed to. The case progressed with but little relief for ten days, excepting only that he became more tranquillized as to his feelings of nervousness, and a copious perspiration over the skin. He continued the colchicum for six weeks, with the gradual diminution of the tinnitus, and a considerable increase of the hearing distance.

It would be useless to continue the narration of this case further, the patient perfectly recovered after a period of six months, not only of the hardness of hearing, but of a troublesome scaly eruption with which he had been tormented for some years. The aggravation of symptoms after the bloodletting is too demonstrative of the injurious effects of depletion, and evidently and forcibly points to the caution necessary in all such cases when any large quantity of blood is drawn from the system.

Case.—Colonel C——, a corpulent and elderly gentleman, consulted me for a troublesome and heavy beating in his head and ears, always aggravated after meals, suffers from pains in the knees and ankles, and from some difficulty in swallowing, arising from a thickening of the mucous membrane of the pharynx, and some enlargement of the tonsils. When any freedom is permitted as to his appetite, the throat appears stuffed with a thickened mucus, and generally imperfect hearing, the meati on both sides were choked up with a deposit resembling gypsum, and although cleansed, repeatedly re-formed, accompanied with a discharge, leaving the meatus reddened and the membrane of the tympanum slightly opaque. These appearances I have so fully explained in a former paper On Arthritic Inflammation of the Ear, both in the acute and chronic conditions, that it will be needless again to recur to them.

This gentleman was advised to pursue a course of treatment resembling the former case, with the exception that he commenced by active cathartics for ten days. The course of treatment was continued for a period of nine months, with marked relief both to the chalky formation in his ears, and the threatened suffocation which he has been for years suffering from. These cases are not unfrequently presented with the thickened mucous membrane of the throat, causing a temporary obstruction to the Eustachian passage. Although freely relieved by catheterism, this tube does not remain long patent, and the case seldom does well without the adoption of the constitutional treatment before alluded to in these cases. Nevertheless, when the patient's sufferings are very great, and urgently demanding relief, I have found the internal exhibition of colchicum to be the most efficacious palliative; care should be taken, however, to direct its operation on the bowels early, either by small and repeated doses of sulphate of magnesia or the acetic extract of colchicum, which I prefer, in combination with colocynth, the circulation at the same time being attracted to the feet by mustard pediluvia. I have stated that it is not uncommon to find as a result, in many cases of arthritic headache, that the patients are seized with an obstinate discharge from the ear of one or both sides, more frequently of one, this discharge I have examined from time to time, and if allowed to dry on paper presents some of the earthy concretions; it is in these cases that colchicum will be found extremely beneficial. As a rule, these discharges should be encouraged, and if any application is used locally, none answers better or gives to the patient a greater amount of relief than cleaning the meatus occasionally with warm water. "I know (observes Otto in his Pathological Essay) a person in whom, during an atonic attack of gout, the whole mouth, throat, and gullet, are largly covered with a whitish mucus, which, when dried on blotting paper, left behind a large quantity of phosphate of lime. These tophi, as they are more commonly called, do not consist, as was formerly supposed, of the phosphate, but of the urate of lime, that is of uric acid, which we have spoken of as the probable proximate cause of gout, when it exists in the blood, and of lime in combination. This has been ascertained by chemical analysis, and taken with the preceding facts, may aid in explaining the causes and nature of gout in all its varieties. Further evidence in favour of this view is afforded by the fact, that during the decline of every fit of gout, uric acid or a salt consisting of that acid, with a base, generally ammonia, is largely deposited from the urine, and we also find that the use of alkalies and other antacids, which have an indefinite influence in diminishing the formation of urea, and in causing its elimination are at the same time among the best preventives of an attack of gout. All other facts tend greatly to show that the theory that gout is dependent on the presence of uric acid in the blood for its proximate cause, or at least that it is in some way connected therewith, if not absolutely demonstrated, is at all events far advanced on the road to direct proof.

This theory, however, is not altogether novel. The ancients had a glimpse of the truth, but only a glimpse. Their views were necessarily very crude and unsatisfactory, for want of the knowledge with which the vast and extraordinary progress made in animal chemistry of late years has so amply furnished us. They believed in the existence of a morbid fluid in the system, as causative of gout, but were utterly ignorant of its nature and character. This doctrine prevailed in a somewhat modified form, during the existence of the humoral pathology; but when

that failed these different views respecting the causes of gout were put forth. Of late years, again, the dogma teaching that the fluids in the system may be partakers in disease, as well as the solids, and may even be connected with the causes of constitutional and hereditary maladies, revived; and with it was revived the theory that referred gout to a morbid condition of the blood, or, in other words, that placed gout in the category of the blood diseases.

M. Bayle some years ago, published an essay on gout in the *Revue Médicale*, in which, when treating on the causes of the disease, he says they are unknown; but after carefully examining the pathognomonic symptoms, he is inclined to refer them to an alteration of some one of the humours, or as the result of a particular morbid fluid, produced under the influence of certain causes, and circulating with the other fluids in the economy. He especially mentions the occurrence of chalk stones as leading him to form this opinion; but probably he was not aware of their chemical composition, and therefore did not advance further than the threshold of discovery. Nevertheless, he believed that the morbid fluid, whatever it was, circulated in the blood; and, in confirmation of that view, cites the somewhat apocryphal case recorded in the Nuremburg Commentaries, where it is gravely stated that blood drawn from the arm contained small gravel! Later investigators have referred the proximate causes of gout to the presence of a morbid element in the blood; but it was reserved for Garrod to discover what that morbid element was. He distinctly ascertained that during an attack of gout the blood always contains uric acid, and that that body can be crystallized from it in the shape of urate of soda, the acid being either much less in quantity or altogether absent from the urate. Dr. Bence Jones has since confirmed Dr. Garrod's statement, the results of his own experiments having satisfied him as to their correctness. Mr. Forbes had, however, so far anticipated him as to have promulgated the opinion that the morbid material poisoning the blood was lithic acid; but he did not support his views by direct experiment, and, consequently, it is to Dr. Garrod that the profession is indebted for the elucidation of this important and interesting subject.*—*Prov. Jour.*

THE SO-CALLED MAGNETIC INDICATOR.

Of Mr. Rutter's honesty, I am perfectly satisfied, and for his courtesy I feel obliged; but when witnessing his experiments, and listening to his philosophy, I was inwardly convinced of the fallacy of the one, and the unsoundness of the other. On returning home, I repeated the processes he employed, and several others which have been described by that ingenious, but erratic and self-deceived observer, Mr. Mayo, in his recent volume on popular superstitions. The result has been completely confirmatory of my *a priori* impressions, and I believe the whole series of facts to be nothing more than the combined effects of muscular unsteadiness, and a non-suspected volition. I could detect no trace of magnetic, electric, or any other more recondite influences, but was able distinctly to assign the phenomena to the causes abovementioned. I wrote to this effect to Mr. Rutter, suggesting the performance of his experiments with *the eyes bandaged.* In reply, he stated *that he was aware that under such circumstances they would fail;* and I promised to withhold all further criticism, if, in his threatened book, he would preface every chapter by this admission. Really, Mr. Editor, philosophers are rapidly passing into their dotage, and it is high time for those who still retain a *mens sana in corpore sano*, to combine in the defence of the citadel of truth against their insane and desperate assaults.—*Dr. C. Cowan of Reading in Lancet.*

* "I have stated," says Dr. Graves, in his Clinical Medicine, "that gouty affections of the brain have long been known; and I am not sure that some of the older authors may not have alluded to gouty affections of the spinal marrow; but as our knowledge of the peculiar state of the brain and spinal cord termed ramollissement is comparatively recent, and not dating with any degree of accuracy earlier than the works of Abercrombie, Roston, and other modern authors, it is obvious that any observations made by the older writers concerning gouty affections of the nervous centres can have no distinct reference to this lesion."

POPLITEAL ANEURISM.

By J. Hilton, Esq., F.R.S., Surgeon to Guy's Hospital.

Hugh Moro, aged 43, admitted into Guy's Hospital, December 21, 1850. It appears from his history that he is a married man, and has followed the occupation of porter or labourer at one of the river side wharfs, where he was occasionally subject to exceedingly laborious work in lifting and carrying heavy goods. According to his own statement, he had enjoyed pretty strong and robust health, and had never been subject to gout or any other illness worthy of consideration, although in former life he was of debauched and intemperate habits—a fact which his aspect, his red blotchy face and tuberculated nose, at once suggested. No history of any family tendency to aneurism, but his mother, he said, died suddenly at an advanced age, of heart disease. The first indication he received of the disease which has led to his present condition, was almost a year ago, when he noticed his left foot and ankle swell and become painful at night, especially after a heavy day's work. Three months after this he discovered, quite accidentally, whilst one night rubbing his leg, a small lump about the size of a walnut, deeply situated in the left ham. Said that he did not observe any pulsation in it at first; but, on the other hand, he did not think anything seriously of it, and therefore did not pay much attention to it, as it occasioned him no pain or inconvenience. This tumour, then, which he had noticed nine months ago, remained persistent, and gradually but slowly increased in size. He did not, it appears, attach any importance to it until a fortnight before I admitted him into the hospital, when it became so painful and throbbed so violently, that he could not straighten his leg, or walk without much difficulty. From that time he got rapidly worse, and on his admission presented all the ordinary signs of popliteal aneurism. He had a large-sized, deep-seated, pulsating swelling in the popliteal region of the left leg, extending also to the calf, and rendering all the parts around tense and painful. This swelling increased in size by the application of pressure below it; but pressure on the artery above, at the pubes, both arrested its pulsations and much diminished its extent: in other words, the aneurismal sac could be almost emptied of its contents when pressure was made above; but on the removal of this pressure it immediately refilled, occasioning him at the same time a violent painful throbbing sensation. The usual aneurismal bruit was distinctly audible through the stethoscope placed over the tumour. I had him examined by the physicians, but the sounds of his heart were normal, and there was no evidence of the existence of any other aneurism. He was, as I have said, a man who had formerly drank largely and lived irregularly; he was a man whose looks betrayed a debilitated and broken-down constitution, and therefore one in whom the operation of tying the femoral artery would be exceedingly likely to lead to a serious if not fatal result. It was under this consideration that I determined to try pressure: a plan of treatment which appears to have proved very successful in the hands of some, but which, although often tried, has never yet succeeded in this hospital.

On the 22nd, that is, the day after his admission, I directed that his leg should be placed in a flannel bandage and supported on pillows in an elevated position, so as to diminish the supply of blood to the limb; and, at the same time, as he was suffering greatly from pain, ordered him morphiæ hydrochloratis, gr. j., omni nocte hora somni.

For a fortnight after his admission, during which time an apparatus was being made for the application of pressure, his symptoms presented little change, and I made no alteration in his treatment, with the exception of giving him occasionally an aperient to keep his bowels open. In a short time, however (January 7), he became the subject

of such intense pain all over the affected leg, that I was obliged, after giving him large doses of opium, which had but a transitory effect in alleviating his suffering, to delay no time in resorting to the method of treatment I had intended to pursue. Accordingly, about four p.m. of the same day, the instruments being completed, I adapted pressure on the femoral artery in its course over the head of the femur, by means of an apparatus which was fixed to the pelvis and supplied with an arm, to which the screw for compressing the vessel was connected. The other instrument I placed on the thigh about half way down, so as to maintain constant but alternate pressure by means of the two instruments. When he got tired of the one, to relieve him with the application of the other. A continued attendance was procured from amongst the pupils to change the pressure when required, and to ensure that it was constantly adapted so as to control, but not entirely arrest, the circulation of blood through the aneurismal sac.

According to the report, I see that the patient was much more easy and composed after the application of the pressure; and that although only at first able to bear it continuously for an hour in one place, yet in a short time he became habituated to it, and did not require its alteration oftener than every two or three hours.

On January 12th, as he complained of more pain in his leg, and there was more excitement about his arterial system, I ordered him tr. digitalis mxv., ex julepo ammon. acet., tertia quaque hora.

Notwithstanding this medicine, which much reduced his pulse in force and frequency, and the most careful and constant attention to the application of the pressure, his leg gradually became more painful, and his suffering so intense, that on the 15th all idea of his being able to continue the compression was abandoned, and the apparatus removed. I much regretted being obliged to discontinue the compression, for were I myself the subject of popliteal aneurism, I would rather submit to the application of pressure than the operation of tying, believing that it has proved in many cases a most safe and efficacious plan of treatment, and that many have been cured by it that would have probably sunk under the operation by ligature. In the case before us, from the severe pain the man endured, which was throughout a prominent symptom of his disease, the application of pressure could not be persisted in for more than eight days—a time not necessarily adequate to effect a cure of a popliteal aneurism. It would be unfair, therefore, to take this case as any criterion on the subject.

Two days after the apparatus for compression was removed, the patient was submitted to the operation of tying the femoral artery. There was no difficulty or impediment met with in the operation, which was in every way a plain and straightforward one. The patient immediately after the operation expressed himself as completely relieved of all distress, but in half an hour he was seized with such an intensely agonizing pain throughout the whole leg, but especially in the calf, that it was quite distressing to see him writhing from his sufferings. I ordered him large doses of opium, and by the advice of my talented colleague, Dr. Bird, the inhalation of the vapour of chloroform, but it was not till five or six hours afterwards that he obtained relief; and then he began to appear drowsy, and to doze at intervals. What the cause of this severe pain was, I am almost at a loss to explain. It could not have resulted from a nerve being included in the ligature, as I was careful to avoid such an occurrence, and he was quite free from pain during half an hour after the operation, a fact inconsistent with the possible inclusion of a nerve within the ligature. Again, the pain was distributed all over the leg, but especially severe in the calf, which receives its nervous supply from the great sciatic, a nerve far remote in position from the femoral artery. I think, therefore, there is most probability that it resulted from some cause or condition which existed previous to the operation.

On recovery from the paroxysm of pain which I have just noticed, his symptoms assumed a favourable aspect for the first few days succeeding the operation, and he has not since had a recurrence of his suffering. Other symptoms, however, have occurred which but too plainly predict the serious, nay, hopeless, nature of his case. His pulse from being quiet is now quicker and more feeble; his tongue, at first moist and clean or only slightly furred, is now brown and dry; his skin sweats profusely; his brain is no longer undisturbed, but affected with delirium; the wound is unhealthy in appearance, and for some days past has presented no sign of reparative action. The aneurismal sac, at first presenting a favourable appearance, grew harder and diminished in size, but afterwards got softer and contained a quantity of dark grumous offensive material, which I evacuated by means of a lancet. In addition now to all his other symptoms, his foot is blue and cold, and he has commencing gangrene of the leg, which, if he do not previously die of secondary hæmorrhage, will inevitably lead to his dissolution.

[The patient lived a few days longer, and then died. The gangrene spread from the foot and reached more than half way up the leg, and was accompanied with the formation of numerous vesicles containing an offensive bloody serum. Several of his joints became tender and painful; his pulse extremely quick, feeble, and irregular; his respiration encumbered with bronchial râles, and his expectoration tinged with blood. Frequent twitchings of the muscles of the head and upper extremities occurred; consciousness entirely left him, and in this state he died.

The autopsy disclosed purulent fluid in his left shoulder and knee-joints, accompanied with a general phlebitic state of the system. The ligature placed on the femoral artery at the operation still remained, not having separated during life. After death the limb was injected with coarse injection. The femoral artery was found pervious to within about an inch of the part to which the ligature was applied, but had become abruptly smaller at the point of separation of the profunda from the trunk. The profunda artery had acquired increased dimensions, and the same may be said of its terminal branches, especially those ramifying in the vastus externus and flexors of the knee-joint, where a complete anastomosis became established between the popliteal and femoral arteries, through the medium of branches derived from the former of the two. The femoral artery below the position of the ligature was occupied by injection acquired through the anastomosis already adverted to, so that the neighbourhood of the knee-joint was exceedingly well supplied with blood. Below the knee the limb was gangrenous, and the blood-vessels impervious. The branches of the gluteal and ischiatic arteries were somewhat enlarged. The aneurism was found connected with the popliteal artery, and situated behind the knee-joint in the popliteal space. The whole limb has been preserved, and a dried preparation made of it, which has been placed in the pathological museum of the hospital.]—*Med. Gaz.*

Transfusion of Blood; Successful Result.—M. Devay of the Hôtel Dieu of Lyons, has just performed the operation of transfusion upon a young woman reduced to mortal debility by hæmorrhage (the *Courrier de Lyon* does not mention the kind of hæmorrhage). The blood was kindly furnished by M. Lardet, the house-surgeon, and the patient revived by the introduction of the warm and healthy vital fluid. Three days after the operation the symptoms were very favourable, and we learn by further accounts that this effect has not been merely momentary, but has been followed by complete recovery, or rather a kind of resurrection, the patient being now fully convalescent. These results have been deemed so important by the Dean of the Faculty, Dr. Richard, that he mentioned them in his introductory discourse at the opening of the winter session, bestowing the due meed of praise both on the physician and the house-surgeon, M. Lardet, who so readily consented to part with a portion of his blood.—*Lancet.*

NEW COMPOUND OF VOLATILE OIL OF TURPENTINE.

By M. A. Sobrero.

Humid volatile oil of turpentine rapidly absorbs oxygen under the influence of light. A crystalline substance is formed, the composition of which we cannot express by means of any of the formulæ, at present known, of the different hydrates of essence of turpentine. In order to obtain this body, a flask, filled with water, is to be inverted in a water bath, and oxygen gas passed into it, to about four-fifths of its capacity, then volatile oil of turpentine is to be introduced in sufficient quantity to form a layer of about half a centimetre, in tkickness, in the flask. The apparatus thus arranged is to be exposed to the direct action of light, In a short time there forms, on the internal surface of the flask not touched by the water, a crystalline body, which takes the form of small prismatic needles, the size of which gradually increases, and after a few days, are sometimes a centimetre or more in length. At the same time the liquid rises in the flask, which would become filled, if care were not taken to arrange the apparatus in such a manner that the air may pass through while absorption is taking place. By arranging several flasks in the manner described, a considerable quantity of this crystalline body may be obtained. In order to separate and purify this body, the flasks are to be removed from the baths in which they were immersed, and, after having allowed the oil and water to run off, a small quantity of alcohol is to be poured in, which rapidly dissolves the crystals. The solutions added together yield, by evaporation, the crystalline body coloured with oil of turpentine. It is purified by means of repeated crystallizations in alcohol and in water. This body is inodorous ; it is soluble in alcohol, in ether, and in water. Its aqueous boiling solution yields it in long prisms, which assume a star-like arrangement. This body decomposes when boiled with water, slightly acidulated by sulphuric acid, and yields a volatile product, having a pungent odour resembling that of oil of turpentine or camphor. This latter character distinguishes it from the hydrate of turpentine of Wiggers, which, by the same reaction, gives an oily volatile body, with the odour of hyacinths.—*Repertoire de Pharmacie* and *Phar. Jour.*

CANCER OF THE JAW EXTIRPATED.

Notwithstanding it has been urged against the extirpation of cancerous parts that the disease is never cured by it, and that if in some favourable instances it effects a suspension of the march of the disease, it in the greater number really hastens the fatal termination, yet this verdict, though promulgated under high authority, would require to be received with some reservation.

What purpose would it answer to prove that in nine cases out of ten the disease does return and destroy the patient? Would not all the ten cases have certainly proved fatal if not operated upon? So important does this subject appear, that we trust our readers will excuse us if we go at some length into the reasons which seem to bear on interference with cancerous diseases.

1. Operating undoubtedly saves some patients, and in others is followed by no return of the disease for many years: thus assuring a long interval of ease and some prolongation of life.

2. When the disease does return it is not more fatal, for that is impossible, than at its first appearance ; and its being more rapidly fatal can scarcely be, in common humanity, considered as an objection, as then the struggle is shorter and sooner ended.

3. It is better to save even one patient out of twenty than to lose them all without a struggle ; for it may be assumed as nearly a general rule, that at the period when patients will allow the operation to be performed, the disease is always so far advanced that it would of itself destroy the patient.

4. Most of the operations for cancerous diseases are not of a nature to endanger life, and owing to the discovery of chloroform, not likely to be attended with severe suffering.

Finally, the exact proportion of cases in which cancer returns after removal by the knife, to those in which patients live the rest of their days free from its invasions, is not well known ; and till this is done no part of the question can be looked on as satisfactorily settled. Extended and complete series of hospital reports and clinical histories of individual cases will in time go far to yield materials for arriving at a definite solution of the difficulty.

But though a high authority (Dr. Walshe) has told us that, " undoubted cancerous tumours have, both before and after ulceration had set in, been cured or rendered perfectly innocuous by one or other of a variety of natural processes occurring spontaneously ;" that " an unbiassed survey of recorded experience does not warrant the notion of the invariable incurability of the disease by medicinal means at any stage of its progress ; and that testimony, which I am enabled to corroborate from my own observation, is not deficient to the fact that growths, cancerous in essence, may at an early stage be totally removed by a persevering use of certain external and internal remedies ;" yet scarcely a surgeon is to be found who places even the slightest reliance on any means either of cure or of arrest, except the knife, and we learn from the very writer who gives us such consolatory hopes that, " in a certain number of instances, all medicinal agents not only fail in influencing the disease favourably, but if persisted in, would infallibly exasperate it." Here unfortunately as in too many instances no guide exists to enable us to distinguish before hand, those cases which will, from those which will not bear treatment.

Mr. Simon's patient, a man aged 45, was recently admitted into St. Thomas's Hospital, with epithelial cancer on the right side of the lower jaw. The following history was transmitted by his medical attendant to Mr. Simon, and kindly communicated to us by Mr. C. T. Richardson. His occupation was that of watchman to the Rochester Oyster Fishery, and he had been in the habit of living in a fishing boat for six weeks at a time, his only relaxation being an occasional visit on shore, which lasted from the Friday to the Monday. During his residence in the boat, he procured himself provisions at Upchurch, a village situated at ten miles distant from the fishing station. In November of last year his mother died. He seems to have been attached to her ; and, though always unsteady, now began to drink as hard as his circumstances would allow, being drunk the whole time he was on shore, and probably procuring drink when he sent for his provisions. He has never been well since his mother's death, and has complained of rheumatism of the jaw, as he termed it, for the last twelve months. Some time between the 1st and the 14th of June, 1851, he pulled out a tooth in the situation of the tumour, which had not then appeared: this he did to relieve the pain in the jaw, in which, however, he was disappointed. From this date the tumour made its appearance, and it had progressed considerably by the 14th of August, the time he was first seen by his medical attendant.

" When I first saw him (this gentleman says in his communication), there was a hard swelling over the lower jaw on the right side, with a fungus springing from its buccal surface. Hæmorrhage first occurred about the 28th of August, when a pint or more of blood was said to have been lost. It recurred to a less extent several times before he was admitted into St. Thomas's Hospital." On examination, the tumour was found to be seated on the right and external surfaces of the lower jaw. It was of considerable size, and extended from the angle a good way towards the symphysis, bulging out the cheek, and so adherent to the mucous membrane and skin that Mr. Simon was compelled, when performing the operation, to remove a considerable portion of this at the same time. The tongue was thrust over towards the left side of the mouth. The tumour was of irregular form, and its lower margin barely permitted the inferior edge of the jaw to be felt below. As there was now daily hæmorrhage from the tumour, disturbed rest, and loss of appetite, Mr. Simon was induced

to operate at once, especially as epithelial cancer of this kind is less liable to return than any other variety of the disease. Instead, however, of detaching the jaw-bone by sawing it across anterior and posterior to the seat of the disease, the operator removed the whole half of the bone at its articulations, considering that each half is in pathology a separate bone, and that the only chance of safety lies in not leaving any disease behind. Only a very small portion could have been saved, which would have been of no use, and might have contained the germs of disease. During the first twenty-four hours after the operation, a great deal of the nourishment which was given him escaped, partly by the wound, and partly by the mouth. The man was too low to allow of anything like starvation; and therefore it was deemed advisable at once to resort to artificial support. A flexible catheter was used as a feeding tube, and introduced through the nostril, thus allowing a supply of food to be conducted to the stomach without any impediment. The case succeeded remarkably well; great part of the wound healing by the first intention; and, within a fortnight, the whole line had closed, except where the elliptical portion had been removed on account of adhesions. This left a fistulous opening, which Mr. Simon proposes, should it not close, to pare, and bring the ends together, anticipating then a complete union of the wound.—*Med. Gaz.*

ON CAMPHINE.

The following directions for preparing camphine for lamps are contained in the *Wochenschrift des Polytechn. Vereins in Würzburg I. Yahrg. No.* 5: take one pound (Bavarian avoirdupois weight) of purified oil of turpentine, free from resin, one ounce of pure sulphuric ether, and half an ounce of camphor. Dissolve the camphor in the ether, add the solution to the turpentine, and apply a gentle heat until the liquid becomes as clear as water. Oil of turpentine may be purified by impregnating the saw-dust of pine tree-wood with the oil of turpentine, introducing it into a still arranged for distillation by steam, and distilling the oil over in the usual way, by conducting steam into it. The oil is then heated, in order to deprive it entirely of the water which has passed over during the distillation, and is then to be decanted. The residue in the still, consisting of saw-dust and resin, mixed with coal-dust and clay, can be advantageously employed as fuel.

Dr. Buchner's opinion is, that the addition of camphor is quite superfluous, and also that the proposed method of purifying the oil is quite unnecessary. For if the oil is cautiously shaken with a proportionately small quantity of sulphuric acid and then left standing, a dark-brown charred resinous substance separates with the water, and the oil, when poured off, although of a yellowish colour and changed odour, appears perfectly adapted for the camphine lamp. Too much sulphuric acid, however, must not be added at once, because in this case a violent reaction takes place, accompanied with a strong development of heat, and a large portion of the oil of turpentine would then become volatilized. Dr. B. thinks it probable that in England rectified coal-tar oil is sold and consumed as camphine. The pound of camphine is sold in Bavaria for twenty-four to twenty-seven kreuzers, equal to ninepence.

In order to determine the respective values of camphine-light, oil-lamp-light, gas-light, and wax-candle-light, the society for promoting arts and trades in Hamburg has instituted a number of photometric experiments, made under the superintendence of Messrs. Bubendey, Plath, and Ruete, which have been published in the *Jour. f. Prakt. Chemie*, lii., 314. The oil-lamp employed in these experiments was the so-called Carcels-lamp, as described in Knapp's *Lehrbuch f. Chem. Technologie*, i., 124.

The lamps were arranged and lighted about two hours before the commencement of the photometric comparison. In order to determine the consumption, the lamps with their contents were weighed before lighting and at the close of the experiment. The photometer employed was one of Wright's, and the gas-lamp was provided with a so-called economical burner, and gave at a pressure of 0.6 inches before the burner, and a consumption of five cubic inches per hour, a light of 17½ wax-tapers, of thirteen inches length, six to the pound. In order to obtain more exact results, the experiments were reduced to the cost of light during twelve hours, which was for the gas-light 3 83, equal to 0.447*d.*; camphine lamp 1.35, equal to 0.858*d.*; Carcel-oil-lamp 10.42, equal to 1.2*d.*; wax-taper 82.80, equal to 9.7*d.* In a second experiment, in which the proportions of intensity and cost of light during twelve hours were not compared with a gas flame, but directly with a wax-taper of the length and weight stated above, the relative cost was, gas 3.83; camphine 6.25; oil 8.15; wax 82.80. The intensities of the different lights were, gas-flame, with a burner of twenty holes and 11.16 diameter, 17½; camphine lamp 11; oil-lamp 10½; wax-taper. The relative cost for an equal intensity of light by these four materials during an equal space of time would be, gas 16; camphine 29; oil 39; wax 346.—*Buchner's Repert.* and *Phar. Jour.*

THE OFFSPRING OF DEAF AND DUMB PARENTS.

Of about 200 deaf mutes who attended a festival at the asylum in Hertford, last September, 103 had been or are now married. Both parties were deaf and dumb in forty of these marriages; in twenty-three one could hear and speak. From the thirty-fifth annual report we learn, "that thirty-one of these couples had not become parents, but the remaining seventy-two were the parents of 102 children, of whom ninety-eight could hear and speak, and *four* only were deaf and dumb. One of the four was the only child of his parents, both of whom were congenitally deaf. Besides the parents, the paternal grandfather, a sister of the father, and two sons of this sister, were deaf and dumb; and on the mother's side, an aunt of the child was deaf and dumb. In the other family, that of the three children, the father lost his hearing by disease at two years of age, and had no known relative deaf and dumb. The mother was born deaf, and had a deaf and dumb brother. These were the only cases of the kind present at the festival. The question, whether the children of a deaf mute parent are more likely than others to be deaf and dumb, has not been solved in any other country so satisfactorily as in our own. In Europe comparatively few of the deaf and dumb have married, and those we believe have generally selected hearing partners. Here, however, in the large majority of cases, both husband and wife are mutes. The percentage of deaf children, the offspring of such marriages, is undoubtedly somewhat greater than among an equal number of the children of other parents, taken like the deaf and dumb from the various conditions of life. But if the facts above stated afford a fair criterion for judging on this question, we are safe in the belief that this result might be obviated in a great degree, if *intermarriage* could be prevented between those deaf mutes whose parents or other near relatives seem to have been constitutionally prone to the infirmity of deafness. This could only be done by moral suasion; but if influential people, and especially the parents of deaf mutes, were deeply impressed with the idea that marriage should not take place between two persons, each belonging to a family in which the great evil of deafness was constitutional, lest the offspring of that union should be deaf and dumb, much might be done towards preventing the extension of the evil. But there are other facts on the subject which would seem, at first view at least, to confound the speculations we have based on the cases above mentioned. For instance, a husband and wife, once pupils here, were both congenitally deaf; but neither, as we believe, has had any deaf and dumb relative, except their three children, and these were all deaf from birth. The circumstances of another of our former pupils and his family connexions are as follows:—His brothers and sisters hear, and they married hearing persons. One of the brothers has two deaf and dumb children, one sister has one, and another

two deaf and dumb children, and one of the latter has a deaf and dumb child. There is, besides, one other deaf mute in the circle of relatives—possibly more than one, though no one of the ancestors is known to have been a deaf person. The man first referred to married a deaf and dumb woman, *and their five children all hear and speak.—Boston Medical Journal.*

ADULTERATION OF SCAMMONY.

By M. Thorel.

In expressing the opinion, some time ago, that the resin of scammony was the part of the drug that ought to be administered as a therapeutic agent, I conceived that this resin ought always to be prepared by the pharmaceutist himself. Whenever the pharmaceutist, from any cause, is prevented from preparing it, and is obliged to purchase that which is met with in commerce, it is necessary that care should be taken to ascertain that it is pure. Any adulteration would soon be discovered, unless the substance added was in small quantity or its action similar to that of the resin itself. Resin of jalap being of the latter class, and being at the same time cheaper than resin of scammony, has been used for adulterating it. The fraud is a very unjustifiable one, notwithstanding the fact that the substance used is somewhat similar in action, for no substitution of one agent for another should be tolerated in medicines. I propose, for the detection of this fraud, a method which is founded on the perfect insolubility of resin of jalap in rectified ether, and the solubility in all proportions of the resin of scammony in this menstruum. There are other substances, besides resin of jalap, which are used for adulterating resin of scammony, such as resin of guaiacum and colophony, and these are still more objectionable, as they are inert. Resin of guaiacum may be easily detected by means of nitrous acid gas, or bichloride of mercury. There are several reagents which may be used for detecting the presence of colophony in resin of scammony. Among them is oil of turpentine, which dissolves colophony at common temperatures, and leaves resin of scammony almost wholly unacted upon. But the best reagent for this purpose is sulphuric acid, which possesses the property of dissolving many resins, and of modifying more or less, their composition. If a little of this acid be poured over colophony, it immediately, and by simple contact, developes an intense red colour. The same acid, when poured over pure resin of scammony, produces, on the contrary, no immediate change; it is only, after the lapse of some minutes, and with contact of the air, that it becomes coloured, and then but slightly, the colour being that of wine dregs. By this means, the presence of one-twentieth part of colophony may be detected in resin of scammony. For this purpose, it is only necessary to put 25 or 30 centigrammes of the resin into a glass or porcelain mortar, to add four or five grammes of the oil of vitriol of commerce, and to rub it with the pestle. If the resin of scammony should contain colophony, the mixture will at once become red, but if on the contrary it is pure, it will only become coloured after some time.—*Repertoire de Pharmacie* and *Phar. Jour.*

Oil of Pitch in Eczema.—The French medical periodicals have of late spoken very highly of the efficacy of the oil of pitch (huile de Cade) in the treatment of eczema. Indeed, M. Devergie, physician to the Hôpital St. Louis, where diseases of the skin are especially treated, advocated the oil several years ago, and has lately taken an opportunity of stating that this "huile de Cade" should be preferred to the empyreumatic oil obtained in the production of coal gas, which has been highly eulogized by M. Lafond Gouzi. Dr. Neligan, in his work on Materia Medica, states that the "huile de Cade" has been used on the continent in obstinate cases of herpes, lichen, and eczema, but observes that the term "huile de Cade" (oleum cadinum) has been restricted by some French pharmacologists to a tarry oil obtained by the dry distillation of the wood of the Juniperus oxycedrus.—*Lancet.*

EFFECTS OF VIRULENT MATTERS TAKEN INTO THE STOMACH.

M. Regnault, director of the Veterinary School at Alfort, gives the following summary of his researches:—

1. The dog and pig may eat all the products of secretion, whatever they may be, without prejudice to their health; all the cadaveric debris proceeding from animals suffering under glanders, furuncular disease, rabies, the contagious typhus and pneumonia of oxen, and the contagious epizootics of fowls.

2. It is not the same with fowls, unless perhaps with the exception of their own diseases, in order to determine which it would be necessary to make the experiment out of the epizootic atmosphere, which M. Regnault has not been able to effect.

3. The virulent matters of rabies and acute glanders, which lose their contagious properties by transit through the alimentary canal of the dog or pig, retain them in passing through that of the horse.

4. The matter of the furuncular disease which is taken with impunity by the dog and pig, gives rise to disease when swallowed by the herbivora, the sheep, goat, and horse.

5. Carnivora and omnivora eat the matters with impunity, because their organization is adapted for the conversion and digestion of animal matters, while that of the herbivora is suited only to the digestion of vegetable substances.

6. The flesh of the pig that has eaten these virulent matters is perfectly safe for human food.

7. Culinary operations so change the poisonous nature of the matters proceeding from animals with either of these contagious maladies, that they have been swallowed with impunity by herbivora.

From these conclusions the author draws the inferences, that there is no reason, in a sanitary point of view, for preventing pigs, fowls, &c., being fed on such matters; and, that however repulsive it may seem to the human being, meat, milk, &c., of animals suffering under contagious maladies may be eaten with impunity, if previously cooked or boiled.—*Med. Gaz.*

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, DECEMBER 24, 1851.

PROCEEDINGS OF GUARDIANS UNDER THE DISPENSARY ACT.

We are obliged in this day's publication to occupy the space usually devoted to general observations on passing events with replies to the numerous queries submitted to us respecting the operation of the new law, and such information respecting the divisions of unions and settlement of salaries as have come to hand. The Kenmare Union has been divided into four districts, with salaries of £100, £80, and £60. Mr. Townsend observing, that the taxation should not exceed 6*d.* in the pound; but if salaries were so given it would come to 8*d.*; the local paper (the *Tralee Chronicle*) giving utterance to the chagrin of the ratepayers, by stating that "the doctors were pensioned off" at these sums. The Cahirciveen Union has been divided into four districts, with salaries of £85, £80, and £60. Granard Union into five, with salaries of £60; the gentlemen of the Board being for higher salaries, but outvoted by the *profanum vulgus*. At Robertstown, in the county Kildare, we hear of subterraneous movements of suspicious appearance to promote the appointment of an influential's man. The Committee of the Robertstown Dispensary have petitioned the Commissioners against the division made by the Naas Guardians, as well as against the amount of salaries. In Carlow Union we find a curious reason assigned for giving the Surgeon of the Tullow District the inadequate salary of £64. It is considered a suitable remuneration,

because, indeed, he is paid £56 a year for attendance on the Fever Hospital—an institution of a totally different description. We shall presently have low salaries assigned to men because they are in good practice. In the neighbouring Union of Athy, a different feeling prevails, the salaries being £90, £100, and £120. In the Mountmelick Union, Queen's County, the salaries are shabby for such an union: £60 to £70.

PROCEEDINGS OF UNIONS—FERMOY UNION.

The Board of Guardians of the Fermoy Union have recommended that it be divided into five districts, with two dispensaries or offices in each; that only five medical officers be appointed; that they be required to attend on alternate days at each office; and that their salaries be £75 per annum. The four rural districts vary in length from ten to fourteen miles, with areas of about 32,000 acres each; that connected with the town of Fermoy is eight miles and a half by six and a half, with an area of 19,000 acres.

Heretofore there have been nine dispensaries in the union, each with its own medical officer, and that of Fermoy employing and paying an apothecary as well as a physician.

Two large and remote electoral divisions have been annexed to the town, never before having had connexion with it; and another electoral division, which lies contiguous and always made part of the old dispensary district, has now been separated from it. No weight seems to have been attached to the facts that the population of the town amounts now to over 7000, and in consequence of the presence of a large garrison is of more debauched habits, and more diseased than usual in places of similar size; that there is a large bridewell to be attended, and that the dispensary has always been open daily.

The dispensary surgeons naturally feel the greatest dissatisfaction; they say truly that it is monstrous on the part of the board to attempt to force them to undertake double work and at the same time reduce their salaries.

KILLARNEY UNION.

The Chairman said that they were now called on to take into consideration the Medical Charities' Act. A great deal of misapprehension was abroad in regard to the powers of boards of guardians, whose duties in relation to this act were confined to two points—namely, to define the boundaries of districts, and to recommend what may be considered a fair remuneration for the medical officers. It placed no patronage in their the (guardians) hands, and he was glad of it. It was mandatory on them to ascertain the amount of duties which were to be performed by the physicians. Relief under the act, as was supposed outside, was not indiscriminately to be given; it was only to those whom the committee of management might consider unable to provide medical assistance, and such relief should be administered only under an order from such committee. The relief may be two-fold. If not urgent, it would be dispensed at the dispensary establishments; but if urgent, the medical officer should, no matter what the inconvenience might be to him, and however great the distance, attend. The Chairman having, at some length, contrasted the expenses of dispensaries under the old and new system, proceeded to say that taxation had reached a fearful point in this country, and that as this act would inflict an additional burden on the ratepayers, the board should cut out as large an area for a district as would be found consistent with the efficient discharge of the duties to be performed. These duties might at first sight be looked on as very laborious, but when it was considered that the great bulk of those to whom the act applies will be concentrated in the workhouse, it will not appear so. The valuation of the union being now £62,000, two pence poundage would give £515, which he considered would be fully sufficient, under proper local management, for all objects—for the payment of the medical officers, the supply of medicine, and the rent of houses. Under the old system the cost was greater, and future prospects gave hopes that it would be less. He had given a great deal of consideration to this question, with the view of placing before the board of guardians a judicious arrangement of localities, based on valuation and population. It would be for the board to satisfy themselves; and as he apportioned the union by this arrangement into four districts, necessarily for four doctors, it would remain for some guardian, in reference to salaries, to say what these should be—whether £80 or so.

Mr. M. D. Brennan—The most active man in the country could not journey in one day over any of these districts attending patients.

Mr. McKenna would be prepared to propose five instead of four districts.

Mr. O'Connell had great pleasure in proposing the adoption of the correct and satisfactory arrangements of districts suggested by the chairman, than whom no one was more competent for such a task. He (Mr. O'Connell) considered this law as one of the greatest humbugs: he would accept, under the chairman's regulations, the best use that could be made of it. Mr. McKenna would have more dispensary districts. Did he know that the Tralee union was larger, and there they had only four medical men? It was in vain to shut their eyes against the state of the country, or against the pressure on men depending for support on land. Such distress existed, and such was the system of taxation, that the moment the opportunity offered the cry was tax the land. The moment an opportunity like the present occurred, men in every quarter were busy for the interests of their friends, no matter where the funds were to be found—no matter how stood the burden of taxation. But two pence in the pound was trifling! So were the items which made the aggregate of the national debt. He would not complain of taxation for what would really benefit the public, and he could not conceive that the tomfoolery of the act would do that. It was only the very poor and stricken-down who could be relieved by it, and were not seven-eighths of that class in the workhouse? But as it was law, and should be obeyed, he would therefore propose the division into four districts.

Mr. McKenna—I defy any medical man to discharge the duties through a tract of country sixteen miles by twelve; and looking on the act as a boon to this country, and superseding the folly of the old expensive system, I will call on the guardians to extend liberally its benefits to the poor. For myself, I have no friend to support, nor a job to carry. I move that five districts are the least possible which the union ought to be divided into.

The Chairman would now put the question to a vote. The division was 20 for the original motion, and 12 for Mr. McKenna's amendment.

A lengthened conversation then ensued as to whether the salaries should be equalised or proportioned in the ratio of valuation and population.

Mr. Herbert, M.P., considered that the area was an important point for consideration, for though the Killarney district presented a population far greater than any of the others, yet they were more concentrated there, and more scattered over others.

The equalisation of salaries being settled,

Mr. O'Connell would say that jobbing was the curse of Ireland. Men, now-a-days, looking for public situations, should be content with salaries smaller than in former times. Her Majesty's ministers set an example, and it ought to be practised in every public department. He had two medical friends whom he would like to see independent and happy, Dr. W. Murphy and Dr. T. D. Maybury, yet, in their public capacity, he thought they should be content with moderate salaries, and thinking so, he (Mr. O'Connell) would propose £60 a year.

Mr. M. D. Brennan—Oh! only 3*s*. 4*d*. a day, a butler's wages.

Mr. O'Connell—Very good in these bad times.

Mr. Bland proposed as an amendment £50 a year.

Mr. Richard Maybury begged the board to consider that they were dealing with educated professional men, who had lost much to a profession which ranked the first in all nations. He trusted that the board would not, so far as salary was concerned, place them on the same level as the relieving officers, who, however respectable and intelligent, were not obliged by social position to keep up the appearance of gentlemen. He (Mr. M.) would say £80 a year.

Mr. McKenna inquired if it were right for him to move a second amendment?

The Chairman said it was.

Mr. Bland's amendment was then negatived by a majority of 31.

Mr. Herbert—Mr. Maybury says £80 and Mr. O'Connell £60, and as Mr. McKenna is about to propose £70, I would recommend it as a compromise. The more unanimity that prevails at this board on this question, the more effect it will have on the Commissioners.

Mr. O'Connell and Mr. Maybury having acceded to the suggestion,

Mr. Bland made some observations conveying his dissent.

Dr. T. D. Maybury, who attended as local secretary of the County Medical Club, said that he would then advise the rural guardians to support the higher salary.

Mr. Bland thought that Dr. Maybury was only present by courtesy, and ought not interfere with the guardians.

Mr. Richard Maybury assented with the view of unanimously carrying out Mr. Herbert's suggestion. He (Mr. M.) thought that £80 was even too small, but the respected chairman in his introductory observations having suggested it, he (Mr. M.) adopted it, and he now considered it unfair of Mr. Bland to come forward again after the decisive opinion of the board.

Mr. Bland would keep his temper, but he would say that no guardian should tell another that he acted unfairly.

Mr. M. D. Brennan moved £90; but the proposition not having been seconded, fell to the ground.

WHETHER ONE SURGEON CAN HOLD TWO DISPENSARIES.

We have had several inquiries on this subject, notwithstanding our reply some time ago. The act neither forbids nor suggests such appointments, and it must therefore be decided by the Commissioners in the code of regulations they are required to enact. If one man be considered equal to the duty of two districts, they will naturally ask why the two districts have not been comprised in one. As we have already said, the danger is lest such an arrangement should lead to the payment of one salary for double duty, or to the enlargement of districts, on the plea that in certain cases one man has been found willing to take charge of two ordinary ones.

ELECTIONS TO DISPENSARIES.

In reply to a Correspondent: if the Commissioners do not name the present Surgeons in the new Districts to the new Dispensaries there established, which they are authorized by the act to do, the new Dispensary Committee must make the appointment; such Committee being the Guardians elected and *ex-officio*, and the ratepayers placed on the Committee by the Guardians. As to the appointment of an unqualified man, the act permits such to be continued, if "in possession" of a dispensary retained for the service of the union. All regularly-educated Surgeons are eligible, as they were before the passing of the act, and no holder of an apothecary's licence, or any sham certificate, whether called diploma or not, can be legally appointed. On this point all must be firm, for if ever the line of demarcation be broken which separates the regularly-qualified man from the pretender, utter ruin to our profession must be the consequence.

APPOINTMENT OF PHYSICIANS AND SURGEONS TO THE COMMISSION OF THE PEACE.

A Correspondent requiring information on this subject will find it in some of our numbers of early date. An attempt was then made to disqualify the members of our profession from holding such an office, but it was abandoned: whether any edict of the kind has been issued, we cannot tell, but inquiry shall be made. We must not submit to any arbitrary decree affecting the character of our profession, or expressing in any way a determination to deal with it otherwise than as a section of the community fully entitled to a consideration equal to that given to any other. We have not forgotten the attempt made by one high in authority some years ago to prevent Physicians and Surgeons from acting as Poor-law Guardians. Had it succeeded, we should not now have the valuable aid found in many unions.

TO CORRESPONDENTS.

We have endeavoured to reply to the numerous questions submitted to us this week, and have experienced considerable difficulty in doing so in consequence of the arrival of letters while preparing to go to press. The question as to the class of patients entitled to relief under the new law cannot be answered until its practical application comes to be tested. The act says that relief is to be given to "poor persons," not using the word pauper, and is therefore probably to be interpreted as making provision for the medical relief of persons unable to obtain such aid; but to check the prevalent abuse of administering it to those able to pay, the Dispensary Committees are armed with a power to erase the names of such from the lists of patients. We have not time to notice the proceedings in the Millstreet and Kanturk Union in the present number, but propose to do so in our next, as they suggest some inquiries respecting the general operation of the act.

MATHEWS *v.* HARTY AND STOKES.

We refrain from comment on this extraordinary trial until the present state of excitement, public, legal, and medical, cools a little. Time must be allowed for the restoration of that equanimity and calm judgment which the question demands. We have not had leisure to study the case, but from a cursory view of it, we fear that we may find it difficult to adopt the popular view.

MINOR APPOINTMENTS UNDER DISPENSARY ACT.

In reply to a Correspondent, we hear nothing of new clerks or other officers, but such must be required for the increase of business. The Commissioners will of course be the parties to provide them, and they have probably been already hired.

CORRESPONDENCE.

THE NEW DISPENSARY ACT.

TO THE EDITOR OF THE MEDICAL PRESS.

My dear Sir,—Being an old subscriber to the Medical Press, and feeling conscious that you have been an honest, honourable, and able supporter of the rights of medical men, I have taken the liberty of troubling you with a few queries about the working of the new medical act.

Can you inform me what will be the duties of a medical attendant of a dispensary in a rural district? Will he have to attend the *destitute poor only?* or will he have to attend all the servants of the gentry and farmers in his district, together with their poor tenants, or those the committee may consider poor?

It appears strange to me, that no person gave a reply to Mr. Senior at the Belfast board, when he stated "that £75 a year was high for a medical man, when compared with those paid in England, &c." If I am rightly informed, it is only the destitute poor who receive medical relief there, and medical men suit their fees to the circumstances of their patients, and by doing so, are enabled to make money and live respectably.

I need not inform you, that in Ireland heretofore, with a few, very few honourable exceptions, there is no device, scheme, or plan which could be devised or invented, but has been put into requisition to deprive medical men of the just reward of their labour and skill. I trust and hope, in future, the profession will be true to each other and their own interests; the more, when they know that it is one in a hundred reaches sixty years; and that they are only a secondary consideration in the working of this new bill; in fact, looked upon as a necessary evil, to be worked until they can do no more, and then cast off.—I am, sir, your obedient servant,

An Old Subscriber.

REMUNERATION OF MEDICAL WITNESSES.

TO THE EDITOR OF THE MEDICAL PRESS.

Dear Sir,—Since everything which injuriously affects the interests of our profession legitimately concerns the watchful medical journalist, permit me to direct your attention to a grievance of no inconsiderable magnitude to which medical men of every rank have recently become exposed, and to which, from the general silence, I fear they are not sufficiently alive. In the case of "Cahill against Verner," tried before the Chief Baron last week, an action was brought to recover damages against the High Sheriff of Monaghan for alleged neglect of duty in not arresting a gentleman who, at the time the execution was put into his hands, was under my care, and in the last stage of consumption. My evidence was required to show the state of the gentleman's health and the possibility of arresting him. I was subpœnaed to appear before the Chief Baron on the 24th June last, and to attend court till the case should be disposed of. The trial was postponed from day to day, and from month to month, till the first day of the present month, when the case was tried, and a verdict found for the plaintiff. From the commencement to the termination of the proceedings, I was obliged to make six journeys to Dublin, a distance of fifty miles, and altogether spent eleven days about court awaiting the trial. When called upon to give my evidence, I applied, as I had often done before with success, for remuneration for loss of time, as well as for travelling and hotel expenses. To my astonishment, his lordship replied that a recent decision of the English judges, by which he must be guided, had ruled that medical men were not entitled to be treated differently from other witnesses, and that he could only allow me travelling and hotel expenses, of the exact amount of which I would be required to make an affidavit. I need scarcely descant upon the enormous injustice which such a decision is calculated to inflict upon the profession generally, and unless they are determined tamely to submit they should be up and doing. It can hardly be credited that the legislature, if properly informed, would refuse to remedy so flagrant a wrong affecting a class of men of such respectability and national importance as the medical profession. To illustrate briefly the evil in my own case: I was obliged, in the first place, to procure the assistance of a medical man to take charge, during my absence, of a very extensive and laborious dispensary district, and of a fever hospital, with between twenty and thirty patients in it. In the next place, it so happened that every time I went to Dublin, pending the trial, I was compelled to leave some private patient requiring daily attendance; on one occasion, an elderly lady with a most alarming attack of tonsillitis; on another, an old gentleman with extensive bronchitis; on another, a lady with apoplexy; and on the occasion of my last visit, three ladies were in hourly expectation of their confinement,—one was confined in my absence and was obliged to have other medical assistance. In fact, no compensation which a court would at any time have allowed would have repaid me, either for the pecuniary loss, or for the anxiety which I endured by my absence on these occasions; and I am determined, in future, to abide any legal consequences rather than obey a subpœna under similar circumstances.—I have the honour to be, sir, your obedient servant, Hans Fleming.

Carrickmacross, December 12, 1851.

ON THE VALUE OF LIFE ASSURANCE.

TO THE EDITOR OF THE MEDICAL PRESS.

Royal Exchange Assurance of London,
No. 8, Westmorland-street.

Sir,—Feeling that the welfare of the medical profession has at all times been a subject of interest to you, perhaps you will kindly permit me to gain access to them through the medium of your columns, in order to draw their attention to a subject of great importance, both to themselves, their families, and society at large; I allude to the matter of a family provision.

The annual reports of the Medical Benevolent Fund Society have brought so many melancholy instances of individual and family suffering under the notice of their brethren, that I feel it would be idle to occupy time in endeavouring to prove the generally-admitted principle of the duty and necessity which is incumbent on the profession (in common with others) to make suitable provision for those whom God has committed to them the charge of; it is one thing, however, to admit a principle, and another to put it in practice—here, no doubt, is the difficulty—here the question of how is it to be accomplished arises.

The community is not unmindful of the difficulties which the medical profession at large, perhaps more so than any other, have had to encounter for some years past, the depression of the times having obliged them in too many instances to be satisfied with ill-requited services, while in others they have been bestowed in the cause of charity; in such acts have they been called on to face fever and pestilence, probably at times when, physically speaking, they were least fitted to do so, and not a few have fallen beneath the foe; thus the fee books have not been filled, and family economy—aye, rigorous economy—has been imperatively necessitated.

Can we at such a time (say many) undertake the onus of future provision for our families, when we find ourselves hardly able for the urgency of present necessity? This, in my opinion, should be the incentive to the duty. Were a ship at sea to run short of provisions, think you would the commander be thought very sagacious, who, in the purport of a prolonged voyage, would give his crew the usual quantum, trusting to fortuitous chance to procure a supply? No: he would prudently impose present reduction, in order to reserve for future subsistence; and such, I take it, is very much the case of many of the profession at the present moment. Can any of them read the reports of the Society before referred to, and mentally witness the sad sad scenes therein detailed of the widow's nakedness and the orphan's hunger, and not be urged to the resolution that in some degree he will endeavour to preclude the removal of such harrowing unavailings?

And here I would advocate the peculiar adaptation of life assurance as a medium for family provision. Some of the profession are still deriving handsome incomes by their practice. They have families dependent on them. Have they provided? Probably they will reply, we are laying by annually of our surplus. That certainly is but prudent: but who has promised you a prolonged life? Can you undertake it for one year's existence? No: if called away, how would it be with those for whom you are now toiling? Why not, then, lay by of your surplus in a bank that will be prepared—be the call near at hand or more remote—to honour the draft with *ample* interest?

Others may not be so affluent in their means; to them I would say, measure your provision by these means, but do not relinquish the duty because you cannot complete it to the extent you would desire. Others, again, are struggling to push forward their families in decency, and endeavouring to uphold them in the scale of society to which they have hitherto been accustomed. This no doubt is praiseworthy. But if the difficulty be now so great, what must it be when the head that thinks and the hands that act for them, shall cease to exist? Will you be content to bequeath them to the cold hand of a world's charity? On you, then, would I the more urgently impress the necessity of making some provision, no matter how small. Do not leave those dearest to you totally unprovided for.

Doubtless I shall be accused of self-interested motives in writing this letter; probably there may be something of the kind in it, but I hope, that as one who has witnessed the safety afforded in the ark of assurance, I may take the liberty of impressing upon the profession the duty, without particularizing the channel through which it is to be accomplished. Of course I would support the claims of the highly honourable and ancient corporation which I have the pleasure to represent for a preference, more especially on the part of the profession, to whom they have at all times been most liberal; but my object is attained if I shall have succeeded in drawing the attention of many who, in the hurry of professional duties, have neglected to give the subject the consideration which it deserves.—I am, sir, your obedient humble servant, Thomas Trouton.

Dublin, December 12, 1851.

ADDRESS TO DR. FRY OF FERBANE, IN THE KING'S COUNTY.

The following flattering address has been presented to Dr. Fry by the subscribers to the Ferbane Dispensary. Such expressions of regard we place on record as evidence of the feeling entertained toward our brethren in the provinces:—

"Dear Sir,—The changes about to take place in the medical charities of Ireland, and the consequent closing of the Ferbane Dispensary, afford us the pleasing opportunity of recording our high sense and approval of your conduct as its medical attendant for twenty-six years, nearly from the time of its first establishment. During that lengthened period we have had every opportunity of witnessing your constant

and indefatigable attention to the duties of your office. You have been at all times assiduous and energetic, but especially in seasons of fearful epidemic and fever we have noticed your zeal and alacrity, and found that no increase of labour, or danger of infection—which at one period was near being fatal to you—ever relaxed your exertions in the conscientious discharge of your arduous and perilous duties. The calls of your suffering fellow-creatures ever received from you a prompt and humane attention. In the closing of our institution, it affords us gratification to know that our connexion with you will not terminate, but that the population of every class in our neighbouring district will continue to have your valuable services, and still be benefited by that medical skill and attention which we all have so long witnessed, and that some of us have personally experienced.

We pray your acceptance of the accompanying piece of plate, and hoping for your continued health, happiness, and prosperity in the practice of those duties, professional and social, which has gained for you universal respect as a physician and friend,—We remain, with much esteem, your sincere well-wishers,

H. King, Chairman; Rosse; J. G. King, J.P., D.L.; Francis Mooney, J.P.; James Alexander, Clk.; Robt. Lauder, J.P.; Joseph M. Daly, Clk.; Mark O'Ferrall, P.P.; John J. Frazer; Abraham Bagnall; Thos. Mulock; Thomas H. Mulock; John G. Collins, J.P.; Robert Delany; John D. Lauder; John Whitfield; Timothy Bagnall; Francis Royston; Harriet King; Jane King; Mary King; S. I. Lauder; Sarah F. Frazer; P. T. Klasen, C.E.; James Devery; Wm. Henderson; A. Galven, Secretary."

MORE SIGNS OF "UNIVERSITY" DECREPITUDE.

It is not without regret we feel ourselves compelled to revert to the subject of the School of Medicine of Edinburgh. But we proposed to ourselves a very serious and solemn duty and did not commence our ungracious task without the firm resolution of persevering to the end. That end must be the purification of the venerable institution from all the fraud and quackery which dishonours it. We have appealed to the appointed guardians of the place. Sorry are we to write our conviction that there is no hope in them. Some, conscious of their own feeble merit, are unwilling to make inquiry into the conduct of others; some, themselves perverted, love error for its own sake; all are deficient in that honesty of mind and energy of purpose which are necessary for success in any great work. Had they shown an absolute determination not to abide so great a scandal, its rectification would have been sure and immediate; but they denounced the evil, and then, good, easy men, sat down exhausted and satisfied with so vast an effort, thus giving countenance and credibility to all the allegations of their guilty opponent and accuser.

It is with much reluctance we inform the students there is no help but in themselves. But we know their honesty and their courage, and rely on them with perfect confidence. We have also much consolation in the thought that it is quite safe to act in this business. No student need fear the displeasure of his superiors. The latter are too much ashamed of their own helplessness and shabbiness. In their secret hearts they approve of that which they dare not imitate, and which, at all events, they dare not punish.

The case of the students is so just as to gather all mankind to their side. Who, indeed, but must feel indignation against men practising what they do not believe, and teaching what they do not practise; who have yet bound themselves by the solemn obligations of oaths, and by yet more binding professional and social ties, to teach science faithfully, and practise medicine truly, for the profit of their pupils and the welfare of their patients? Such dereliction of duties is so unmanly and so shameful as almost to exceed belief. Sorry are we to perceive it in a country which wraps itself up in the pharisaical pride of superior consolations.

The case of the students is one demanding instant reparation; it brooks no delay. What can be conceived more lamentable than the case of young men crowding to the university, eager for instruction, deeply impressed with the value of their profession, and the heavy responsibility of its duties, yet chilled at the very threshold of their studies with the information that their teachers deride the most approved doctrines of physic, and do not blush in other places to talk any crazy gibberish which will aid them in the pursuit of an ignoble and scandalous trade. If such things must continue, it requires no ghost to tell us that Edinburgh has "curbed her high career." We wonder, indeed, that Principal Lee could utter his sentimental commonplaces in the face of the assembly which met on the 1st of November, without hearing roars of laughter. If published, his address will surely move the scorn of all English readers.

We hear it whispered that the Faculty of Medicine allege they have done all in their power, and that in the obstinacy and indifference of the senators there is an irresistible obstacle. In answer, they must be told that we believe no such thing. On the contrary, we are well satisfied that, would they do their duty as becomes men convinced that it is one of paramount obligation with which there is no tampering, the resistance of senators and patrons would be feeble obstacles. But the medical professors must be prepared to play their part out to the end; they must be ready to close their class-rooms, and stop the whole business of teaching, till they are relieved from disgraceful colleagues, and the school purged of its dishonour. Their superiors would then soon learn that serious duties are not to bend before the pride of any pragmatical dogmatist, and that there is a power to compel unwilling men to the most distasteful tasks. The professors would do well, however, to consider the consequences of this plea. It is a maxim of English law, that there is no wrong without a remedy. If they put this case without the pale of society, men revert by right to the law of nature. It is not in this country, where resistance to unprincipled aggression is matter of doctrine, that such statements should come from authority. But we advise the students to be wiser than their teachers, to besiege both the senators and town council with their petitions, and to convey them with such circumstance and form as to call public attention both to the petition and the replies. Men who hunger for the bread of knowledge may surely complain of an Alma Mater offering them a stone. Infants have often corrected the faults of parents; and if the ancient jade is not reminded of her duty by her proper guardians, let her receive admonition at the hands of her children.—*Lancet.*

ROYAL COLLEGE OF SURGEONS, ENGLAND.

The following questions in pathology and surgery were submitted to the senior candidates for the Fellowship on the 4th instant:—

1. Describe the probable consequences, immediate and remote, of a severe blow on the testicle, and the requisite treatment.

2. Describe the forms of venereal sores, and state the course of symptoms, secondary and tertiary, exhibited by that form of sore to which the term *syphilitic* has been specially applied; mention generally the required treatment.

3. Describe the characters of scalds, burns, and frost-bites; and generally describe the treatment of the several stages of each.

4. State the circumstances which, in a case of alleged rape on a young female child, would induce you to give a decided opinion that the crime had been committed, and point out those occasional conditions of the parts which render a decision difficult.

5. Describe the causes, symptoms, and results of phlebitis, and state the treatment it requires.

6. Describe the characters and consequences of synovial inflammation of the knee-joint, acute and chronic; also its treatment.

The following, on the same subject, were submitted to the juniors:—

1. Describe the formation and progress of a true aneurism when not interfered with.

2. Describe the immediate and remote effects of an extraneous body which has slipped into the air-passages, and the treatment required under different circumstances.

3. Describe the effects of different wounds of the intestines, the prognosis, and reasons on which it is founded, and the treatment in each case.

4. Enumerate the different kinds of stone formed in the kidney and bladder. State which is the most serious, and why. Describe the symptoms and the treatment.

5. Point out the distinctive characters of phlegmonous, erysipelatous, diffuse, cellular, membranous, and carbuncular inflammation, their results and treatment.

6. Describe the mode of union of simple and compound fracture, and the circumstances which render the latter usually of more serious consequence than the former.

EXPENSE OF NEW MEDICAL CHARITIES.

(*From the Wexford Independent.*)

The very important position which the Poor-law Commission now occupies, both in a social and fiscal point of view, since the engrafting of the Dispensaries Act upon its machinery, will plead our excuse for so soon reverting to the operation of the measure which now interests so much the community at large, as ratepayers and the medical officers of charitable institutions, as government servants, placed in the highly important position of guardians of the public health, and general agents for carrying out in other ways than as mere dispensary doctors, the sanitary regulations which the Commissioners, by virtue of the powers given them, are called upon to execute throughout the district dispensary sessions. As we already ventured to prognosticate, the Board of Guardians of the Wexford Union maintained its character for intelligence and reasonable liberality, as evinced in the business-like manner with which they complied with the Commissioners order to map out the districts, and state the amount of salaries which they deemed a fair remuneration for the new and additional duties about to be entailed. In all cases the salaries were named at £100 per annum, and considering the nearly equal amount of duty to be performed, the average appears fair. The public need not feel at all alarmed at the apparent increase of taxation which that new rate will entail. We have already stated our opinion, that it will eventually be less than when the dispensaries were supported by the old, and we must add, dishonest, system of grand jury presentment, and without exactly pledging ourselves to the accuracy of our calculation, we would venture to say that 2¼*d.* per pound will cover all expenses under the present bill, allowing each dispensary to cost £140 per annum, against which we would place, as a set off, the discontinuance of vaccination expense, which averages £16 for each dispensary, and the county assessment struck off in all future applotments. And for this trifling, almost nominal tax, the public will have at its call a well-educated medical practitioner, supplied with every agent requisite to minister to the wants of the sick—*rich* or *poor*—under the surveillance of a vigilant local medical inspector (by the way we cannot see what the Poor-law Inspectors, *non*-medicals, have to say to the present question before the board)—and qualified to carry out in a most efficient manner the views of the government as to the general sanitary condition of the whole of Ireland. We have before us reports from all parts of the country relative to the salaries and duties of the medical men, but as in no instance do the proceedings appear to coincide with what bears upon the peculiarly well-constituted community of this our model county, we shall not trouble our readers with the discursive eccentricities of our far less enlightened neighbours. In some instances guardians have offered salaries to educated medical men not equal to that given by a noble chairman, Lord Castlemaine, to his own valet. However, the framer of the measure, Sir W. Somerville, provided against the possibility of this niggard system of remuneration, and accordingly left in the hands of the Commissioners, at whose head sits as high-minded a man as can be found in the ranks of any profession, the power of fixing the salaries, and therefore medical officers need not feel alarmed on the subject of their remuneration.

STATISTICS OF THE PARISIAN HOSPITALS.

The following figures will receive their full import, if it be recollected that the French capital contains, in round numbers, about one million of inhabitants. During the year 1850, there were admitted 60,007 patients into the *medical wards*; 54,372 were discharged, and 5804 died. On the 31st of December, 1850, 3673 beds of the same wards were occupied. The actual number of days spent in hospital has been altogether 1,417,714, which may be subdivided in the following manner:—Adult males, 604,265; adult females, 581,456; boys, 118,291; girls, 113,693. The mean mortality has been—For adult males, 10·28; for adult females, 13·37; boys, 8·71; girls, 8·45. The mean of the stay made in hospital was, for all sexes and ages, 22·58. For the same year, 1850, there were admitted into the *surgical wards*, 24,037 patients; 23,125 were discharged; and 1051 died. On the 31st of December, 1850, 1667 surgical beds were occupied. The actual number of days spent in the surgical wards were, in the aggregate, 688,023, which may be thus distributed:—Men, 411,136; women, 240,981; boys, 18,107; girls, 17,799. The mean mortality was:—For men, 25·52; women, 22·69; boys, 11·43; girls, 10·79. The mean of the number of days spent in the hospitals was 28·46. On the 1st of January, 1850, there were in the various asylums, 2047 insane patients; 6590 aged or infirm people; and 300 very old persons of both sexes in chartered institutions; total, 8937. During the year there were admitted 1245 insane patients; 10,510 old or infirm people, and 1048 very old persons in chartered institutions. During the same year there died 420 insane patients—mean of mortality, 7·37; 1060 aged or infirm people—mean of mortality 7·51; and 47 very old persons in chartered institutions—mean of mortality 7·51. On the 31st of December, 1850, there were left 2000 insane patients, 6731 old and infirm people, and 275 in chartered institutions. In the foregoing establishment, the number of days actually spent was 3,291,631, which may be thus divided:—Men, 1,357,148; women, 1,801,190; boys, 26,756; girls, 13,537; and 498,179 days for attendants. Sum total, 3,699,807 days. On the 1st of January, 1850, the number of foundlings being brought up by the charities was 13,631; on the 31st of December the number had descended to 13,559. In the course of the year 1849, 4133 children were abandoned, and in 1850 there were only 3952. The following figures express, in round numbers, the income and expenditure of the hospitals:—Salaries, £38,400; remuneration to physicians and surgeons, £10,500; sundries connected with officers and servants, £6400; book-keeping, £4000; pensions and donations, £6460; building repairs, £2000; taxes, £4000; flour, £26,500; wine, about the same sum; meat, £56,000; medicines, £20,000; fuel, £20,000; lighting, £5000; washing, £7000; bedding, £4000; linen, £10,000; clothing, £10,000. Total of ordinary expenditure, £572,000; decrease on the year 1849, £32,000. The mean expenditure for each patient is about 1s. 6*d.* per diem. On 31st December, 1850, there were 37,779 families receiving relief at home, these being composed of 22,884 men, 31,136 women, 17,126 boys, and 17,531 girls. Sum total of paupers, 88,677. The income of hospitals and charitable institutions is £600,000 a year, the sources of which are as follow:—House and landed property, £34,000; the hospital tax levied on theatres, concerts, and all kinds of public amusements, yielded £28,000; interest of stock, £72,000; total, £134,000. The remaining £466,000 are supplied by the municipal funds.

A LAWYER'S OPINION OF MEDICAL MORALITY.

An application was made to the Lord Chancellor last week for the payment, out of a lunatic's estate, of a fee of fifty guineas to Dr. Winslow, for his examination and report on the condition of a lunatic. In refusing the application, the Lord Chancellor remarked, that "in the present instance, as was likewise almost always the invariable practice, the medical man had reported in favour of the views of those parties who had employed him." It is with regret we find that one occupying the high position of the Chancellor has thus given expression, in a judicial capacity, to so illiberal an opinion on the conduct of medical witnesses. Surely his Lordship's experience and acquaintance, as Mr. Sergeant Wilde, with numerous eminent members of our profession, must have given him a better knowledge of medical character. A little reflection would, we are sure, enable him to perceive that, whether in reference to the case submitted to his decision, or to the general practice of respectable medical witnesses, the imputation conveyed in these remarks is as unfounded as it is untrue.—*Med. Gaz.*

MEDICAL CHARITIES' BILL FUND.

The Treasurer, Dr. Morrison, acknowledges the receipt of £1 each from Dr. MacCaldin, Coleraine, and Dr. Barr, Maghera.

Newry, December 22, 1851.

IMPORTANT TO PAROCHIAL SURGEONS.

A CASE of importance to parochial surgeons was tried before Mr. Sergeant Manning, Whitechapel County Court, for the recovery of 7*s.* 6*d.* for attendance upon one John Stokes at the request of the defendant. The plaintiff, Mr. Hart, resides in Union-street East, Spitalfields, and is parochial surgeon for the parish of Spitalfields; the defendant, Mr. Arnold, is a vestryman of the same parish, and a salesman in Spitalfields market. Mr. Hart's assistant proved as to his employer being sent for by the defendant, and to Mr. Arnold's using insulting behaviour towards Mr. Hart. Mr. Hart said that early on the morning of October 15, he was sent for to attend a man taken suddenly ill at, he understood, the defendant's shop. As soon as he had dressed himself, he went to defendant's house, and found that the man was at the Cheshire Cheese public house, where he went, and found he had broken a bloodvessel. He prescribed for him; and as defendant had sent for him, he looked to him for payment. He was a parochial surgeon, but cases like this did not come under his contract with the parish. The man had not an order from the relieving-officer, and he had to supply the medicine from his surgery. Mr. Arnold said he was informed that a man was dying, and that five or six people had been for Mr. Hart, who had refused to attend. He, as a vestryman, was entreated to send for him, upon doing which Mr. Hart came. He considered that as Mr. Hart was in the receipt of £120 a year from the parish, he had a right to attend to cases of such emergency as this. Had they waited for an order from the relieving-officer, the man must have died at once. It was not the money he begrudged, but the principle; and he certainly spoke rather freely to Mr. Hart, upon which he instantly sent in his bill, and appended to it, "Mr. Hart has understood that Mr. Arnold is unwilling to discharge this account, although responsible for it." He considered he was not responsible for it, and had a judgment of the Judge of the Clerkenwell County Court in his hand, where it was held that parochial surgeons were bound to attend to cases like this; and that the parties sending for a medical man were not liable for expenses incurred. The Judge said he was of opinion that defendant had made himself liable, but under the circumstances he should not allow any costs. Verdict for the plaintiff. To recover this 7*s.* 6*d.* plaintiff's assistant had been there all day, plaintiff part of the day; and the costs he is saddled with amount to 3*s.* It may be necessary to observe, that no medical claims are heard without the production of the certificate of qualification.

NEGLECT OF A PARISH OFFICER.—An inquest was held by Mr. Carter, at the Duke of Sussex, Gibson-street, Lambeth, on the body of Joseph Garland Saunders, aged seven years. The brother and sister of the child were examined, and it appeared that both parents were dead, and witnesses lived in a single room at 48, Gloucester-street. On Sunday their brother was taken ill, and his sister, who is 11 years of age, was sent to Mr. Beck, a parish surgeon, living in the Westminster-road, for some medicine, which was given to her, but without any label on the bottle. Another application had been made, when it was represented that the child was in high fever. The answer was stated to be, "Oh! if he has fever he will live long enough to obtain a parish order." Two powders were, however, sent. The child getting worse, an application was made to Mr. Beck by a relative, who said that if he attended to every child with a bellyache, he would have enough to do. The child died on Monday, but it was proved Mr. Beck had not been informed of the case. The coroner sent for Mr. Beck's assistant, and having read over to him what had been stated, asked why he had sent medicine out without a label, and had not informed his master of the case. The assistant, a flippant young man, said they never labelled bottles for parish patients; and if he had known that this was a case of emergency, he should have gone to it. He then coolly took out his watch to look at the time. The coroner and jury appeared indignant at this; and the former said, "You need not look at your watch, sir; this is not a case to be trifled with; their time was of no object." The foreman said it was the first time he had heard that bottles were not labelled for the poor: their lives were as valuable as the rich. The jury ultimately returned the following special verdict:—"We find that the deceased died from natural causes, but at the same time we deprecate the system of sending out to the poor medicine without being labelled; and we consider that there has been great want of care on the part of Mr. Beck's assistant in not having informed his employer of the case."

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1851.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Dec. 14th,	41	27	30.328	
Monday,	15th,	41.5	26.5	30.318	.007
Tuesday,	16th,	47	29	30.250	.005
Wednesday,	17th,	48	40	30.200	
Thursday,	18th,	50	39	29.900	.024
Friday,	19th,	50.5	31	29.920	.020
Saturday,	20th,	53	35	29.772	

PORTARLINGTON, QUEEN'S COUNTY.

1851.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Dec. 14th,	41	30	30.154	40 4	40.1	39.7	.016	Calm
15th,	44	39	30.102	43	41.9	40.6	.009	NW
16th,	49	37.5	29.972	46.2	45	43.7	.012	NW
17th,	52	43	29.894	45	43.2	41.2	.011	SW
18th,	50	42	29.596	49.2	49	48.8	.439	SW
19th,	51	35	29.680	43.4	42 8	42.1	.012	Calm
20th,	52.5	39	29.482	52.5	51.4	49.7	.001	SSW

M. W. HANLON, M.B.

ROYAL OBSERVATORY, GREENWICH.

Mean height of Barometer..... 30.14
" " Thermometer*..... 39.8
Self-registering do.† ..... max. 58. min. ..... 26.
* From 12 observations daily—† Sun.

BIRTHS AND DEATHS IN LONDON,

DURING THE WEEK ENDING SATURDAY, DECEMBER 13.

Births.		Deaths.	
Males.....	802	Males.....	589
Females.....	735	Females	605
	1537		1194

CAUSES OF DEATH.

1.	*Zymotic* (epidemic, endemic, &c.) *Diseases*, ...	243
2.	Dropsy, cancer, &c., of uncertain seat, ...	36
3.	Brain, spinal marrow, nerves, and senses, ..	125
4.	Heart and bloodvessels, ...	41
5.	Lungs, and other organs of respiration, ...	284
6.	Stomach, liver, and other organs of digestion ...	66
7.	Diseases of the kidneys, &c., ...	15
8.	Childbirth, diseases of the uterus, &c., ...	8
9.	Rheumatism, diseases of the bones, joints, ...	8
10.	Skin, cellular tissue, &c., ...	1
11.	Premature birth, ...	41
12.	Old age, ...	51
13.	Violence, privation, cold, and intemperance, ...	51

CASTLETOWNSEND DISPENSARY.

AT a General Meeting of the Subscribers, held by requisition, at the Dispensary, on December 9, 1851,

The Rev. CHARLES BUSHE, Rector, in the chair,

the following was unanimously agreed to:—

We, the undersigned Subscribers to the Castletownsend Dispensary, take the opportunity of our assembling together at this the last meeting of the said institution to express the high estimation in which we hold the character of Dr. HADDEN. We have had ample experience of the zeal, assiduity, and patience with which he has discharged the arduous duties of Superintendent of the Dispensary; and we can also bear our testimony to his ability in his general practice, we cannot therefore suffer him now to take his departure from amongst us, without expressing our sincere regard at the same, and assuring him that he carries with him the good wishes and respect of all classes of the inhabitants of the district; and we further express our hope that the Commissioners of Medical Charities will take his case into consideration, and appoint him to some situation commensurate with his talents.

Charles Bushe, Chairman	W. F. S. Townsend, Clk.
Jas. H. Swanton, Treasurer	T. H. Marmion
T. Somerville	Edward Townsend
John H. Townsend	Robert Swanton
J. S. Somerville	J. E. Browne
J. Carter	Daniel Driscoll

December 9, 1851.

PROFESSOR PORTER'S SURGICAL WORKS.

OBSERVATIONS ON THE SURGICAL PATHOLOGY OF THE LARYNX AND TRACHEA.

Chiefly with a view to Illustrate the Affections of those Organs which may require the operation of Bronchotomy.

OBSERVATIONS ON THE SURGICAL PATHOLOGY AND TREATMENT OF ANEURISM.

By WILLIAM HENRY PORTER, M.D.,

Surgeon to the Meath Hospital and County Dublin Infirmary, Consulting-Surgeon to the City of Dublin Hospital, and Professor of the Theory and Practice of Surgery in the Royal College of Surgeons in Ireland, &c. &c.

Dublin: Fannin and Co., Grafton-street.

Mr. Porter is preparing for publication his Lectures on VENEREAL DISEASES, with additional Notes and Illustrations.

G. OLDHAM and Co., Pharmaceutical Chemists and Apothecaries, 107, Grafton-street, Dublin, corner of Suffolk-street (Agents for the sale of Mr. Coxeter's Surgical Instruments), invite the attention of the Medical Profession to their present Stock of Instruments, all of which are manufactured on the most approved principles.

Superior Dissecting Instruments well worth the inspection of the Student.

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AT
G. O. AND CO.'S MEDICAL ESTABLISHMENT

is separated from the Retail to prevent interruption and irregularity, and obtains the especial care of the Proprietors. Anxious to give satisfaction to the Medical Profession, G. O. and Co. commenced dispensing medicine with the resolution to devote to it their *unremitting personal attention;* to employ none but experienced Assistants; to render prices as moderate as it is possible for any house that confines itself to the best articles; and to supply, either in the simple state or in combination, the most effective medicines that can be procured or prepared, and on which the Practitioner may rely.

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G. O. AND CO. CONTINUE TO BE SUPPLIED WITH THE FOREIGN MINERAL WATERS FRESH FROM THEIR VARIOUS SPRINGS.

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64, DAME-STREET, DUBLIN.
☞ *Change of Proprietorship.*
BEWLEY, OWEN, AND CO., APOTHECARIES,
(LATE BEWLEY, FISHER, AND CO.)

In announcing the entire change which has taken place in the proprietorship and management of
THE ROYAL MEDICAL HALL,
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ORIGINAL COMMUNICATIONS.

THE PATHOLOGY OF INFLAMMATION AND FEVER.

By H. Freke, A.B., M.B., M.R.I.A.

(Continued from page 325.)

"Nutrition."

(The Generation of Fibrin.)

Hitherto my reader's attention has been directed almost exclusively to the contemplation of that physiological process or function termed *the process of generation or reproduction*. To afford a clear insight into the general principles upon which (as it appears to me) *that* process has been arranged has been the anxious object of my preceding communications. And wherefore, it may be asked, *such* object in connexion with the topic before us? *Why*, some of my readers perhaps may have said, dwell thus long in a series of papers of the avowed subject of the present, upon the nature of the *regenerative process?* What such intimate connexion can there possibly exist between the pathology of inflammation or of fever, and the process of generation or reproduction, as to warrant our attention's having thus long been directed to the contemplation of the latter inquiry in connexion with an investigation professedly having relation to the former?

Should such be the feeling of any who may have perused the foregoing remarks, I would, in reply to that inquiry, assure them, that until we have made ourselves familiar with the nature of the process of reproduction, to me it appears to be *impossible* that we could *ever* become acquainted with the true nature of the phenomena which occur in relation to the questions which more directly engage our attention,—until, I say, we have acquired a clear and comprehensive insight into the true nature of the regenerative process, as that process takes place *universally* throughout organic creation, I regard it as *useless*, inasmuch as I conceive it to be utterly hopeless, to search for the true explanation of the various phenomena which are observed to occur during the existence of what is termed *inflammatory action*. For what is *generation* or the process of *reproduction?* It is simply, in other words, the process of *living*. Yes to *live* is to *generate*; to *generate* is to *live*; and *living* and *generating* are, as I shall endeavour to make apparent to my readers, strictly speaking, *but one and the same process*. In order to see this more clearly, it will be desirable to contemplate for a moment the regenerative process as it takes place in the two departments of organic creation—that is, to review it first as it occurs in the vegetable kingdom; and secondly, as it takes place in animals. The function of the simplest conceivable vegetation we have already investigated, and have seen that it was to *generate* a plurality of vegetations of the same species as itself, and at the same time to *generate* an organized residual product. We have further seen that it was during, and alone during the period that such generation was *in progress*, that this simple vegetation, *together with* the materials out of which it generated these two classes of product, *conjointly* constituted a *living* vegetation. It was during, and alone during the period I say, *that the process of such generation was in actual progress*, that this simple vegetation, and what I have termed its specific stimulus, *conjointly* manifested those phenomena which are essential to constitute what we understand by a *living* vegetation. The process of *generation*, then, it is obvious, must be what in *this* vegetation *constituted* the process of *living*, inasmuch as such was the *sole and exclusive* process or function which *such* vegetation performed. A very little reflection will make it apparent to the reader that such is also the case with regard to *all* vegetations, it matters not how complex be the nature of their organization. The great physiological function which the most complex vegetation is designed to perform is—*to generate* (out of materials prepared for that purpose in a manner which we have already investigated) a plurality of the several *simple* organisms which enter into the composition of that vegetation, and at the same time *to generate* a proportional number of organized residual products, such, for example, as albumen, lignine, the various alkaloids, &c. A very little reflection, I say, will be sufficient to convince all of my readers that *every other process* or function which takes place throughout the entire range of vegetable creation, is merely subordinate or con-

tributory to this one process or function *of generation or reproduction.* Hence the process *of generation* throughout vegetable creation is one and the same thing as the process of *living*. The *effect* of this process is to elevate matter in the scale of organization, and hence, as I regard it, the propriety of defining "*living*" (in the vegetable world) to be—*the act of being elevated in the scale of organization.* To what extent the same is equally true with regard *to all animals and to man*, I shall now endeavour to point out to my readers, and shall attempt to show that the process of *living*, strictly speaking—that is, *in contradistinction* to what for perspicuity might with propriety (as I shall presently attempt to point out) be termed the process of *dying;* that the process of *living*, I say, is identically the same for *all living beings in existence*, and that such process is simply, in other words, the process *of generation or reproduction.*

Have my readers ever asked themselves *why it is* that during the entire period of his existence man requires to be constantly supplied with what is termed *nutritive matter? Wherefore it is*, in other words, that, *in order to continue to be a living being*, man must continue to be furnished with food? Doubtless they have frequently reflected upon this question, and in reply have perhaps answered themselves thus: Man requires food for *the nutrition* of the various structures which enter into the composition of his constitution. For the nutrition of his structures! and what is nutrition? What is it which *constitutes* the process of nutrition, and wherefore is there a *necessity* for such process? Have my readers ever seriously reflected on these questions, and have they satisfied themselves as to *what it is* which constitutes nutrition? If not, I would assure them that it is simply, in other words, *generation.* Yes, that process which, in popular language, is termed the process of *nutrition* is, in physiological language, the process of *generation or reproduction.* The process whereby the minutest conceivable muscular fibre, *individually and alone*, is generated by a solitary individual muscular atom (which affords an example of what is understood by the process of nutrition) is, as I shall presently endeavour to make apparent to my readers, identically one and the same as that whereby *all the various fibres, &c. &c.*, which are eventually to enter into the constitution of man, are *collectively or in union* generated by the *various* atoms which in combination constitute the embryo of man. The process in both instances is the process of *generation*, the sole distinction (as I shall shortly attempt to point out to the reader), being this—namely, that in the former case we have an instance of the generation of *but a single individual structure*; in the latter, we have an example of *the simultaneous generation of several. This* process was essential to render the embryo of man a *living* embryo; *this* process it was which *constituted* that embryo a *living* being; and *then* this process was termed the process of *generation. This* process was further essential to render that embryo become a fœtus, a *living* fœtus; *this* it was which *constituted* that fœtus a *living* being; and *then* it was termed the process of *growth.* And finally, *this same process* was equally essential to render that fœtus become a man, a *living* man; *this same process* it was which *constituted* man a *living* being, and *then* it was termed the process of *nutrition.* Yes, in the *fully-developed man*, the *re*-generation of his component constituents is equally as essential to the continuance of man as a *living* being, as in the simplest vegetation, in the embryo and in the fœtus the *generation* of certain products was essential to constitute that vegetation, that embryo, or that fœtus a *living organism.* If, then, the process of the regeneration of his component constituents be essential to constitute man a *living* being, it is obvious that in order to be informed how the process of living is proceeding in man, we must learn how the process of regeneration is proceeding in his component constituents. That the process of regeneration as it is proceeding in the component constituents of an organism, constitutes what in popular language is termed the process of nutrition, I shall now endeavour to point to my readers, and it must be obvious that without a knowledge of the nature of what is termed "*the nutritive process,*" it would be utterly hopeless to seek for the true explanation of the phenomena which occur during the existence of what are termed Inflammation and Fever. I say *hopeless*, inasmuch as a perturbation or disturbance of the normal process of nutrition occupies a most conspicuous and important position among those phenomena. It hence becomes apparent, if such statements be correct, wherefore it is that, antecedently to acquiring a knowledge of the nature of the phenomena which occur during the existence of inflammatory action, it is *indispensable* that my readers should have a clear and comprehensive acquaintance with the nature of *the regenerative process.*

That in the process termed "*nutrition*" (as it takes place in the component *simple* organisms or organizing atoms, of which the *compound* organism man is composed), we have nothing but the process *of generation*, as detailed in my preceding communications, to investigate, and consequently no new physiological process to inquire into, I shall now endeavour to make apparent to my readers. The consideration of this subject brings us directly to that of the questions at present before us—namely, *how* and *where* is fibrin generated; and secondly, *how* and *where* when generated is fibrin appropriated to the purposes of nutrition?

In order that I may be clearly understood upon this topic, my readers will have the goodness to recal to their mind the supposed combination of three imaginary organizing atoms to which I directed attention in one of my former communications, with the twofold purpose of illustrating what I meant by the expression *compound* organism, and of pointing out the nature of the relation which I conceive to subsist between the successive links of what I have termed the chain of progressively ascending organizing atoms—I allude to the imaginary compound organism which I supposed, for the purpose of illustration, to be formed by the union of three individual organizing atoms, selected respectively from the first three species of organizing atom in succession—namely, one of what I termed the first, one of the second, and one of the third species of atom. We there saw that the specific function of the *first* species of atom in that compound (having regenerated a plurality of its own type) was to generate out of unorganized or mineral matter, an organized residual product which could stand in the relation of *specific stimulus* to the second species of atom in that compound; or in other words, which could arouse or stimulate that second species of atom to the discharge of its specific function *of organizing*—in other words, of *conferring* (increased) *organization.* I shall now, in order to be as simple and as intelligible as possible to all of my readers, in place of the words *specific stimulus* (which, from the function it is destined by Nature to fulfil, appears to me to be its appropriate appellation), I shall, I say, in place of the words *specific stimulus* as applied to that residual product, substitute the word *nutriment*, which, as being more familiar, may, to some of my readers, perhaps, convey a more definite meaning. The function, then, of the *first* species of atom, in the imaginary compound organism to which I refer, was to generate (out of unorganized or mineral matter) an organized product which could stand in the relation of what is termed *its nutriment* to the second species of atom in that compound. The function of the second species of atom in that imaginary compound was to generate (out of the organized residual product *or nutriment* prepared for it by the first) a second (or more highly organized) species of organized residual product which could stand in the relation of what is termed *its nutriment* to the third and last species of atom in that compound. And finally, the function of the third (and highest) species of atom in that imaginary compound was to generate (out of the organized residual product *or nutri-*

ment prepared for it by the second) a third (or still more highly organized) species of organized residual product.*

Let us now, in place of the three imaginary atoms comprised in the composition of that imaginary compound organism, substitute three atoms which are no objects of imagination, but whose existence admits of the clearest demonstration. Three atoms, too, which follow each other in the direct order of succession supposed with regard to the component atoms of that imaginary compound—that is, three *simple* organisms or organizing agents which stand towards each other in a relation identically analogous to that in which stood the three imaginary atoms comprised in the imaginary compound we have just been contemplating. I allude to those three *simple* organisms or organizing agents which generate respectively the three organized residual products known to us by the names *albumen*, *fibrin*, and *muscular fibre*. These three organisms I shall for perspicuity call the albuminous, the fibrinous, and the muscular atom. What is the specific physiological function respectively of each of these atoms? It is this—namely, the function of the *first* of the three, or of the albuminous atom, is to generate (out of matter provided for that purpose by Nature) that organized residual product which we call *albumen*, which albumen is designed by Nature to stand in the relation of specific stimulus *or nutriment* to the second or fibrinous atom. The function of the *second* or fibrinous atom is to generate (out of the albuminous residual product or nutriment prepared for it by the albuminous atom) a *more highly* organized residual product named *fibrin*, which fibrin is designed by Nature to stand in the relation of specific stimulus *or nutriment* to the third or muscular atom. And finally, the function of the *third* or muscular atom is to generate (out of the fibrinous residual product or nutriment prepared for it by the fibrinous atom) *a still more highly* organized residual product named *muscular fibre*, which muscular fibre being placed *at the top or summit of its branch* in the organizing chain is designed by Nature to fulfil *one or both* of the two following functions—namely, either to perform *some specific physiological function peculiar to itself* (viz., *contraction* in the case of muscular fibre) within the organism in which it has been generated; or else it is designed to stand in *some relation* (viz., in the case of muscular fibre, the relation of nutriment, for example, to carnivorous animals) to something distinct and apart from the organism in which it has been generated. For one or both of these functions, it appears to me that every organized residual product, physiologically positioned similarly or analogously to muscular fibre, must of necessity have been destined.

Such is an outline of the relation in which those three *simple* organisms stand towards each other; such is an outline of the functions those organisms are designed to fulfil. I would solicit my reader's serious attention to their contemplation. I would urge on him to make himself familiar with the operations of those three simple organizing agents, and he shall have acquired an insight into the nature of *all* the great physiological operations in Nature Yes, I say *all*, inasmuch as in the functions of those three granules, conjointly with those of the products which they generate, we have, as I regard it, presented us an example of each of the great physiological operations which takes place throughout *the entire of organic creation*. We have, I say, as I regard it, therein disclosed to us an example of the *nature* of each of the successive steps in that *circle of changes* which is uninterruptedly in revolution from the mineral to the vegetable, from the vegetable to the animal, and from the animal again to the mineral world. That *circle* wherein we see—1st. The organizing of *unorganized matter* to take place in the *vegetable* kingdom. 2nd. The elevation of the *same matter* (thus organized) in the scale of organization to take place in the *animal* kingdom. 3rd. The appropriation of the *same matter* (thus elevated) to the requirements of the animal organisms *whereby* such organized matter is *of necessity reduced or degraded* in the scale of organization, and eventually again becomes *unorganized matter*; and finally, the *re*-organization of *the same* unorganized matter (thus reduced) again to pass through the same ascending succession of changes, and thus constituting a circle in perpetual rotation. In the functions of the three granules before us, together with the function of their products, we have, I say, an example of the *nature* of each of these changes. Let us, then, examine those functions more closely,—let us trace *unorganized or mineral matter* from its departure from the unorganized or mineral world in its passage through the two departments of organic creation,—let us follow it step by step during its ascent in the scale of organization till *that same mineral matter* has eventually become *muscular fibre*,—let us see that muscular fibre on the discharge of its physiological function *depressed or degraded* in the scale of organization, and eventually reduced again to the condition of *unorganized or mineral matter*, and what shall we have done? We shall have done this: *We shall have passed in review the complete circle of the physiological phenomena which is in rotation throughout the entire of organic creation, the complete circle of changes which gives development to all existing organic phenomena,*

* But what is the design or object of this *third* species of organized product? For the fulfilment of what end in Nature has provision been made for *its* generation? What physiological function, in a word, has *this* organized residual product been designed to perform? The reader will be at no loss to recognize the importance of this inquiry. He will at once perceive that this *third* species of organized product is differently positioned as regards its physiological relations from the products generated by the first and second species of atom in the above imaginary compound. He will, I say, observe that the organized residual product generated by the *third* species of organizing atom (namely, the *highest* species supposed to exist in the constitution of the organism under consideration) is in its physiologieal relations altogether differently circumstanced from the residual products generated by the other two species of atom in that compound. In the imaginary compound organism which I have selected for consideration, it is obvious that the residual product generated by the *third* species of atom cannot by possibility stand *in any relation* (either that of nutriment or other) to any atom of the *fourth* species *comprised in the constitution of the compound organism in which that product has been generated;* inasmuch as no atom of the fourth species exists in that compound, the *third* being the highest species supposed to enter into its constitution. Now, every organism in existence, whether simple or compound, must obviously, after the discharge of its physiological function, have at least *one* (and compound organisms, as we shall presently see, have frequently *several*), every organism, I say, must have at least one residual product exactly similarly or analogously circumstanced. Every residual product similarly or analogously circumstanced affords an example of one of two things—namely, it is either the *highest species* of organized product contained within the organism in which it has been generated, as in the case we have just been considering; or else it is a residual product generated by an atom placed at what I have termed *the top or summit of its branch* in the organizing chain (see Note, p. 162). In a word, it is a product for which there does not exist *within the organism in which it has been generated* an organizing atom towards which it can stand in the relation of nutriment. That residual products so circumstanced *are* generated admits of no question, it consequently remains for us to determine what has been Nature's design in their generation; or in other words, for the fulfilment of what function were they formed. There are but two ways in which to me it appears *to be possible* that Nature could have designed that any so circumstanced residual product should be disposed of—that is, in *one or both* of the two following ways—namely, it must have been designed to stand in some relation (whether it be that of nutriment or other) to something *distinct and apart from the organism in which it has been generated;* or else it must have been designed to perform *some specific physiological function peculiar to itself* within the organism in which it has been generated. As an instance of the former, certain products may be generated *by* the vegetable *for* an animal creation; and as an example of the latter, nervous, muscular, vascular, glandular, &c., structure, are generated within the organism man. I trust should there be any of my readers to whom I may not convey myself clearly, that they will understand me when I shall have illustrated the foregoing statements, which I shall do in the text.

including the phenomena of living *and of* dying. In selecting *muscular fibre* to illustrate the nature of what is termed "*the nutritive process*," as also of physiological operations in general, including the phenomena of *living* and *dying*,—in selecting muscular fibre, I say, for this purpose, I would say "*ex uno disce omnes*," for the process is the same for *all* structures; and my readers may at will substitute for the words "*muscular fibre*" in the following observations any one of the following expressions—namely, cerebral matter, nervous structure, glandular structure, &c., which are all *generated* or caused to *live*, and *degenerated* or caused to *die* in a manner in every respect identically analogous.

The following is the succession of changes (including what is popularly termed "*the process of nutrition*," the process of *living*, and the process of *dying*—in a word, giving development to organic phenomena *generally*) to which I have solicited my reader's attention.

In the vegetable kingdom, inorganic or mineral matter has been raised (in a manner which I have already attempted to investigate) from its *unorganized* condition to that of the *simplest species of organized* matter; that is, to the condition of matter possessed of *the humblest or lowest degree of organization*. This elevation has been effected through the agency of the *simplest species* of organizing agent, which agent (or organizing atom) having generated from a portion of that organized matter a plurality of its own species, and having left another portion thereof as an organized residual product of the humblest or simplest species, is itself reduced to the condition of unorganized or mineral matter. The albuminous atom then discharges its specific function of organizing upon the organized residual product thus prepared for it by one or more humbler species of atom; radiates thereon its own influence centrifugally and in every direction, thereby surrounding itself with an envelope of this organized matter; raises that matter still higher in the scale of organization, and eventually disposes of it as follows—namely, 1st, regenerates a plurality of the albuminous atom (competent at any future period to discharge a similar function); and 2ndly, leaves an organized residual product to which has been given the name albumen, which is capable of standing in the relation of specific stimulus or nutriment to a higher species of organizing agent as, for example, to the animal fibrinous atom. Such is the entire function of the albuminous atom, and having discharged this function it is itself reduced to the condition of inorganic or mineral matter. The reader will please to bear distinctly in mind that this process takes place *in the vegetable kingdom*. When the albumen thus generated by a *vegetable* organism is presented to the *animal* fibrinous atom, this latter discharges its specific function (of organizing) in a manner identically analogous to that in which the albuminous atom had just discharged a similar function. But *where is the situation* of this fibrinous atom? where is the *animal* fibrinous atom *situated?* Not in the vegetable organism in which we have seen the albumen which is designed as its nutriment has been generated, but in an organism distinct and apart from that vegetable—namely, in *an animal* organism. But *where* in that organism? for this, too, is a matter of the utmost importance, *where or in what part* of the human organism is the organizing agent which generates the fibrin of the human blood situated? *It is*, and I would desire to impress this forcibly upon the mind of my readers, it is *within the human vascular parietes*.*

Within the vascular parietes! How, then, does albumen come in contact with that atom? How or by what means is albumen conveyed from external creation *to the interior* of the animal vascular system? By what *agency or force* is that substance caused to pass the parietes of the vessels? What, in a word, is *the cause* of what is termed *its absorption?* This is an inquiry of no inconsiderable physiologi-

* It is scarcely necessary for me to remind my readers that whenever fibrin (or muscular fibre) constitutes the food of an animal, *it is reduced to the condition of albumen* (in the alimentary canal) before it enters the parietes of the animal vascular system. Why is this so? There are several reasons for such being the case, but there is but one to which I am desirous of now directing the readers' attention, and it is this: No *physiological* provision has been made in the animal organism for causing the attraction of *fibrin* from the alimentary canal *to the interior of the animal vascular system* (I can assure my readers that the process termed "*endosmosis*" is utterly incompetent to account for the phenomena of organic absorption). When, however, on the other hand, *albumen* (which we have already seen generated by a vegetable organism) is brought (in the animal alimentary canal) *within the sphere of the attraction of the fibrinous atom* (which latter is situated *within* the parietes of the vascular system), when, I say, *albumen* is brought within the sphere of the attraction of the fibrinous atom, a physiological provision *has been made* to cause *its* entrance into the *interior* of the vascular system. For when the albumen is thus placed within the sphere of the attraction of that atom, the result of the operation of that force of attraction *must be to draw that albumen into the interior of the vessels*. I trust I have been distinctly understood in the above statements; if not, I would beg of my readers to consider these *facts*—namely, it admits of no question whatever that a force of attraction *does* exist between albumen and the organism which generates fibrin; an attraction analogous (as I have already endeavoured to make apparent) to that subsisting between an acid and a base; it is equally certain that if that force exists it *operates;* and it is further equally certain that the two substances between which it acts are separated from each other by the vascular parietes, while it will not be questioned that those parietes possess no free openings or perforations which could admit the passage of an organizing agent. Hence a complete physical barrier is presented to the passage of the fibrinous atom in its *granular* form in the direction of the albumen; that is, in other words, it is *physically impossible* that the fibrinous atom could (under normal circumstances) escape the barrier of the vascular parietes. The result, then, of the operation of that force of attraction *must* obviously, as it appears to me, be to draw the albumen (which my readers are well aware exists in the alimentary canal in the form of *fluid*) in the direction of the fibrinous atom which, as I have above observed, is, in other words, into the *interior* of the vascular system. Hence the necessity for *albumen* to exist in the *fluid* condition in order to admit of its *entering* the vascular system; hence, too (as we shall presently see to be the case), the necessity for *fibrin* also to exist in the *fluid* condition in order to admit of its *escaping from* the vascular system.

Under the terms "*vascular system*," as employed in the foregoing remarks, my readers will observe I include *the entire system of vessels* comprehending lacteals, lymphatics, arteries, capillaries, and veins, which all open into each other, but which have *no open communication* with external creation.

My readers will please to bear distinctly in mind that in my observations with regard to albumen and fibrin, I refer exclusively to the fibrin generated in the *human* organism, with which alone we are at present concerned. Vegetable albumen admits of being further modified in the vegetable kingdom, but with that at present we have nothing to do. My sole object here is to attempt to point out the nature of the relation in which the three kingdoms of Nature—namely, the mineral, the vegetable, and the animal world, stand towards each other with regard to what is termed "*the nutritive process*."

The reader will also have the goodness to observe that I have not considered it desirable at present to stop to investigate the question whether *any additional element* besides albumen is required for the generation of *animal* fibrin, as also whether *any additional element* besides fibrin is required for the generation of muscular fibre. I have purposely omitted these considerations at present, for the purpose of simplicity, and to avoid embarrassing the reader with regard to *general principles*, to which, on the present occasion, I am chiefly desirous of directing attention. I have further considered that it would be undesirable, in connexion with the subject before us, to stop to inquire into the nature of the changes which *vegetable albumen* undergoes in the animal alimentary canal antecedently to its entering the animal vascular parietes. Upon what are termed "*the processes of chymification and chylification*;" as also upon the *specific function* of lacteals and lymphatics, I trust at some future period to have the privilege of again meeting my readers, but the question at present before us is, *how* and *where* is fibrin generated?

cal importance, I shall attempt a reply to that inquiry, the answer to which appears to me to be this: When the albumen which we have seen generated by a vegetable organism is transferred to the animal alimentary canal mark how it is circumstanced in that position. It is there placed *within the sphere of that attraction* which we have already seen to exist *between albumen and the fibrinous atom.* These two substances, however (namely, albumen and the fibrinous atom), though reciprocally attracting each other, *are separated* by the vascular parietes, which parietes *are devoid of perforations or free openings.* Now the latter of these two objects (between which this attraction exists), that is, the fibrinous atom, being of a *granular* constitution (that is, existing in the form of *a granule),* is physically *incapable* of passing through the parietes of the vessels, and therefore *must,* notwithstanding the operation of this attraction, still continue to retain its original position; that is, must still remain *in the interior* of the vascular system. Not so, however, the albumen. This substance, which is placed at the *external surface* of the vascular parietes (namely, in the alimentary canal) exists there in the form of *a fluid;* and in that fluid condition it can pass with facility the parietes of the vascular system. The result, then, as it appears to me, must be this—namely, by the operation of that force of attraction which exists between albumen and the fibrinous atom (namely, the attraction which Nature has placed between *every* organizing agent and its *specific stimulus);* by the operation, I say, of this force of attraction (conjointly, no doubt, with forces of another description into the nature of which it does not at present concern us to inquire), by the operation of this force of attraction, the albumen which exists in the alimentary canal *must be drawn into the interior of the vascular system,* inasmuch as the fibrinous atom *cannot* be drawn in the opposite direction. By the operation of this force, the albuminous residual product must, in a word, *be absorbed.* Such appears to me to be the rational explanation of the phenomena of *organic* absorption, or of the transit of *organic materials* from external creation to the interior of the animal vascular system. It remains for us now to inquire what becomes of that albumen when it has found its way into the interior of the vascular system?

When the albumen *has entered* the animal vascular parietes it there meets the fibrinous atom, to which it stands in the relation of specific stimulus (or nutriment); the consequence is that it at once arouses that atom to the discharge of its specific physiological function of organizing, or conferring organization (that is, of conferring upon that albumen an *increased* or higher degree of organization, or raising it in the scale of organization); converting that albumen, in a word, into a substance from out of which may be generated *animal tissues. Within* the animal vascular parietes, then, or in other words, *within the circulating fluid,* the fibrinous atom radiates its influence centrifugally, and in every direction, upon the albumen prepared for it by the albuminous atom. The result is, that this fibrinous atom in the first instance surrounds itself with an envelope of that albuminous product, thereby constituting a "*nucleated cell;*" then raises that albumen still higher in the scale of organization, and eventually disposes of it thus—namely, 1st, it regenerates a plurality of the fibrinous atom, which atoms (in the form of *microscopic granules)* it deposits in the circulating fluid to constitute a portion of what is termed "*the liquor sanguinis of the blood;*" and 2ndly, it leaves an organized residual product to which we give the name *fibrin* (designed to stand in the relation of specific stimulus or nutriment to the muscular atom), which fibrin it also deposits in the circulating fluid to constitute another component of the liquor sanguinis of the blood.

Such is the *entire* function of the fibrinous atom, and having completed that function it is itself reduced to the condition of unorganized or mineral matter, which forms a third constituent of the liquor sanguinis of the blood.

Have my readers ever examined the liquor sanguinis of the blood under the microscope? Doubtless the majority of them have. And what have they seen? I shall endeavour to inform them. They have seen minute granules *free,* that is, independent of an envelope; they have seen granules *partially enclosed* within a membranous envelope; they have seen *completely enveloped* granules constituting "*nucleated cells;*" they have seen fragments or shreds of a membranous nature; and finally, they have seen saline and amorphous materials. They have seen, in a word, the fibrinous atom *before it had commenced the discharge of its function;* they have seen the same atom with its nutriment *as that function was proceeding;* they have seen that atom (in the form of inorganic or saline materials) when its function had been completed; and finally, they have seen *the results of the function of that atom.* This (as it appears to me) is what they *must* have seen, for this, as I regard it, is what (for the most part) *constitutes* the liquor sanguinis of the blood.

Thus, then, we have determined the reply to the former portion of our present inquiry—namely, *how* and *where* is fibrin generated? The answer to that question is this: It is generated *by an organizing atom* out of albuminous matter; and it is generated *within* the parietes of the vascular system. I would urge on my readers to convince themselves of the truth of these two facts; facts of the utmost pathological as well as physiological importance—namely, 1st, that fibrin is generated, and can alone be generated, *by an organizing agent;* and 2ndly, that the generation of fibrin *normally* takes place *within* the parietes of the human vascular system.

In my next communication I shall proceed to the consideration of the second part of the present inquiry—namely, *how* and *where,* when generated, is fibrin appropriated to the purposes of nutrition.

(To be continued.)

PROCEEDINGS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Mr. Hodgson, President.

COMMUNICATION BETWEEN THE STOMACH AND COLON.—INTUSSUSCEPTION THROUGH THE ILIO-CÆCAL VALVE.

By Mr. Jones of Carnarvon.

Case 1.—A boy, five years old, one of a healthy family, was first observed to be unwell on the 10th of December, 1850; there was derangement of the stomach and bowels; patches of erythema nodosum appeared on the arms and legs, accompanied by languor, debility, and loss of appetite. These symptoms continued more or less during the whole month, and the child lost flesh. On the 31st, violent pain in the belly, accompanied by vomiting, occurred, and for two days there was vomiting of a dark-brown fluid, having an offensive smell, like that of pus from an indolent, ill-conditioned abscess. The vomiting ceased, but frequent attacks of pain, and a constipated state of bowels, continued. The food taken did not nourish the child; emaciation was progressive, the abdomen tympanitic, and there was frequent loud rumbling in the bowels; pressure gave relief. On the 20th of February vomiting returned, and lasted at intervals until the 10th of March, when diarrhœa supervened, and both pain and vomiting ceased. The diarrhœa continued and appeared to give relief; the child took food well and slept comfortably but did not gain flesh or strength. About the middle of May the bowels again became torpid and the appetite failed. A mild aperient caused great pain, without acting upon the bowels, but vomiting of stercoraceous matter ensued. During June and July the same state continued; there was no pain, but vomiting returned every second day unless the bowels acted. Before relief was obtained by the act of vomiting he was always languid and oppressed, but for some time afterwards he was more cheerful, and was able to take food with appetite, and did not reject it. Medicine always caused vomiting. On the 2nd of August he died exhausted. The body was much emaciated; the abdomen distended; the colon dilated to twice its natural size, forming several coils, and appeared

to occupy the whole cavity; its peritoneum was injected with some patches of ash-coloured discoloration, and some lymph adhered to it; the stomach was small, and contained some dark thick fluid; there was an adhesion between it and the transverse colon, and an opening allowing the passage of the finger from the one to the other; the small intestines were short and contracted; the colon contained some yellow matter, like that which had been vomited, and some scybalæ; the mucous membrane of the gut was healthy; the rectum empty; the other organs presented nothing very remarkable.

Case 2.—A man aged 37, of spare habit and delicate appearance, had suffered for several years from indigestion, occasional vomiting, and habitual constipation. On the 22nd of October, 1851, a dose of rhubarb, which acted but little upon the bowels, caused much pain, and this was followed by vomiting. A pill of calomel and opium, and afterwards calomel combined with purgatives; saline aperients in different combinations; leeches, embrocations, and enemata, were employed without any effect upon the bowels. On the 30th, the vomiting became stercoraceous, with relief to the pain; the tongue became clean, and he was able to take food. A pill of five grains of calomel and one of opium was now given every night, and frequent enemata were administered, but no other medicine. The patient lingered until the 6th of November, but little change in the symptoms having been observed. No blood was passed by stool or vomited; the urine was abundant and of natural appearance. In this case there was intussusception of the ilium through the valvula coli. The colon was quite empty, but the small intestines contained liquid fæcal matter, and there was a small quantity of the same matter in the stomach.

Dr. Watson said that the paper having been introduced to the notice of the Society by himself, and as the author was not present, he might perhaps be expected to make some remarks upon it. The points of interest in the communication were not, perhaps, very remarkable, but he thought that they were sufficiently important to entitle it to be read to the Society. The first case was an instance of a kind of lesion not, he believed, very uncommon, consisting of a communication between the stomach and the transverse arch of the colon, in which the matter was retained, and subsequently vomited. Dr. Abercrombie had detailed a similar case, and others were on record. Dr. Jones had formed a theory as to the origin of the disease, and had fancied that the affection of the bowels was the result of a metastasis of erythema nodosum from the skin. This idea was not very unreasonable when we took into consideration the translations of morbid action which presented themselves to us. In the second case there were one or two points of interest respecting which he should be glad to hear the experience of members. The preparation, he regretted to say, was not present, but it would be found, if examined, that it was a complete case of intussusception, the lower part of the ilium being invaginated into the commencement of the large intestine, so that nothing could possibly pass through it. Yet the matters vomited consisted of unmistakable excrement, having all the characteristics of human ordure. He could speak from personal examination, a portion having been sent to him in a phial, which unfortunately had been broken in its passage through the post (laughter). He did not know whether it was a point definitely settled by physiologists as to what exact part it was at which the refuse of the food became changed into pure excrement; it was, however, generally reckoned that this change took place in the large intestines; but in this case it was clear that the excrement could not have come from the large intestines, seeing that the obstruction was complete; it must therefore have been formed in some portion of the small intestines. Another point in the case was deserving of mention. It had happened to him, as it must to every one who had been as long engaged in practice, to see many fatal cases of intussusception; but he had no recollection of any case in which there was not a passage of blood per anum. So important was this, as a diagnostic mark of this peculiar form of obstruction, that in doubtful cases he had been in the habit of regarding it as decisive in the removal of the difficulty. Now in Mr. Jones's case no such symptom was observed. It was interesting to notice, also, the large quantity of water which was made during the obstruction; a point which Dr. Barlow had shown to be of importance as helping us to determine whether the obstructions were high or low in the bowels. These were the points in the case which Mr. Jones thought of interest.

In answer to a question from the President, Dr. Watson replied that the quantity of water evacuated in cases of obstruction of the bowels, had been shown by Dr. Barlow to indicate the *seat* of the obstruction.

Dr. Barlow rose and said that perhaps he might be allowed to add his experience on the point which had been referred to by Dr. Watson in connexion with his name. The opinion he had formed on a number of cases which had come under his observation. In several cases in which the obstruction was in the duodenum, he had found that there was positive suppression of urine; and in one case no urine had been passed for the space of five days This occurred in Guy's Hospital; and fearing that the urine might be retained, a catheter was passed, and only about a tablespoonful of urine was drawn off. The patient, a boy, lived two or three days longer; and after death, the duodenum was found contracted by a band of false membrane. In another case in which the obstruction was situated in the sigmoid flexure of the colon, and in which constipation existed for ten or twelve days, the patient voided a large quantity of urine. The quantity of the urine was less marked when intermediate parts of the intestine were obstructed. In a case of volvulus low down in the ilium, there was a fair secretion of urine. When the obstruction was low down, it would generally be found that much urine was secreted. He recollected a case similar to one of those mentioned in the paper, in which it was suspected that poison had been administered; a little blood was passed per anum, and there were many of the abdominal symptoms of poisoning by a mineral. The stomach, with a perforation in it, and the intestines, were brought to him. Before going into the case, he said, how was the urine? and the answer was, that for forty-eight hours there had been a fair quantity. How were the evacuations? There was blood passed. Now, in this case there was found intussusception of the ilium into the colon, and the perforation of the stomach was regarded as a post-mortem effect. The case was interesting, as illustrating two points in the diagnosis of these cases; first, in regard to his theory respecting the quantity of water, and secondly, with regard to the evacuation of blood from the anus as indicative of intussusception. Unless urgent sickness came on, when the obstruction was low down in the small intestines there would be a moderate quantity of urine secreted; when the obstruction was in the large intestines, as, for instance, in the sigmoid flexure, the urine would be copious; when it was high up in the small intestines, there would be almost suppression of urine. He referred to a case in which there was acute sickness and suppression of urine, giving rise to the suspicion that there was disease of the kidney. The disease, however, after death, was found to be situated in the duodenum.

Mr. Hancock inquired if, in the case mentioned by Dr. Barlow, in which the suppression had lasted for many days, the boy had the usual constitutional symptoms of suppression?

Dr. Barlow replied that he had, to a certain extent, a condition of the nervous system which indicated suppression—that quiet kind of stupor which Dr. Addison had pointed out as one of the signs of suppression.

Mr. Hodgson referred to a theory published many years ago, he believed, by Sir Everard Home, by which it was endeavoured to show that there existed some more direct communication between the upper part of the alimentary canal and the kidneys, than through the general circulation. Perhaps Dr. Barlow was acquainted with the hypothesis,

and considered that when obstruction existed in this situation, by preventing fluids from passing thus directly from the stomach or duodenum to the kidneys, it caused suppression of urine. He must, however, observe, that as far as his experience went, obstruction of the duodenum from organic disease was very rare, excepting at the pyloric orifice; and in pyloric obstruction, he had not observed any affection of the secretion of urine; nor had he where the obstruction was situated lower down in the intestinal tube, as in hernia, stricture, or other conditions producing obstruction either of the small or large intestines.

Dr. Barlow had formed a theory on the points he had mentioned. When the obstruction was high up, absorption was interfered with, so that little flowed into the system, and consequently little flowed out.

ALKALESCENCE OF THE URINE IN SOME CASES OF DISEASES OF THE STOMACH.

By H. Bence Jones, M.D., F.R.S.

In the *Philosophical Transactions* for 1845 and 1849, the author states that alkalescence of the urine may arise from fixed alkali, and may occur when the health is slightly, if at all, affected. In the present paper two cases of alkalescence of the urine from fixed alkali are recorded; the patients had suffered from pain in the stomach, and almost daily vomiting, for many years; and sarcinæ ventriculi were found in the vomited matter. The first patient was aged 46, and had suffered more or less for fifteen years before he was admitted into St. George's Hospital. The following may be taken as an example of the variations of the reaction of the urine:—October 4th: Early in the evening, before vomiting, the urine was acid to test paper, and gave a plentiful deposit of urates. Later in the evening, before he vomited, the urine was also acid. At eleven p.m. he vomited three pints of intensely acid fluid; the urine passed soon afterwards was alkaline from fixed alkali, and was cloudy from a deposit of earthy phosphates. At one a.m. the urine was rather less alkaline; still cloudy from phosphates. About seven a.m. the urine was much less alkaline, clear, and without any sediment. The daily variations in the reaction of the urine are recorded until the 28th of October. By means of the sulphite of soda, the vomiting was stopped, and the urine then became acid throughout the day. The second case was very similar to the first, excepting that no sulphite of soda was given. The patient remained in the hospital from the 6th of June to the 19th of August without any relief from the vomiting, and the alkalescence of the urine from fixed alkali was constantly observed. Hence, when an excessive quantity of acid fluid was thrown out of the stomach, an alkaline state of the urine was produced; and the alkalescence of the urine was lessened, or was made to disappear, when the vomiting was stopped.

That the occurrence of sarcinæ in the vomited matter has no direct relation to the alkalescence of the urine from fixed alkali, is shown—first, by the details of a case in which sarcinæ were vomited, but no alkalescence of the urine occurred; and secondly, by the details of another case, in which the vomiting depended on organic disease of the pylorus, and was far more urgent than in the previously mentioned cases; the vomited matter contained no sarcinæ, and the urine was almost always alkaline from fixed alkali. The author states that the following is the practical point of his paper. If the stomach does so directly influence the reaction of the urine as to cause it to be alkaline at one hour and over acid at another hour of the same day, then the prescription of acid or alkaline medicines must never be made to depend on the reaction of the urine passed at any one period of the day; for at one hour acids may appear to be indicated, and at another alkalies. The reaction of the total quantity of urine passed in twenty-four hours ought to determine the prescription of acids or alkalies when their chemical action on the urine is required; whilst the hourly variations in the reaction of the urine, when excessive, must be controlled by directing our remedies to the stomach, and not to the kidneys.

ON FATTY DEGENERATION OF THE VOLUNTARY MUSCLES.

By Edward Meryon, M.D.

The author commenced with the history of a youth, G. H. P——, who was born a fine and apparently healthy child, but at about the age of four years began to manifest some degree of weakness of the legs, which gradually increased, in spite of all remedial measures, until he was eleven, when he could neither walk nor stand; the muscular power of the arms then began to diminish; and eventually both legs and arms were perfectly powerless. When about seventeen, he was seized with simple fever, which terminated fatally; and his body was examined twenty-two hours after death. The viscera of the head, chest, and abdomen were perfectly healthy; the sinuses of the dura mater contained a very loose and thin coagulum, but the brain itself, and the spinal cord, as well as the communicating nerves and the nerves of organic life, were perfectly healthy. The relative proportion of grey matter to white, as compared with the nervous centres of another youth of the same age, and when examined under the microscope, the ganglionic cells of the grey substance, the tubular structure of the white, and the white matter within the neurilemma, wherever examined, whether in the cord itself or the out-branching nerves,—all bore evidence of a healthy condition. The chief structural lesion existed in the muscular system, which was throughout the whole body atrophied, soft, and almost bloodless; and although the muscular fibres *appeared* to exist, yet were they of an ochry colour, and very flabby. When examined under the microscope, the striped elementary primitive fibrils were found to be completely destroyed, the sarcous element being diffused, and in many places converted into oil-globules, whilst the sarcolemma was broken down and destroyed. Two younger brothers exhibited precisely the same symptoms and the same physical condition at the same age. A fourth boy exists, but he has not yet arrived at the age when the others began to fail. There are six girls in the same family, but none of them have exhibited the slightest tendency to the same form of disease.—The author then related the history of another family at Southampton, in which the two sons were similarly affected, whilst the two daughters entirely escaped. Another family in Sussex he also spoke of, in which there were three sons and one daughter, the sons being similarly affected, but at a later period of life, the daughter remaining in perfect health. In speaking of the cause of the disease, the author attributed it to original weakness and deficient action of the assimilating organs, and an absence of those elements and influences which are necessary for a healthy organization. Instead of the higher products of animal organization (albumen and fibrin), those only are produced which are shared in common with plants and minerals. If the cause of the disease were simply a defalcation of nervous energy, he supposes that the fatty deposit would be interstitial, as in paralysis; but it is not so: hence to the deficiency of those plastic elements for the necessary consumption of the peripheral system, he refers for the antecedent physical cause. The diagnostic signs of the disease, he thinks, may be,—1st. The negative one of absence of symptoms indicating active nervous disturbance, such as pains in the back or head, rigidity of the trunk, tremulous motions of the limbs, &c. 2nd. The very slow and almost imperceptible loss of power. 3rd. The perfect command of the bladder, which is not the case in paraplegia. His treatment has been guided by the conditions which Mr. Paget has enunciated as necessary to healthy nutrition,—viz., 1st. A right state and composition of the blood. 2nd. A regular and not far-distant supply of blood. 3rd. A certain influence of the nervous system. And 4th. A natural state of the part to be nourished. These conditions he has endeavoured to fulfil:—1st. By supplying to the blood those fibrinous elements in which it appears to be deficient. 2nd. By stimulating the capillary vessels in the interstices of the muscular fibres, by exercises of various kinds. 3rd. By communicating to the muscles artificial electric currents, which in the healthy state have been shown by Matteucci to be produced by the molecular changes which are con-

tinually occurring in the muscles themselves, the interrupted current by the toothed wheel of Masson being attended with more beneficial results than the continued current. By such means his surviving patients have thus far been improved.

Mr. Charles Hawkins remarked that it was curious that the disease in these cases should, as in some other instances, be confined to the male sex. At the time Sir B. Brodie had seen the case detailed by Dr. Meryon, he had mentioned to him (Mr. Hawkins) three or four cases occurring in boys. The brother of the mother had suffered from the disease, and she had transmitted it to her sons, and not to her daughters. There was also a peculiar deficiency of vision, which was transmitted by daughters to their sons, but not to their female children.

Mr. Arnott had listened with much interest to the cases detailed in the paper, because, anterior to the time when the spine-pulling and the tendon-cutting were resorted to, he had seen these children on several occasions. He would beg to inquire whether the spinal marrow had been examined: he did not mean cursorily; but had it been closely inspected, and its fibres microscopically examined? He asked this question, because his opinion was, that the muscular change was secondary; for when he first saw the child there was no want of development in the lower extremities. The child, he believed, was then about seven years of age, and was able to get up and down stairs; he was also able to get upon a poney, but, as the servant said, he got on "in a lump." He was asked if there was disease of the bones of the spine, but he had been unable to discover any. Looking, then, at the fact that there was no defect in the muscles of the lower extremities, that they were merely flabby, and not less than usual, or emaciated, he was inclined to the opinion that the original cause was not in the muscular system, but that it was dependent on a defect of nervous energy, probably dependent upon some hereditary cause—an opinion strengthened by the facts mentioned by Mr. Charles Hawkins. It was satisfactory to know that Dr. Meryon's treatment had been productive of benefit: he was evidently on the right scent. He (Mr. Arnott) had administered steel only.

Mr. Streeter trusted that when Dr. Meryon replied to Mr. Arnott's question, he would also state the condition of the ganglia of the posterior column of the spinal cord.

Dr. Meryon had not been aware that Mr. Arnott had been consulted, or he should have certainly mentioned the fact in his paper. He did examine the nerves, the medulla oblongata, and the spinal marrow, very closely, with the microscope, and in no one part was he able to trace the slightest departure from a healthy condition. He had expected to find some marks of disease in the nervous centres, and hence his examination had been most careful; but the nervous structure was in every respect healthy. The ganglia of the posterior columns were also healthy. He did not examine the structure of the bones; but he had examined the heart, the gastrocnemius, the soleus, the extensor abdominis, the biceps, the sterno-cleido, the omo-hyoid, and other muscles; and in all there was more or less signs of degeneration. With respect to the mental development, there was nothing at all particular. He regretted that he was not aware that his paper would have been read that evening, or he would have exhibited the results of his microscopical examinations.

Dr. Barker said, that having been alluded to in the paper, in consequence of one of the cases detailed having for some time been under his care, he would allude to one or two circumstances, in connexion with it, which were singular. The principal points of the case were, that the man had begun to be weak in certain muscles for two years before his admission into the hospital. The weakness gradually increased, having commenced in the muscles of the thigh and arm; and in these, when he came into the hospital, he was powerless. The muscles in the forearm and leg were, on the contrary, firm and powerful. The man was well made, naturally he was strong and vigorous, and there was no ascertainable cause for the degeneration of the muscular system. No light was thrown upon it by examination. There was no symptom, from first to last, excepting the loss of power in the limbs, of any disease of the nervous system. The thigh and arm were so completely wasted, that no remnant of the muscular system was left. No good resulted from the treatment adopted, and the man left the hospital in despair. No other part of the muscular system was affected, and it is singular that there was no waste whatever of the muscles of the forearm and leg.

Dr. Mayo remarked that the wasting of the muscles, as mentioned by the last speaker, was in relation to physiological laws. As age came on, the muscles which were affected in Dr. Barker's case were the first to lose their power—a fact which had been noticed by Shakespeare.

Dr. Meryon observed, that the man who had been in St. Thomas's Hospital, under the care of Dr. Barker, still remained in the same state. His brother is able to drive a cart by means of his legs; he is not so bad as the other, and attributes his better condition to the circumstance of his "having battled with the disease." With respect to the development of the limbs, in the case mentioned by Mr. Arnott, it was certainly true that they were remarkably well developed. No one, to look at them, would have supposed that they were not healthy; but when the arms or legs were bent, there was no feeling of muscular contraction; they felt soft and doughy. In these cases, the disease advanced from the extremities to the centre, in opposition to what Dr. Mayo had said was the physiological law of decay. With respect to some hereditary cause in these cases, he might observe, that his opinion on this point coincided with that of Mr. Arnott, and had influenced his diagnosis. It was true, as Mr. Hawkins had stated, that the brother of the mother of these children had lost muscular power, but he had been subject to fits, and was not examined: it was not the same disease.

Mr. Hawkins said Sir B. Brodie had regarded it as the same disease.

In answer to a question from Dr. Barlow, Dr. Meryon said that no experiments were made in respect to the irritability of the muscular fibre in these cases.

Mr. Hodgson considered that there were two conditions which might in these cases give rise to want of power in the muscles: first, some morbid state of the nerves or of the sources from which the nerves arise; or, secondly, some abnormal deposit in the sarcolemma or sheath of the muscular fibril, instead of that peculiar modification of albumen which constitutes fibrin or proper muscular structure. Perhaps this abnormal deposit might be fat, and the want of power in fatty degeneration of muscles might, in some instances, be owing to this condition, and in others to lesion of the nerves only. He considered this inquiry one of great importance, both with reference to pathology and treatment, and would like to ask some of the fellows of the Society who were much engaged in microscopic pathology, whether, when muscles had degenerated from inaction, or affections of the nerves, as in ordinary cases of paralysis, or from the effects of lead, it was found that fat was deposited in the sarcolemma of the muscles, instead of the proper material, or whether there was merely a deficiency of the latter and the fat was deposited in the interstitial filamentous structures?

Dr. Meryon had not himself been able to get a paralyzed limb to examine; but Mr. Quekett had examined several, and his authority on the subject had been quoted. In these cases the deposit of fat was always interstitial. In answer to questions, Dr. Meryon said that there was nothing peculiar in the size or shape of the brain; nor was there anything peculiar in the musculus detrusor urinæ.

Mr. Adams said that in paralysis from disease of the nervous centres, the fibres of the detrusor urinæ were wasted. He should therefore look for the primary cause of the affection, in Dr. M.'s cases, to the organic system of nerves.

Dr. Theophilus Thompson remarked, that all the replies and remarks which had been made, tended to take us to a cause beyond the reach of the microscope or scalpel, and depending on some deficiency in the vitality or vigour of the original constitution.

ADDRESS

DELIVERED AT THE FIRST MEETING OF THE

DUBLIN STUDENTS' MEDICO-CHIRURGICAL SOCIETY.

By Mr. Henry James Wilson,
House-Surgeon to the City of Dublin Hospital.

Gentlemen,—The occasion upon which I have the honour to address you is one fraught with importance and interest to the Medical Students of Dublin, and my only regret is that so arduous, but still pleasing a duty, has not been entrusted to abler and better hands. The city of Dublin has always been celebrated, and justly so, for its medical schools; from her colleges have gone forth men an honour to themselves, their profession, and their country; men remarkable as well for stability of judgment and rapidity of decision, as immoveable firmness and presence of mind. These are the great qualifications which befit a man for the medical profession; upon these alone must he hope to rise to eminence, and be held in respect by all good and educated men. It is while we are students that these indispensable necessaries must be attained; it is while attending our hospitals and schools that this commanding eye of an enlightened understanding must be formed; it is then we must learn to recognize that which is hidden in darkness; to distinguish certainty from uncertainty; to separate essential from accidental. You must note carefully what comes before you; you must analyze the precepts of your teachers; you must not allow yourselves to be carried away by brilliant and fanciful theories, no matter by what illustrious individual they may be promulgated, unless indeed they be established by clear and conclusive experiment. To this cause alone can be assigned the slow progress of medicine and surgery through so many centuries; while, on the other hand, the sister science chemistry, during the same period, has made such rapid strides towards perfection; and permit me to ask you why is it so? Because medical men, instead of working out those fundamental truths which are the basis of the science, and being thence led on, step by step, up the rugged hill of knowledge, until they should have gained the summit, have rushed headlong after the phantoms of their own imaginations, seeking to establish their own theories by consigning to oblivion those founded on time and observation.

Gentlemen, I am sorry to say that this evil spirit continues even to our own day; men seem to have profited nothing from the sad experience of the past, nor will they, even now, pay attention to the warnings and entreaties of their brethren. Not such, indeed, has been the conduct of the sons of chemistry; they have laboured hard, and still labour in the right path; they establish nothing upon mere hypothesis; they cast aside and discard all speculations not based on experimental truth. It is, then, by making ourselves thoroughly acquainted with the received opinions of the day; and noting carefully the cases which come under our observation in hospital, that we may hope to acquire that knowledge and acuteness so essential to the successful practice of the science of medicine.

For the furtherance of this great object, the Dublin Students' Medico-Chirurgical Society has been formed, the purpose and ends of which Society the provisional committee, in placing me in this chair, have deputed to lay before you, in order that those gentlemen, who have already become members, may clearly understand the design of its formation; and those who have not, may be induced to add their names to the fast increasing list of its supporters. The objects of the association shall be to afford the Medical Students of Dublin an opportunity of improving themselves in *medicine, surgery, the collateral sciences, and the art of composition*. This improvement will be gradually but not the less certainly developed by the members writing papers upon any subject connected with their profession, which may either suit their taste or information, and by reading the same before the public meetings of the Society, where free discussion (subject to the opinion of the chair) is permitted. That advantage will be derived from the efficient management of the Society, no reasonable doubt can be entertained. By admitting as members the students of all the various hospitals and schools, every interesting occurrence and remarkable event that may happen in such an extensive field of medical and surgical practice will be made known to us. It will be, as it were, concentrating every hospital into one. It will establish closer and firmer bonds of friendship between us, such as should always exist amongst members of the same profession. It will excite within us a desire to watch more closely the various phenomena of disease, to become acquainted with the symptoms in their rise and progress, and the remedies employed for their alleviation.

I mentioned improvement in the art of composition as being one of the objects of the Society. Gentlemen, if this were the sole cause or excuse for its formation, it would be one more than amply sufficient to the world. There is nothing so essential to the renown of a medical man as a profound knowledge of this art; without it, he is unable to communicate his ideas properly to mankind. If this be true, why is it we see it so frequently wanting? Because, gentlemen, it is not sufficiently practised; for it is by practice, and by practice alone, that any proficiency in the art can be gained. Is it reasonable to expect that any man, no matter how great may be his native genius, on first sitting down to communicate his thoughts to paper, can do so in a style sufficiently clear and lucid as to convey to his fellow-man any knowledge of what he means? On looking into ancient history, we see what a stress the Greeks and Romans laid upon the acquirement of this accomplishment; they even established schools in which their young men might learn the art of declaiming and writing. What has been the consequence? Why, that the most noble and beautiful sentiments which ever flowed from the lips or pen of man rewarded them for their foresight; sentiments as much sought after and praised by the *literati* of our own day, as the lovers of beauty and art in their own age.

Again, the writing reports of any remarkable cases which may come under your observation, occupies a prominent position in the intentions of the Society, and most properly so. It is an established fact, and one well worthy of observation, that the man who notes carefully the cases which come before him performs a more valuable achievement for the benefit of medical science, than he who invents a dazzling theory. The truth of this maxim has been seen and observed by men following other professions as well as our own. That illustrious philosopher, Lord Bacon, passes a high encomium on its utility, and refers his readers to the pages of that father of physic, Hippocrates, and points out how medical science has been benefited by that eminent sage's beautiful collection and arrangement of facts.

So much, gentlemen, for the advantages to be derived from the Society; permit me now, for a few moments, to turn to the consideration of its prospects. Whether this shall become a prosperous and flourishing association, or whether, after having enjoyed a brief span of existence, it shall fall away and be entirely forgot, depends upon yourselves. On your exertions now hangs its life. You are the mainspring of its action; the vital principle of its being. The least hesitation or indecision on the part of any one of us will tend to paralyze its action. Join, therefore, hand in hand, one with another; cast aside all trivial jealousies; labour earnestly and properly for its benefit, and in a few months we shall have the pleasure to behold it gain strength with its age, and serviceable to all. Let it not be said, gentlemen, that the Medical Students of Dublin were not able to form a society; or, having formed one, not able properly to conduct it. Show to the world that the men of the rising school will not be one whit inferior to those that have gone before them; and that medical science by being entrusted to their hands shall suffer no deterioration. As yet there is no cause of complaint; the Society has been but a very short time in existence, and already thirty-seven gentlemen have enrolled themselves as members, and I hope this may be, as it were, but

a speck on the horizon to those that will follow. Go on as you have commenced, and prosper. Before long we shall see it cast off the shacklesome garb of infancy; and in putting on that of manhood, assume all its strength. And when we no longer fill the rank of students, we may, with feelings of pleasure and pride, behold that Society which was commenced under our auspices, both flourishing and useful.

I feel that I cannot more appropriately conclude these few brief and, I fear, imperfect observations, than by returning thanks, on the part of the Society, to those honoured gentlemen of the medical profession who have this evening favoured us with their presence. It shows, at least, that they have the welfare and advancement of the student at heart, and that they are determined to benefit him by every means in their power.

Arthur H. Taylor, Hon. Sec.

REVIEWS AND NOTICES OF BOOKS.

THE DESCRIPTIVE AND SURGICAL ANATOMY OF THE ARTERIES AND RELATIVE ANATOMY OF THE VEINS AND NERVES OF THE HUMAN BODY. By J. H. Corbett, M.D., Graduate of the University of Edinburgh, Licentiate of the Royal College of Surgeons in Ireland, Professor of Anatomy and Physiology to the Apothecaries' Hall, &c. &c. Dublin. 1851. pp. 355.

The vascular system would appear to have greater attractions for the student of anatomy, and to be likewise a more favourite subject with the anatomical teacher, than either the muscular, nervous, or osseous systems. In this city, at least, it has received the largest share of attention; commensurate, however, only with the importance of the subject, whether considered in its relations to physiology or in its bearings upon operative surgery.

The object of the work before us is to present the student with a clear and concise, but sufficiently full, description of the anatomy of the vascular system, adapted either for the dissecting-room or for the study. "In its preparation, the author's principal aim has been (the preface states) to fix the reader's attention to the immediate object of his study; to avoid all matters calculated to divert the current of his thoughts; to describe the relations of each artery in a systematic form; to dwell chiefly upon the points most important to be learned by the student, whether engaged in ordinary dissection or in preparing for his final examination. It is also intended that the reader, when tracing the arteries, should experience assistance in acquiring some knowledge of the accompanying veins and nerves without additional labour or loss of time."

A work upon descriptive anatomy, published at the present day, could not be expected to contain much novel matter; nevertheless we find in more than one place in Dr. Corbett's treatise remarks upon points in the arrangement of tissues which have been either overlooked by other anatomists or have been insufficiently considered. The description of the relations of the brachial artery is an example; we shall therefore quote a portion of it here, as it will, at the same time, enable our readers to judge of the author's style and descriptive powers:—

"In the first step to be taken with a view to expose the artery, an incision should be carried through the integument, from the inferior margins of the pectoralis major and latissimus dorsi to the middle point between the condyles of the humerus; the dissector taking the coraco-brachialis and internal side of the biceps flexor cubiti as his guide. The skin ought to be raised separately in order to study the course of the superficial veins and cutaneous nerves. . . .

After the removal of the areolar membrane and adipose tissue, the fibrous fascia of the arm is laid bare.

This fascia, or brachial aponeurosis, conceals the vessels, and affords a general investment to the muscles of this region. At the superior extremity of the limb it is attached to the clavicle, acromion process, the spine, and posterior border of the scapula. From these points it descends over the muscles of the shoulder and arm to its inferior extremity, where it is adherent to the eminences of bone around the elbow-joint, and thence continued over the muscles of the forearm. At the thoracic side above, it is continuous with the fascia, which is folded beneath the base of the axilla, and it receives fibrous accessions from the tendinous insertions of the great pectoral, deltoid, latissimus dorsi, coraco-brachialis, and semilunar fascia of the biceps; it sends off two strong fibrous processes, named, from their position, internal and external intermuscular septa, which become intimately connected with the prominent ridges that lead on each side of the shaft of the humerus to the two condyles.

The brachial aponeurosis should next be divided in the line of the cutaneous incision, or longitudinally over the surface of the biceps. The latter method should be preferred by the inexperienced anatomist. It is then to be dissected carefully to either side of the arm, so as to bring in view the biceps, coraco-brachialis, and brachialis anticus, as far as the internal and external intermuscular septa; but it will become necessary to remove the fascia from the triceps muscle when proceeding to trace the principal branches of the artery.

After the elevation of the fascia from the anterior and internal part of the arm, the outline of the artery and its accompanying parts can be noticed, although not fully displayed. The student is particularly recommended not to make any additional dissection at this stage, but to examine its course as it lies undisturbed amidst its relations.

The brachial artery, its venæ comites, and the median nerve, are comparatively superficial, being covered by the integument, the areolar, and adipose tissues, and by that portion of the brachial aponeurosis which extends from the inside of the arm to the anterior surface of the biceps flexor cubiti. The artery is also protected by an areolar investment, sometimes termed its sheath, and near the elbow-joint by the semilunar expansion of the biceps tendon. It is not, therefore, necessary to divide any muscular fibres in the dissection of the brachial trunk; but it should be well remarked, that it is overlapped by the coraco-brachialis at its superior part, and by the internal margin of the biceps in the middle and inferior portions.

It may be now observed, that the superior part of the artery (the brachial fascia having been removed) has only a delicate fibro-cellular covering; but on drawing outward the belly of the biceps, that portion of the artery below the middle of the arm is retained in contact with the surface of the brachialis anticus by a distinct fibrous expansion, which should not be confounded by the dissector with the semilunar fascia of the biceps, nor with the brachial aponeurosis just examined.

The fibrous covering, which still confines and secures the artery, is a distinct structure entitled to consideration, although disregarded in anatomical descriptions. It cannot be seen satisfactorily unless carefully dissected, and in the usual method must often be removed with the brachial fascia, or mistaken for an ordinary kind of sheath. Its strength varies according to the degree of muscular and fibrous development, and it is better marked for two or three inches opposite to the inferior fleshy part of the biceps than above or below that region.

It appears analogous in many respects to the aponeurotic structure which extends across the femoral artery in the middle third of the thigh. Its fibres may be described as passing from the internal head of the triceps and internal intermuscular septum, somewhat diagonally across the artery, venæ comites, and median nerve, so as to confine them in their situation upon the brachialis anticus, and to protect the vessels from pressure during muscular action.

Let the student bend the forearm upon the arm, and he will find the artery to be thrown into a curved condition beneath this protective membrane, or, as it may be termed, deep brachial aponeurosis."

The operations upon the arteries are described in a separate chapter at the end of the volume, to which the student may refer when he has made himself master of the relative anatomy of the vessels upon which it may be necessary to apply a ligature. And, in addition to the anatomy of the arteries, the author has added a sufficiently full account of the anatomy and relations of the veins throughout the body.

Upon the whole, Dr. Corbett's treatise appears to us to be admirably adapted to the purpose for which it is intended, and we have little doubt that it will soon become a favourite with the student.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, DECEMBER 31, 1851.

COMMENTS ON THE DISPENSARY ACT.

It is unnecessary for the purpose of testing the powers of the Dispensary Act to continue the enumeration of the proceeding of unions in detail; the more especially because the information extant on the subject is necessarily imperfect. Presently official returns will reveal the results, and afford a basis upon which a systematic plan can be arranged. In the meantime sufficient has been ascertained to enable us to distinguish the important features of the measure, and to perceive the defects incident to its operation. Two principal objects now engross attention: the division of the unions into dispensary districts, and the fixing of the remuneration to be provided for medical services. The division into districts, rendered more difficult by the compulsory adjustment of them to the electoral divisions, is obviously a labour of no very easy achievement. Had the medical relief been provided for by an assessment on the union at large, a better division into districts might, perhaps, have been effected; but this, we conclude, was not attainable in conformity with the principle which distributes the taxation. As the case stands, the Guardians in many places have been compelled to form divisions of excessive dimensions, and in other places have voluntarily done so to evade the law, and thereby save the expense of additional districts. We hear of districts in some places thirty miles in length; for the care of which the Surgeon has had £60 a year allotted him. This is, of course, a mere evasion of the act; for no man could discharge the duty which such an arrangement contemplates, and to correct such evasion the Commissioners must interfere. The amount of salaries to be paid for a Surgeon's services necessarily leads to difference of opinion; and the all-powerful motive of economy cannot fail to bias the Guardians in their estimate of the amount honestly due. In some unions a fair sum has been granted, but in the majority it is so utterly inadequate that the Commissioners must interpose. Indeed, it is clear that so powerful is this motive which prefers economy before every other consideration, that nothing but the compulsory action of the poor-law, as applied in other cases, will counteract it. The Guardians must be taught that this act, passed after mature deliberation, to provide effectual medical relief for the poor, must be carried into effect, however unpalatable the consequences may be, and that their acquiescence regarding it is not merely optional. Now is the time to inculcate this disagreeable truth, and once for all to undeceive those who think that laws are to be obeyed just according to the opinions which may be entertained respecting their necessity. The ratepayer must pay his two, three, or more pence in the pound for the medical care of the labourer, and whatever he may think to the contrary, ten, fifteen, or even twenty shillings in his rate, is no very exorbitant demand for such an object. Some would fain persuade themselves that a salary of £100 a year is much too large for a Dispensary Surgeon, not because he does not earn it, but because the union cannot afford it; yet we cannot bring ourselves to believe that a union of five districts should not allocate £500 a year to such a purpose. The Commissioners may not find it easy to lay down a rule as to the minimum or maximum salary applicable to all cases; but the more we look at the matter, the more do we lean to the conclusion that salaries of £100 a year are not excessive in a financial point of view; while in justice to the poor and their medical attendants, they are scarcely adequate. This appears so obvious, that we would strongly recommend our brethren to argue the matter on such grounds, and not to make the question turn upon the feeling which may be entertained toward them personally. The less reliance placed on partiality or favour the better. The Dispensary Surgeons are entitled to proper payment for their services or they are not; and if this payment be denied, a remedy for such injustice must be found. The exploded system of medical relief by voluntary subscription and grand jury presentment has so accustomed the country gentlemen to habits of dictation in this matter that they will not for some time quietly acquiesce in the new arrangement which curtails their patronage and authority; the Dispensary Surgeons must therefore act with prudence and forbearance, satisfied that they have been emancipated from a control which grievously crippled their exertions in private practice. Such considerations suggest the question next in importance, the question of the restriction of gratuitous medical relief to proper objects; and here again the habits established by the former system come into conflict with the new law. Already the claims of indigent persons to gratuitous medical relief are earnestly put forward, and great danger exists of a perpetuation of the old system under which every one, however comfortable in circumstances, received it, if mean enough to seek it. That the labouring poor and their families will be entitled to such aid there can be no question; but that employers, shopkeepers, and tradesmen earning good wages, will be so, remains to be proved. Small proprietors receiving incomes from small farmers will naturally enough wish to relieve their needy tenants from this or any other expense which may diminish their means of paying the rent; and will doubtless "take the worth of their money out of the doctor" if permitted; but such mischievous temporizing will scarcely be tolerated. It is admitted on all hands that one of the numerous causes of this country's unfortunate condition is the propensity of the people to seek assistance from extraneous sources instead of relying upon their own exertions, and here is an example of it. Every Surgeon in Ireland can bear testimony to the fact, that the applicants for gratuitous relief, both in public and private practice, are in numberless cases persons well able to pay for such assistance. Not of course to pay guinea fees, but such sums as their circumstances permit, and such sums as in the gross will enable many practitioners to live in situations where they must otherwise starve. The act appears to us quite adequate to correct this abuse. The 9th clause provides that "Any poor person" may obtain a dispensary ticket, entitling him to relief, but if found "not to be a fit object for dispensary relief," the ticket may be cancelled by the committee. That the committee men, relieving officers, and wardens, authorized to grant these tickets, will grant them to persons, not being "poor persons" within the meaning of the act, and being "unfit objects for dispensary relief, is certain;" and that the Dispensary Committees will not cancel such tickets in many cases is equally certain, but the check which this arrangement creates will, to a certain extent, operate effectually; the more especially, because the same clause directs that the form of the ticket shall

be prescribed by the Commissioners, who will doubtless cause it to run to the effect, that the bearer is "a poor person," and "a fit object for dispensary relief." Temptations to grant these tickets should be carefully counteracted. Relieving officers and wardens must be watched to prevent the issue of them for "a consideration;" a pullet, a pound of butter, or a dozen of eggs, will prove very effectual to this end; petty shopkeepers placed on the committees must also be looked after, or they will turn the tickets to account to "draw" customers. To notice such matters as this may appear very undignified and humiliating, but we have now to handle the realities of the proposed plan, and to suggest safeguards for its practical application. We shall presently have much conflicting testimony and argument as to the meaning to be attached to the words "poor persons," as applied to persons seeking gratuitous medical relief, and guardians, ratepayers, and committee men will probably lean to a very loose interpretation of them; seeing that "the doctor" once paid, the expense cannot be much increased by additional claimants; but this must be met by a few homely lessons in political economy, and a cogent hint as to the lurking of the principle of socialism under this apparently simple matter of detail. One point the Commissioners must touch notwithstanding its tenderness; and that is the question whether domestic servants are to be held "poor persons" and "fit objects for dispensary relief" within the meaning of the act. That such when unemployed should be so considered may be admitted, but that when in comfortable situations it becomes a different question. However decided as to the administration of relief at the dispensary, it is clear that the District Surgeon should not be compelled to visit servants in their masters' houses; such a tax on his services being likely to lead to results humiliating to his professional character. In process of time the family medical attendant will practically afford a remedy for any difficulty which may arise, but the Dispensary Surgeon must no longer be ordered here and there as the squire thinks fit. We hear of an amusing solution of this difficulty, some board of guardians, we know not which, finding that £30 ratepayers being eligible as committee men, consider that all below that rating should be held eligible for gratuitous relief. This is characteristic. Our limits, however, do not permit us to dwell longer on this subject at present. We must return to it presently.

ALTERATION OF SURGICAL RIGHTS IN ENGLAND.

The draft of the New Charter of the College of Surgeons is in the hands of the college printer, and it is to be made public to the profession in a few days. It will be remembered that Sir George Grey promised that the profession should have an opportunity of learning the provisions of any charter agreed upon by the council of the college before it was finally granted by the Crown. The draft of the proposed charter will be disseminated in accordance with this ministerial pledge. It will then be for the profession to pronounce upon its provisions; and there can be no doubt the minister will listen to the professional voice, whether it be one of approval or disapproval. The only change of consequence from the provisions of which the profession are already aware, is one respecting the mode of voting at elections for the council by fellows residing in the provinces. At one time the council had agreed to allow fellows residing at a certain distance from London, the privilege of voting by proxy. This has since been altered, and according to the provisions of the charter which is soon to see the light, all fellows will be obliged to attend in person in London to record their votes. The probability of an approaching settlement of the questions which in recent years have agitated the College of Surgeons, is one which every true lover of the profession will hail with pleasure. The next question for professional solution is—What can be done with the College of Physicians?—*Lancet.*

We have since received this draft, and from it we gather that one object of it is to enable the General Practitioner to become candidate for the Fellowship; but as the title of General Practitioner is not made use of, we cannot well understand the nature of the proposed change. It seems to contemplate the exclusion of all persons keeping apothecaries' shops, but to permit the admission of Surgeons supplying medicines to their own patients. There are other salutary changes provided to meet the wants of the present generation, and to give to the profession of surgery that independence which its importance demands. We rejoice to see the English and Irish Colleges of Surgeons adopting active measures to uphold the rights of their members irrespective of the attempts of other bodies to encroach on them.

MEDICAL EVIDENCE IN CASES OF INSANITY.

(From the Journal of Psychological Medicine.)

The November number of *Blackwood's Magazine* contains an elaborate analysis of the first volume of a work entitled Modern State Trials. The analysis in question is said, upon good authority, to be written by Mr. Samuel Warren, the well-known author of the Diary of a Late Physician, and Ten Thousand a Year. Of this gentleman's high literary attainments we wish to speak with great respect, but we cannot allow him or any other member of the legal profession, however distinguished may be his position, or varied his attainments, unjustly to attack that section of the medical profession especially called upon to give evidence in our courts of justice in cases of insanity, without entering our formal protest against it. Unfortunately there appears to be but little sympathy and kindly feeling between the members of the *bar* and the professors of *physic*. The aggression is certainly not on our side. We have not been the assailants; the psychologist is solemnly called upon to elucidate in our courts of law points of great intricacy, requiring on his part not only a mind well stored with facts, the result of much experience and observation in the treatment of the insane, but of an understanding fitted by natural organization and training for the ready appreciation of the highest order of mataphysical truth and evidence—viz., that connected with the deviations of the mind from a state of health and responsibility. He is supposed—and rightly and justly supposed—by education, study, reflection, and enlarged experience, to be capable of enlightening the court and the jury upon matters with which they are necessarily but superficially acquainted, and he is subpœnaed to give the benefit of his scientific knowledge in cases involving often the questions of life and death. Surely it is the duty of the legal profession if they differ from the views generally propounded by medical men in relation to the plea of insanity to respect their opinions, however opposed they may be to those which they themselves entertain. Sad will be the consequences if, as the results of the injudicious and uncalled for language of the bench, and the raillery and misplaced wit of the bar, the public should be taught to undervalue or think lightly of the evidence of the medical psychologist in cases involving the subject of crime and insanity, responsibility and irresponsibility. That such, alas! is the unhappy *tendency* of events we infer from the remarks which are said to have fallen from the lips of the Lord High Chancellor of England, as referred to in an able contemporary. We quote the following passage:—

"During the recent hearing of a lunacy case, the Lord Chancellor is reported to have said, 'His experience taught him there were very few cases of insanity in which any good came from the examination of medical men. Their evidence sometimes adorned a case, and gave rise to very agreeable and interesting scientific discussions; but, after all, it had little or no weight with a jury.' Whatever may be the respect we entertain for this high authority, we emphatically dissent from these views, believing them to be founded in error, and totally unjust to practitioners in medicine, who are not only the most important but often the only competent witnesses,

in inquiries respecting insanity. That medical evidence does not always produce the impression it ought upon the individuals addressed, we readily understand. The judicial tribunal just mentioned, from its miscellaneous composition, must be occasionally unable to form correct conclusions respecting the very intricate points at issue; more especially as even great legal authorities themselves are sometimes far from being unanimous in opinion. Suppose an eminent medical professor were to assert, 'ex cathedrâ,' that 'the bar of England knew nothing of law, and that very little benefit ever accrued from their speeches. They might adorn a case, make an eloquent oration, or quote precedents, but all their arguments would never influence any twelve men sitting in a box.' Westminster Hall would be in an uproar against any member of the medical fraternity who presumed to utter such sentiments; and we acknowledge the lawyers might, in that instance, justly express their indignation. Each profession should respect the other, in its peculiar sphere, as all, the public included, will then gain by liberal and kindly bearing. As an illustration of the feelings which ought to prevail, allusion might be made to the late Lord Chief Justice, the son of a physician, and an able as well as dignified jurisconsult, when presiding at the trial of Oxford for treason. On that occasion the present Lord Chancellor, then a learned sergeant, having endeavoured to brow-beat a medical gentleman whilst giving evidence, was properly checked by the presiding judge, in order that the witness need not fear any forensic fervour of counsel. We therefore say to our brethren, when called upon to appear in a court of justice—state facts and opinions clearly, firmly, respectfully, and fearlessly."

The good sense and proper feeling of the concluding remarks of the above quotation, must be manifest to all. But to the case immediately before us. Mr. Warren, after giving a succinct account of the details of McNaughten's trial, observes as follows :—

"After going through the evidence (if the word can be used with propriety under such circumstances) of the other medical gentlemen, Mr. Townsend observes, 'Each physician and surgeon, as he stepped into the witness-box, seemed anxious to surpass his predecessor in the tone of decision and certainty; each tried to draw the bow of —— (mentioning the first physician who had been called, and who was also called in Oxford's and Pate's case, in which latter he was rebuked by Baron Alderson), and shoot, if possible, still farther into empty space. And this gentleman, Dr. ——, had asserted, under cross-examination by Sir William Follett, 'his positive conviction that he could ascertain the nicest shade of insanity! that the shadowy trace of eccentricity, dissolving into madness, could be palpably distinguished!' The last of these confident personages then was permitted to make this extraordinary statement: 'I have not the slightest hesitation in saying that the prisoner is insane, and that he committed the offence in question whilst afflicted with a delusion under which he appears to have been labouring for a considerable length of time!!!'"

We wish to speak respectfully of the dead, otherwise we might be disposed somewhat to cavil at the expression, "confident personage," used by Mr. Townsend, particularly as it is applied to the editor of this journal. We feel no uneasiness of mind, or compunctions of conscience, in thus "owning the soft impeachment," and admitting that Dr. Winslow is the "confident personage" spoken of in the passage quoted, and that the "extraordinary statement" was made by ourselves. We extract the paragraph containing the offensive epithet, with all its typographical embellishments. But whilst we thus leniently pass over Mr. Townsend's unjustifiable appellation, we are not so disposed to treat Mr. Samuel Warren's "adoption" of the phrase, or his comments upon it. The author of Ten Thousand a Year, after quoting Mr. Townsend, exclaims, in an affected spirit of honest indignation, "We feel constrained to say that this appears to us, in every way, monstrous." "Monstrous!"—why monstrous, Mr. Warren? The witness was upon his oath. His mind could not, with any degree of reason, have been supposed to be unduly biassed. He was not a paid witness. He had no connexion either with the prosecuting or the defending party. But being in the court at the time of the trial, he was requested by Sir A. Cockburn to enter into the witness-box, to give his opinion on a point of science; having heard all the evidence, *pro* and *con*, Dr. Winslow was asked, as a person supposed to have some practical knowledge of insanity, to give the jury his opinion of McNaughten's probable condition of mind when the act, for which he was being tried, was committed? Dr. Winslow in reply to the question gave the evidence, which Mr. S. Warren, with unpardonable effrontery, stigmatises as "monstrous" What was the "result" of that evidence? Let Mr. Townsend answer.—

"Chief Justice Tindal here interposed, to ask Sir Wm. Follett whether he was prepared with evidence on the part of the crown to combat that of the medical witnesses—

"'Because, if you have not,' said the Chief Justice, 'we think we are under the necessity of stopping the case. Is there any medical evidence on the other side?'

"Sir William Follett—'No, my lord.'

"Chief Justice Tindal—'We feel the evidence, especially that of the last two medical gentlemen who have been examined, and who are strangers to both sides, and only observers of the case, to be very strong and sufficient to induce my learned brothers and myself to stop the case.'"

The evidence of Dr. Winslow did not alarm the discreet, the able, the penetrating, and sagacious mind of the Lord Chief Justice. It was not "monstrous" in his estimation. That distinguished jurist—perhaps the most illustrious judge of modern times—saw in the twinkling of an eye, what Mr. S. Warren, with all his wonderful penetration, cannot after the lapse of years, with the evidence of the trial in detail before him, conjoined with a knowledge of the facts connected with the history of McNaughten since his confinement in Bethlem for a period of "eight" years perceive. Lord Chief Justice Tindal saw that the insanity of the prisoner was placed beyond the slightest shadow of a doubt—and such also was the conviction of Dr. Winslow when he gave the "monstrous" evidence alluded to by Mr. Warren. There could be no question as to the fact of McNaughten's mental derangement. Cases of insanity are sometimes made the subject of investigation in our criminal courts, in which the medical and general evidence is nicely balanced, and when the physician is justified in giving his opinion with extreme caution; but with regard to McNaughten, the delusions were so evident—so satisfactorily and conclusively established in course of the trial—that a conviction of his total wreck of intellect forced itself upon mind's most unwilling to receive it; not only was it proved that McNaughten was deranged, but that the criminal act sprang directly out of, and was almost the natural and inevitable result or sequence of, the morbid creations of his fancy; thus bringing the question of his responsibility fairly within the test laid down by the celebrated Lord Erskine, in the memorable trial of Hatfield—viz., that insanity should not exempt from punishment when the crime is not "directly traceable to a delusive impression."

McNaughten imagined that he was beset by conspirators, and with the view of protecting himself from these imaginary assailants, he carried about his person a loaded pistol—and influenced by this morbid idea, which embittered his very existence, he shot Mr. Drummond. It is a matter altogether distinct from the question at issue, whether he mistook Mr. Drummond for the late Sir Robert Peel. If that distinguished statesman had fallen in lieu of his secretary, it would not, in the slightest degree, have altered our view of the mental aspect of the case. Deeply as we should, in common with the whole world, have deplored the untimely and unhappy death of so great—so illustrious a man—a stern regard for "truth, justice, and humanity" would have compelled us to throw the shield of protection around the poor lunatic, deprived by inscrutable Providence of the right exercise of those faculties given to him for his guidance and self-control. Continuing his observations on the case, Mr. Townsend remarks :—"Nine medical witnesses had now spoken, with a wonderful unanimity of opinion, and the court surrendered at discretion.'"

"Surrendered at discretion!" Truth was established; the solemn and sacred claims of justice were vindicated. The able judge then considered it to be his duty to stop the inquiry, so convinced was "he" of the utter uselessness and folly of prolonging so painful an investigation. Did the intelligent jury hesitate? Did they retire from the box apparently unsettled in their minds as to the verdict they ought to return? No sooner had the Lord Chief Justice interfered, than the jury at once bowed to the just decision of Lord Tindal, and without the appearance of the remotest difference of opinion, returned an unanimous verdict of acquittal, on the ground of insanity!

And what says Mr. S. Warren of the effect on the court of the evidence of the "nine medical witnesses?" Hear him?—"If such a course is to be allowed again in a court of justice, what security have any of us for life, liberty, or property?"

Reverse the picture, and what would have been the sad consequences? Would Mr. S. Warren have "executed" McNaughten? What a spectacle of horror would such a cruel, disgraceful, and barbarous act have been in a Christian country like that in which we are privileged to live! As well might he go to the Highgate Institution for Idiots, and drag out from that abode of lost and ruined minds a poor drivelling, helpless, imbecile child, and inflict upon him corporeal chastisement for a non-comprehension of an honest distinction between *meum* and *tuum*. We do not believe that McNaughten knew or had the remotest conception that he was "acting contrary to the law of the land;" and if we were convinced that such an idea had passed through his mind immediately before he fired the fatal shot, it would not have altered our opinion of his insanity and total irresponsibility. We do not, as medical psychologists, recognize this as a scientific test of criminal responsibility. The mere consciousness of an act to which an insane person may be prompted, being "contrary to law," is not "to our minds" a sufficient proof of legal or moral responsibility. Mr. S. Warren thinks differently. So let it be: he is welcome to his opinion.

But what has been the history of McNaughten since his acquittal and confinement in Bethlem? Mr. S. Warren paid a visit to the hospital for the purpose of ascertaining his present condition. If his visit had taken place subsequently to his having written the whole of the review of Mr. Townsend's work, we should have looked forward to an article in a future number of *Blackwood*, recanting the opinions expressed in the communication before us. Our readers will participate in our surprise when they are informed that the formal examination of McNaughten (the details of which we shall presently give) was made prior to the completion of the article in question. This certainly appears to us to be most extraordinary. If Mr. S. Warren had found McNaughten a sane man, and had been informed that he had given no evidence of derangement of mind from the moment he was transferred from Newgate to Bethlem Hospital, then our opinion of his view of the trial would have been somewhat modified, and we should not have considered it our duty to make his paper the subject of a special article in our journal. We quote, without any further remarks of our own, Mr. Warren's graphic and interesting account of his visit to McNaughten:—

"McNaughten was standing in the courtyard, dressed in the costume of the place (a pepper-and-salt jacket and corduroy trousers), with his hat on, knitting. He looks about 40 years old, and in perfect health. His features are regular, and their expression is mild and prepossessing. His manner is tranquil. Usually he wears his hat somewhat slouched over his eyes, and slides slowly away from any one approaching him, as if anxious to escape observation; but on this occasion he at once entered into conversation with our companion, calmly and cheerfully, and afforded us a full opportunity of watching him. Had we seen him casually elsewhere, and as a stranger, we should have thought his countenance indicative of a certain sort of cheerful quiet humour, especially while he was speaking; but to us it seemed certainly to exhibit a feeble intellect, shown chiefly by a faint flickering smile, even when he was speaking on the gravest subjects. When asked what had brought him where he was, he replied, 'Fate.' 'And what is fate?' 'The will of God; or, perhaps (he added quickly), of the devil—or it may be of both.' And he half closed his eyes and smiled. [The reader will bear in mind what was deposed at the trial as to his infidel tendencies.] When told that Sir Robert Peel was dead, he betrayed no emotion, nor exhibited the slightest interest. 'One should have thought that, considering what has happened, you would have felt some interest in that gentleman.' He looked rather quickly at the speaker, and said, calmly, with a faint smile, 'It is quite useless to talk to me on that subject; you know quite well I have long and long ago made up my mind never to say one word about it. I never have, and I never will; and so it would be quite childish to put any questions.' . . . . . 'How are you, McNaughten?' He slightly sighed, and said 'I am very uncomfortable; I am very ill-used here; there is somebody, or something, always using me ill here. It is really too bad. I have spoken about it many, many times; but it is quite useless. I wish I could get away from this place. If I could just get out of this place, and go back to Glasgow, my native place, it is all I would ask for; I should be quite well there. I shall never be well or happy here, for there is always some one ill-using me here.' 'Well, but what do they do to you?' 'Oh! (shaking his head and smiling,) they are always doing it; really it is too bad.' 'Who are they?' 'Oh! I am always being ill-used here. My only wish now is, to get away from this place. If I could only once get to Glasgow, my native place!' This is the continual burden of his song. It is needless to say that his complaints are altogether unfounded; he is treated with the utmost kindness, consistent with his situation; and, as he has never exhibited violence nor ill-behaviour, it has never been necessary to resort to personal coercion, with one exception. Two or three years ago, he took it into his head that, as he could not get away, he would starve himself; and he persevered for such a length of time in refusing food, that he began to lose flesh fast. At length he was told by the physician that, since he would not eat voluntarily, he must be made to eat; and it was actually necessary to feed him for a considerable time mechanically, by means of the stomach-pump. Under this treatment he presently regained his flesh, in spite, as it were, of himself; and at length suffered himself to be laughed out of his obstinacy, and has ever since taken his food voluntarily. He seemed himself to be tickled by a sense of the absurdity of which he was guilty. Not a doubt of his complete insanity was entertained by my acute companion, who has devoted much observation to the case. Shortly after we had quitted him, and were out of his sight, he put away his knitting, placed his hands in his jacket-pockets, and walked very rapidly to and fro, his face bent on the ground, and he was apparently somewhat excited. Whatever may have been the state of McNaughten at the time to which our inquiries have been directed in this article, we entertain little, if any, doubt that he is now in an imbecile condition."

As illustrative of some remarks we made in a previous number of this journal (October 1850), when commenting on the trial of Pate, we extract also Mr. Warren's description of a conversation he had with Oxford, another criminal lunatic:—

"Oxford was in another part of the building, standing alone, at the extremity of a long corridor, gazing through a heavily-grated window, towards the new House of Parliament. His hat was on; he was dressed like McNaughten, and his jacket was buttoned. We scarcely recognized him, owing to the change of his dress. He is fond of attracting the notice of anybody; and conversed about himself and his offence in the most calm and rational manner conceivable. He has lost much of his hair—a circumstance which he appeared somewhat to regret—for the front of his head is bald; but he looks no older than his real age, 30. He is morally weary of his confinement, and says he has been terribly punished for his 'foolish act.' 'Foolish!' we exclaimed, 'is that all you can say of your attempt to shoot her Majesty?' He smiled, and said, 'Oh! sir, I never attempted to shoot her; I never thought of such a thing. I aimed at the carriage-panels only.' 'Then why did you put balls in your pistols?' 'I never did,' he replied quickly; 'I never dreamed of such a thing. There were no balls.' 'Oh! then you have not heard of the discovery that has just been made—eh?' 'Discovery! what?' 'The bullets.' 'Oh! there have been more found than ever I used, at least; for I assure you I never used any.' 'What made you do what you did?' 'Oh! I was a fool; it was just to get myself talked about, and kick up a dust. A good horsewhipping was what I wanted,' he added, with a faint sigh. These were his very words. 'Should you have done it if you had thought of coming here?' 'No, indeed, I should not; it has been a severe punishment. I dare say public opinion says nothing about me now; I dare say it thinks I have got what I very well deserve—and perhaps I have; but possibly if I were put quietly out of the way, and sent abroad somewhere, public opinion might take no notice of it.' He has taught himself French, Italian, and German, of which he has a fair knowledge. He also used to draw a little, and began to write a novel; but it proved a sorry affair, and being discouraged, he threw it up. 'Do you recollect hearing the condemned sermon preached to Courvoisier?' Oh! yes, very well. It was a most excellent sermon.' 'Did Courvoisier seem to attend to it?' 'Oh! yes, very much; and he seemed very much affected. It was certainly a very appropriate sermon; I liked it much.' 'Did not you think that it might soon be your fate to sit where he was?' 'What! in the condemned seat.' 'Yes.' 'Oh! no; that never occurred to me. I never expected to be condemned for high treason. Some gentleman—I forget who he was—said I should be transported for fourteen years. I thought that was the worst

they could do to me; for I knew I had never meant to do any harm, nor tried to do it.' 'Yes, but the judge and jury thought very differently.' Oh! I was very fairly tried; but I never expected to be brought in mad. I was quite surprised at that, for I knew I was not mad, and I wondered how they were going to prove it.' We asked him if he had ever seen us; to which he replied, gazing steadily, 'Yes, I think I have: either at the Privy Council or in Newgate Chapel.' 'Where did you sit on the Sunday when the condemned sermon was preached to Courvoisier?' 'I sate on the steps near the altar.' 'How were you dressed?' 'Oh! a blue surtout, with velvet collar,' and he proceeded to describe his dress almost exactly as we have described it at the commencement of the article. He exhibits considerable cleverness. Whatever he does, whether in playing at fives or working (making gloves, &c.), he does far better than any one else, and shows considerable tact and energy in setting his companions to work, and superintending them. He admits that he committed a very great offence in having done anything to alarm the Queen, and attributes it entirely to a mischievous and foolish love of notoriety. He said, 'I thought it would set everybody talking and wondering, but never dreamed of what would have come of it—least of all that I was to be shut up all my life in this place.' 'That list of conspirators, and letters from them, that were found in your lodgings—were they not real?' 'Oh! no,' he replied, with rather an anxious smile, 'all mere sham; only nonsense. There was never anything of the sort.' 'Then, why did you do?' 'It was only the folly of a boy; I wasn't 19 then—it was very silly, no doubt.' 'And their swords and dresses, and soforth—eh?' 'Entirely nonsense. It was a very absurd joke; I did not think it would come out so serious. I did not appreciate the consequences, or I never would have done it.' The word 'appreciate' he used with a very marked emphasis. We entertain no doubt whatever of his perfect sanity; and if so, as his crime was great, so his punishment is fearful."

TO DR. WATERS OF PARSONSTOWN.

My dear Sir,—Having just received an official notification that the Association of Medical Attendants to Dispensaries, &c., is to have the advantage of your valuable services as Honorary Secretary, vice Dr. Alexander Knox, promoted to the situation of Medical Inspector of Dispensaries, &c., I avail myself of this medium as being the most likely means of attracting the attention of those who are concerned in the subject upon which I address you, and respectfully take leave, through you, to lay before the Medical Officers of Dispensaries and Fever Hospitals the fact of the Association being indebted to Dr. Knox in the sum of £19 16*s.* 6*d.*, being a sum expended by him (in addition to a subscription of £25) in carrying out the views of the Association whilst watching the progress of the Medical Charities' Bill through the House of Commons.

It is (I am satisfied) but necessary to make this circumstance known to ensure the immediate reimbursement of the amount; to effect which, I would suggest that a circular be addressed by the county secretaries to the medical officers of their respective districts, calling for their subscriptions; and whilst thus fulfilling the old adage, of being "just before generous," I am satisfied that I am but anticipating the expression of the feelings of our entire body, when I assume that in liquidating our *pecuniary* obligations to Dr. Knox, we should avail ourselves of the opportunity thus afforded of discharging those of *gratitude* for the effective services rendered by him whilst acting as our agent in London. I would, therefore, respectfully suggest, that in forwarding their contributions to discharge the £20 debt, each medical officer should include his subscription towards the fund for purchasing a suitable presentation; that Dr. Morrison be appointed treasurer of the fund, and when a sufficient amount be collected, that it shall be laid out as a testimonium committee shall decide.

If I might suggest the amount which each should subscribe, I would say 7*s.* 6*d.*; which, if as generally contributed as I reckon upon, would enable the committee to purchase a piece of plate worthy of Dr. Knox's acceptance.

Hoping soon to receive your summons for the formation of a "National Medical Protective Association," the necessity for which is every day becoming more urgent, I have the honour to be, dear sir, yours very truly,

Percy Swan Waddy,
Dispensary, Broadway, Wexford.

December 27, 1851.

APPOINTMENTS.

Maurice Corr, Esq., F.R.C.S., M.D., has been appointed Medical Superintendent of the Government Convict Establishments at Spike Island.

Alexander Knox, Esq., F.R.C.S., M.D., of Strangford; Thomas Dillon, Esq., F.R.C.S., M.D., of Castlebar; J. F. Purcell, Esq, F.R.C.S., M.D., of Carrick-on-Suir; John Hill, Esq., F.R.C.S., M.D., of Dublin; and W. J. Geary, Esq., of Limerick, have been appointed Medical Inspectors in conformity with the provisions of the Dispensary Act.

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

1851.	Max. T.	Min. T.	Barom.	Rain.
Sunday, Dec. 21st,	54	40	29.570	.220
Monday, 22nd,	46	35	29.772	.135
Tuesday, 23rd,	44	27	30.180	.003
Wednesday, 24th,	43	30	30.150	.004
Thursday, 25th,	46	39	30.276	
Friday, 26th,	46	40	30.476	.180
Saturday, 27th,	45	34	30.550	

PORTARLINGTON, QUEEN'S COUNTY.

1851.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Dec. 21st,	54.5	38	29.325	42 4	41.5	40.4	.250	SW
22nd,	44	39	29.547	39.4	38.1	36.3	.137	SW
23rd,	44.5	28	29.933	34.5	32.6	29.7		N
24th,	42	28	29.805	42	40.8	39.4	.010	NW
25th,	46	38	29.966	46	45.6	45.2	.006	S
26th,	42	36	30.169	41.2	40	38.5	.182	NW
27th,	44	32.5	30.262	40.1	38.9	37.3	.020	NW

M. W. HANLON, M.B.

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SURGICAL SOCIETY OF IRELAND.—Dec. 20.

Mr. Trant, President of the College, in the chair.

SOME PRACTICAL OBSERVATIONS ON PELVIC ABSCESSES.

By Fleetwood Churchill, M.D.,
Fellow of the King and Queen's College of Physicians, Ireland, &c. &c.

Mr. President,—It is impossible to witness the operations of a great Society like the Surgical Society of Ireland, gathering together in harmony the different branches of the profession, and by their united zeal, intelligence, and experience, furnishing an amount of professional information of exceeding value; it is impossible, I say, to see this, and to come within the sphere of its influence, without wishing to contribute something, even though it be only a mite, to the great cause of medical and surgical research. This must be my apology for appearing before you to-night, for I have nothing new, either in theory or practice, to lay before you, no general views of disease, nor any startling novelty in treatment. Indeed, in offering you some practical remarks on pelvic abscesses, I have no doubt of learning much myself from the experience of your members; and if I elicit the information I expect, my object will be attained, and I have no doubt my apology will be accepted.

The peculiar disease, then, to which I would very briefly call your attention is that phlegmonoid inflammation which by some is termed pelvic abscess, and by others inflammation and abscess of the uterine appendages, according as the attempt is made to be more or less explicit. Of the nature of the disease, there is no difference of opinion among modern writers; the older ones, indeed, regarded it as a metastasis of the milk, and termed it "milk abscess."

I have no doubt that the attack is much more common than is even yet believed, although the attention of the profession has been latterly a good deal directed to the subject by writers in Dublin, London, Edinburgh, and France. Within two months this year, for example, I was called to three such cases.

We find this local inflammation occurring under very different circumstances, some of which we should hardly have anticipated.

1. It may occur, not only unconnected with parturition, but in unmarried persons at different ages, and independent of all the ordinary irritants of these organs. A case occurred in the person of one of the nurses at the Meath Hospital, a single woman, about 50 years of age, and without apparent cause. It exhibited the usual symptoms which I shall notice by and by, and ran the usual course, softening and opening into the rectum, after which the patient recovered.

2. I have seen several cases of the disease in married women who never had had children; in two instances it occurred within a few months of marriage; in both the tumefaction was considerable, but both terminated in resolution.

3. In some few cases, it occurs as a secondary complication of severe uterine irritation, apparently from the use of local irritants, the too frequent employment of the uterine sound, the introduction of the pronged pessary, &c.

4. I have seen the disease follow a smart attack of ephemeral fever several times; in one case it terminated in resolution after several weeks; in another in suppuration and evacuation by the rectum; and a third is at present under treatment.

5. It not unfrequently complicates or terminates an attack of simple hysteritis, of which several examples have come under my notice, terminating most generally in suppuration. One such case was the largest abscess of the kind I have ever seen, occupying about one-fourth of the abdomen; and in another, at present under my care, the tumour acquired the size of an orange, and after remaining stationary for some months, is now nearly resolved.

6. In certain epidemics of puerperal fever, inflammation of the uterine appendages appears as a special variety, with or without a corresponding affection of the uterus.

It is not unlikely that the disease may occur under other circumstances, but these have each and all come under my own observation, and I can therefore vouch for their accuracy.

With regard to the nature of the disease, as I have said, there is no difference of opinion, it is a phlegmonoid inflammation of these parts, but there is a distinction of some practical value as to the locality and the parts affected. In this respect all the cases I have seen may be divided into two classes:—

1. The first and largest exhibits a tumour just above the brim of the pelvis, and closely connected with it, fixed and immoveable, extending downwards internally outside the vagina, through the sides of which it can be felt.

2. In the second class the tumour is distinct from the pelvis, rounded, and quite moveable in every direction.

In the latter cases, the inflammation appears limited to the uterine appendages—*i.e.*, the ovary, broad ligament, and Fallopian tubes. In the former, the soft parts which line the anterior and lateral wall of the pelvis are also involved in addition to the uterine appendages; these are more properly named pelvic abscesses.

I may add, that although either side indifferently may be affected, I think the left side is more frequently the seat of the inflammation.

As to the causes of the disease, it is not easy to be very precise.

1. In certain cases to which I have alluded, the abscess is undoubtedly the result of mechanical injury, and the cause is quite intelligible.

2. In others, again, there would appear to be a sort of metastasis of inflammation from the uterus, which in these cases occurs towards the termination of the uterine affection.

3. In a third class of cases, especially when the patient is unmarried, it seems more fairly attributable to cold than to any other cause; but what may be the influence which determines the attack to this region, it is quite impossible to say. In one of the cases to which I have alluded, all the uterine functions had been some time quiescent.

4. Lastly, in puerperal epidemics, when the uterus is involved, we could hardly expect that its appendages would escape; and accordingly we find that they generally share in the disease, though much more remarkably, in some epidemics than in others. In another place I have given statistics of the comparative frequency.

Now, with regard to the symptoms, I must beg you to bear in mind what I have said as to the two varieties of the local affection; the one involving the soft parts lining a portion of the pelvis, and the other limited to the ovary and its appendages, strictly speaking.

The disease may, and generally does, I think, commence by a febrile attack; but this is not always the case. There may be a rigor, followed by heat, or this may be entirely absent. Sooner or later the patient complains of pain or uneasiness in the lower part of the abdomen; but the amount of suffering varies a good deal, and pretty much in accordance with the amount of fever.

If we examine the abdomen carefully, we shall either find a tumour just above Poupart's ligament, of varying size and thickness, and firmly fixed to the pelvis, or a moveable tumour, rounded, firm, and elastic, lying above the pelvis in the abdomen.

In the former class of cases, a vaginal examination adds nothing to our information, as the tumour is out of reach; but in the latter, we can trace it extending more or less down into the pelvis, adding a lateral thickness, extremely tender on pressure. Generally speaking, the uterus is pushed a little to one side, is not tender on pressure, but moving it gives pain. In one or two cases I have seen the uterus fixed and nearly immoveable; in one case only have I seen both sides affected. This occurred in a married woman, unconnected with delivery.

In the former class, also, in addition to the pain, tenderness, &c., the movements of the leg of that side are affected; the patient cannot stretch it out straight without great pain, nor can she walk or stand up without bending forward.

In the latter cases the movements of the limb are quite unaffected. This distinction is, I think, of considerable practical value.

The tumour, I have said, varies in size; it is, however, always tender on pressure, and not less so as the disease advances. When it attains a considerable size or is attended with much irritation, I have seen the bladder and rectum sympathetically affected; the former more frequently so, giving rise to a frequent desire to evacuate their contents. In only one case have I had reason to believe that the tumour offered a mechanical impediment to the passage of the fæces.

These, sir, are the principal symptoms present in a simple case of pelvic abscess; but they, as well as the course of the disease, will vary much according to the extent of the local affection, the amount of constitutional disturbance, and, in some degree, according to the circumstance under which the attack has occurred.

1. In some cases I have seen, the affection had a purely local character. There was the tumour tender, firm, moveable, or immoveable; but the pulse was scarcely quickened from beginning to end; the appetite but little affected; the bowels regular, &c. The patient was confined to the sitting or recumbent posture, and suffered pain locally, but that was all.

2. In other cases, the local suffering was very considerable and unceasing; the pulse very quick, at least 120, with sweating at night; utter loss of appetite; irregularity of bowels; no sleep, and great emaciation.

3. Lastly, the cases which occur during an epidemic of puerperal fever will present its general characters in addition to the local symptoms already mentioned.

With more or less of these symptoms, but with the local ones always, the disease runs its course not quickly; often, on the contrary, very slowly, but with an uncertain duration in each case. I do not think I ever saw the tumour disappear or suppurate in less than a month; and I have known it run on to three or four, as in two cases at present under my care.

The disease may terminate either by resolution or suppuration.

1. By resolution. I have seen repeated instances of this termination, both when the tumour is free and when it is attached to the pelvis, though more frequently in the former than in the latter, and much more frequently in those cases where there is but little constitutional irritation. In such cases, the tumour may increase to a certain degree with the symptoms I have described; it then remains pretty stationary for a time, often a considerable time, after which it gradually and slowly subsides. It is worthy of notice, that if the patient be imprudent during this process, the morbid action in the tumour may be reëxcited, and the case may terminate in another manner. In one of my cases the tumour had nearly disappeared when the lady's servant became suddenly insane, and so frightened her that the tumour enlarged, and all the symptoms reappeared. The time occupied by the process of resolution is generally considerable. I have two cases under my care at this moment illustrative of this; in one, the tumour, which was free, has all but disappeared, after nearly five months; and in the other, the fixed tumour has considerably diminished after three months.

2. In the majority of cases, however, the tumour suppurates, softens, generally perceptibly, and after a process of absorption of the intervening tissues, terminates by the evacuation of the purulent matter; this formation of matter being generally, though not always, marked by the occurrence of rigors. The channel through which this takes place varies a good deal.

1. In some cases it has been evacuated into the peritoneum, giving rise to peritonitis; but this must, I think, be very rare—at least in upwards of twenty cases which have come under my notice it never occurred. I recollect a case which occurred to my friend the late Dr. Haughton, which now appears to me to have been a case of the kind. The poor woman had recovered badly from her confinement, and some time afterwards, when at the night-chair, she felt something give way, and peritonitis immediately followed.

2. Cases are on record in which the abscess opened into the bladder. If I mistake not, I saw one recently in one of the journals; but such cases I believe to be the most uncommon of all.

3. The tumour may soften at its lower part, and the matter may find its way through the coats of the vagina, and be discharged through that canal. I have seen several cases of this termination, the results of which have been very favourable. It has been suggested that we should puncture the tumour in this situation, when the situation of the softening is suitable; nor do I see any objection to the plan. I have, however, not found it necessary.

4. The most common situation, certainly, for a spontaneous opening, is into the rectum, and then the matter will be found discharged along with the stools. On this account, when the tumour is observed to become softer, and we have reason to suspect that matter is formed, the alvine evacuations should be carefully examined. Except when the matter escapes into the peritoneum, no degree of pain seems to accompany its evacuation. It often passes unobserved by the patient, and sometimes seems marked by a sense of relief in the tumour.

5. In a considerable proportion of cases, the tumour approaches the surface gradually and engages the integuments, which become tense, fixed, and sometimes red and shining. Then fluctuation can be felt, the intervening integument is absorbed, and the matter points, as it is called.

The extent of these abscesses superficially, is generally not much beyond the size of the tumour at an earlier period, but in some cases I have seen them very large; in one case, scarcely less than one-fourth of the abdomen seemed involved. I do not think it would be wise to wait for such an extent of disease, but we ought to open it at an earlier period, and thereby save the patient much suffering.

The symptom which most surely indicates this mode of termination, or rather this locality, is the skin becoming fixed over the tumour, not rolling freely, but being adherent to it.

Diagnosis.—There can hardly be any difficulty in the diagnosis of pelvic abscesses which occur after delivery, and as a part of a more general puerperal affection; the attention being directed to the uterine system, a careful local examination will detect the tumefaction, whether it be fixed or not. If it be situated deep in the pelvis, and scarcely appearing above the brim, still the pain down the leg, and the difficulty of extending the limb, will leave but little doubt.

Perhaps an equally careful examination might be equally successful in the unimpregnated condition; but as the disease is not generally expected under such circumstances, a less minute investigation may, and often does, lead to a false conclusion. I have myself known a case of pelvic abscess pronounced to be a fibrous tumour by very competent authority.

Now, the pathognomonic symptoms are, the pain in the tumour and down the leg, the impossibility of standing quite upright, or extending the leg completely, and the tumour detected on external and internal examination.

1. From fibrous tumours it is distinguished by its comparatively quick growth, the amount of uneasiness, and the termination. The former increase very slowly, and insensibly give rise to few or no symptoms, and, above all, are not common in the uterine appendages.

2. In women of a certain age, the filling up more or less of the pelvic cavity, might be supposed to result from cancerous deposition; but here we have no general cancerous diathesis, the uterus is always unaffected, and the occurrence of suppuration or resolution solves the difficulty.

3. That one variety of abscess which is unconfined resembles much ordinary ovarian enlargements, at first sight, but it differs in this, at least according to my experience, that it never occurs except in connexion with childbirth or miscarriage; and, as a general rule, the growth is much more rapid in the cases under consideration.

The affection, then, may be considered as well marked, and, with care, not difficult of appreciation, but requiring special care and attention when it occurs independent of parturition.

Prognosis.—For so serious an attack, involving such important organs, and liable to such various terminations, the prognosis is very favourable. I have seen more than twenty such cases, and have never seen one in which any unpleasant result occurred. Some fatal cases are on record, but they must be very rare, and probably in consequence of secondary peritonitis.

The disease is, however, very tedious, and may reduce the patient considerably, so that there may be some risk of the incursion of other diseases, if the patient be predisposed thereto.

Treatment.—Whether the attack come on after delivery or independent of it, if we see the patient during the acute stage, it will be necessary to apply leeches over the tumour, to repeat these, if required, in numbers according to the amount of irritation and the patient's strength, and to follow them by constant poulticing.

The bowels should be kept quite free, and I have found benefit from small and repeated doses of calomel or blue pill, but not continued so long as to affect the gums.

The diet of the patient during this first period must be low, and I need hardly say that she must be confined to bed.

After we have somewhat subdued the acute inflammation, we must still continue the poultices until suppuration is established; but if the pulse be quiet, we may allow a little better diet, such as chicken-broth or beef-tea.

When we are satisfied that suppuration has taken place, that matter is formed, then our anxiety is as to the place where it is to be evacuated. If by the bladder or intestine, we can do nothing but continue the poultices; but if, on a vaginal examination, we find the tumour soft and the intervening parietes thin, we are advised to make a puncture with a bistoury into the tumour, first ascertaining the presence of pus by an exploring needle. If we succeed, the after-treatment is simple; so long as purulent matter escapes, the poultice may be continued, and occasional pressure made upon the tumour, so as to empty it as much as possible.

But if the tumour enlarges above Poupart's ligament, involves the skin, and becomes soft, with a sense of fluctuation, it must be opened freely in this situation; and it will save the patient some suffering if we make an incision reasonably early. Sometimes a large amount of matter is discharged with great relief, sometimes only a small quantity, but the discharge will continue so long as suppuration goes on. When it ceases, the poultices may be omitted, and some dressing substituted if the wound remains open.

When once the abscess is opened, we may allow the patient a more generous diet, with wine, &c., and in many cases bark may be given with benefit.

But if the tumour shows a disposition to resolve itself, it will be advisable by degrees to leave off the poultices, and substitute cotton wool or flannel. In some cases this process is hastened by a small blister applied occasionally, or by painting the part with strong tincture of iodine, and I have seen great benefit and improvement result from warm hip-baths twice or thrice a week.

Such, Mr. President, is the imperfect sketch I have ventured to lay before you. No one can be more sensible than I, that it needs an apology, and I trust it will be found in the fact, that it has been written in the midst of great anxiety and hurry, without time to refer to books, and from an earnest desire to show my willingness to coöperate with you in your noble efforts to advance the science of medicine and surgery.

Dr. McClintock observed that from time to time he had seen a few examples of pelvic abscess, and that his own experience fully confirmed that of Dr. Churchill. He had seen cases in which the abscess had presented internally into the vagina, and into the rectum; but if he were to confine himself to his own experience alone, he would

say that the most usual direction was externally. It was also worthy of remark, that in none of the cases that had fallen under his observation, did a fatal result ensue—a circumstance which was corroborated by the testimony of Dr. Churchill. In most of the cases, the abscesses appeared to him to have some connexion with uterine inflammation, and they occurred very frequently in patients who exhibited a slight tendency to metritis, or who did not get on well during the first week after delivery. He likewise noticed that in the majority of cases, the abscesses made their appearance at the left side. The curious fact had been commented on by Dr. Churchill in his present valuable communication; but it should be borne in mind that it was not confined to pelvic abscesses following delivery. The same thing had been observed to take place in the eye, when attacked by puerperal inflammation in that destructive form known under the name of "ophthalmic phlebitis." In such cases, and he had met with two instances in his own practice, it was almost invariably the left eye which was affected; and Dr. Marshall Hall had made a similar observation with respect to the cases he had recorded. Again, he believed that phlegmasia dolens was more commonly found in the left leg than in the right. It was certainly a most remarkable fact, but it was, he thought, questionable whether any good could arise from conjectures offered in the way of explanation. Some authors seemed to think that this tendency towards the left side might be ascribed to the very general practice in this country, of delivering women on the left side; but this idea could not, with any show of reason, be maintained, since, in France and Germany, women were invariably delivered on the back, and yet the experience of medical practitioners in both of those countries confirmed the fact, that the abscesses were generally found at the left side.

Dr. H. Kennedy begged leave to refer very briefly to one point referred to by Dr. Churchill in his interesting paper—namely, the question of diagnosis. He had not been so fortunate as to meet with many cases of pelvic abscess, but if he might judge from the few he had seen, he would be disposed to say that the diagnosis of abscesses in this situation was by no means such an easy matter as the author of the present communication would have them suppose. In fact, he always experienced difficulty in arriving at a positive conclusion as to the precise nature of the case; that is before a tumour could be felt. In one particular case, which occurred some time ago, the diagnosis of the disease was literally impossible. It was that of a young girl, aged 16, who fell across a tub and injured herself in the left iliac fossa. Shortly after the accident she was admitted into the Whitworth Chronic Hospital, at which period she was labouring under a slight degree of fever, and some uneasiness in the left iliac region. At the end of a week, however, the fever ran very high, and resembled very closely the kind of fever met with in cases of what was usually termed acute phthisis. At the same time the sufferings of the patient became intense, the pain being referred to the left iliac region. By and by, some of the signs of tumour made their appearance; very obscurely in the first instance, but gradually became more and more decided, until at length no doubt could be entertained that a tumour existed in this situation. It was more or less of a floating character, and might with greater propriety be called an abdominal, than a pelvic, tumour, having regard to the locality in which it was felt. The amount of pain on pressing it was inconsiderable; but the pressure was followed by a good deal of suffering, and at times the agony of the patient became most intense. In this way seven or eight weeks passed over, and at length the fever ran still higher, and was attended by delirium; in which state the girl speedily sank. Now, it was worthy of remark that during the progress of this case, various opinions were hazarded as to its nature by the medical gentlemen who had seen it; and yet nothing like an accurate diagnosis was made by any one during the lifetime of the patient. After her death, it was discovered that the ovary was the seat of the disease. Disease of a malignant character had attacked the organ, which had become as large as a kidney of the largest size; and on cutting into it, it proved to be an excellent specimen of fungus hæmatodes. It was subsequently exhibited to the Medico Chirurgical Society, which was then in existence, and he thought the case worthy the attention of the Surgical Society, as an instance of the difficulty of arriving at a correct diagnosis in certain cases, owing to the locality of the tumour and other circumstances connected with it.

MEDICAL SOCIETY OF LONDON.

EXTERNAL DIVISION OF STRICTURE OF THE URETHRA.

Mr. Coulson related the following cases of cure of impermeable stricture by Mr. Syme's operation:—Wm. J——, aged 44, a sailor, was admitted into St. Mary's Hospital, October 13, on account of great difficulty in passing his urine. Eight years ago, he had stricture, but did not suffer much from it till the beginning of 1849, when he met with an accident, at which time he was seized with retention of urine, and has suffered from it occasionally ever since. At the time of his admission, he passed his urine sometimes in a very fine stream, at other times drop by drop. On passing an instrument into the urethra, a firm obstruction was met with five inches down, through which no instrument could be passed; just anterior to this there was a false passage. There was no induration beyond the stricture, nor any perineal fistula. The man had been in one of the largest metropolitan hospitals for some time previously, but no passage could be effected through the stricture. Under these circumstances, Mr. Coulson thought the case a favourable one for operation, and on the 15th of October, he divided the stricture through the perineum. A grooved staff was introduced down to the stricture, and the urethra opened just above it, immediately below the scrotum, for an inch and a half; the stricture was then divided, and the staff readily entered the bladder. This was withdrawn, and a No. 8 silver catheter introduced, and retained in the bladder forty-eight hours. There was some little difficulty in the operation, for no instrument being passed through the stricture, there was no guide to the urethra beyond the contraction. Another cause of difficulty was the existence of the false passage, for the staff, on being pressed against the stricture, had a constant tendency to go in the wrong direction. Mr. Coulson said that he might probably have passed a No. 1 grooved staff through the stricture; but he made fewer attempts than he otherwise would, in consequence of the false passage, and his having frequently opened the urethra easily, without the assistance of a staff. There was a good deal of bleeding after the operation, but it stopped in the evening. A No. 8 silver catheter was introduced every third day, whilst he remained in the hospital, and retained half an hour at each introduction. The patient had not had a single bad symptom; the wound healed readily, and the patient was discharged at the end of five weeks. Mr. Coulson said that he had seen the patient two days ago, and the largest-sized catheter could be easily passed into the bladder.—The second case was that of a patient, aged 54, who had laboured under stricture nearly thirty years. It had been divided by the lancetted stillette, and periodically dilated; but during the last two years it had become so much contracted, as not to admit a No. 1 bougie. The water came away only drop by drop; and at times retention occurred, which was always relieved by the application of the potassa fusa. Mr. Syme's smallest grooved staff was passed, and an incision an inch and a half in length was made, commencing from close to the scrotum, and carried down towards the anus. The groove of the staff was at once reached, and the stricture divided. A No. 8 silver catheter was introduced, and a considerable quantity of fœtid, alkaline urine discharged. There was a little bleeding in the night, which was easily stopped by pressure. The catheter was retained in the urethra forty-eight hours, and introduced every third day for a fortnight, at the end of which time this patient was able to leave the house, and resume his duties in a large newspaper estab-

lishment. At the present time, the largest catheter (No. 10) which the orifice of the urethra will admit, passes readily into the bladder. Mr. Coulson stated that he had operated on other cases, but he would bring them before the Society on another occasion. Mr. Syme's direction of the performance of the operation, is, that a grooved director, slightly curved, should be passed through the stricture; and the surgeon, sitting, or kneeling on one knee, should make an incision in the middle line of the perineum or penis, wherever the stricture is situated. The incision should be about an inch or an inch and a half in length, and extend through the integuments, together with the subjacent textures exterior to the urethra. The operator is then to feel for the stricture, and introduce the knife, or small, straight bistoury, behind or on the bladder side of the urethra, dividing, from behind forwards, the whole of the contracted portion. Mr. Coulson said that many severe cases of stricture will yield to persevering efforts at dilatation, or the use of the potassa fusa, or the ingenious and valuable instruments of Mr. Thomas Wakley; but every now and then cases will occur which resist all these means. Some years ago he had published several cases of stricture which he had cured by the lancetted stilette, after the failure of attempts at dilatation and the use of caustic, but there is an uncertainty in the use of this instrument which does not exist in the operation recommended by Mr. Syme. He said that, among the many and great obligations under which Mr. Syme had placed the profession to him, not the least was that of having recommended an operation so easy of performance, and so effectual, for the class of cases to which those he had mentioned this evening belonged.

GALVANIC BATTERY AND BELT.

Mr. PIGGOTT exhibited his battery and belt, and also explained their action. He said, that in all cases in which it was desirable to apply galvanism, the great desideratum has been to procure a continuity of the galvanic current of low tension or quantity, as distinguished from intensity. This could not be obtained by any of the ordinary acid batteries, the galvanism obtained from them being intense, and therefore inappropriate for curative purposes. In the application of Mr. Piggott's battery, the current of low tension is easily converted into intensity at the will of the operator; the battery is, so to speak, a self-acting one, and requires no previous preparation before using. It presents the appearance of a square box of polished mahogany, and varies in size from six to twelve inches square. Mr. Piggott stated that his battery was constructed with the ordinary metals, which were permanently separated by a porous diaphragm, saturated with deliquescent salts, which latter, absorbing the moisture of the atmosphere, excited an electric current always ready to be called into action. The galvanic belt is made on the same principle, and when used emits a continuous current of electricity, which, passing through the patient, stimulates the nervous system in a highly beneficial manner. The belt is called into action as soon as it is applied, and may be worn without needing saturation, and in fact without the slightest moisture being necessary. Mr. Piggott also mentioned that in several cases of contracted limbs he had used the galvanic battery in the first instance, and then applied the belt, made in the shape of knee and leg bands, with complete success. He had also successfully applied it to cases of neuralgia, dyspepsia, and disorders arising from an inactive state of the nervous system. The belt can be so constructed as to be applicable to any part of the body—viz., wrists, arms, limbs, neck, &c.—*Lancet.*

RELIEF OF PAIN BY COMPRESSION.—Dr Turck of Plombières has published a series of cases in which great relief was obtained by compressing, for a longer or shorter time, one or both carotids (or rather pneumogastric nerves). Severe colic, without diarrhœa, of fifteen years' standing, incipient phthisis, gastralgia, sciatica, &c., were temporarily benefited by this compression. Dr. Turck was induced to try this peculiar therapeutical means as it had, according to some authorities, in England and France, rendered good service in facial neuralgia.

PATHOLOGICAL SOCIETY OF LONDON.

DR. QUAIN presented specimens from a case of

CANCER OF THE LUNGS, PLEURA, PERICARDIUM, BRONCHIAL, AND OTHER GLANDS,

and gave the following history of the case, as obtained by Mr. Dickinson of the Brompton Hospital:—A. M——, aged 50, a servant and a widow, having had two children, was admitted into the hospital under the care of Dr. Cursham, on October 13th. She had always lived well, and enjoyed good health, save that seven or eight years ago she vomited considerable quantities of blood. This attack appeared to have been connected with some derangement of the menstrual function. Her present illness came on seven months before her death, when she was attacked with cough and slight expectoration, with occasional pains in the chest. From this time she began to lose flesh, her appetite failed, and for the last two months she had had œdema of the legs, for which she had been subjected to acupuncture. On admission she was pale and sallow, complaining of pain in the chest, troublesome cough, with scanty expectoration of a serous character, and great dyspnœa, which prevented her from lying down at night. She had pain in the legs, which were œdematous, and discharging, through an ulcer on each, a considerable quantity of fluid. She slept badly, and had a bad appetite; bowels rather confined; catamenia had ceased for the last two years; hair black; eyes gray; fingers not clubbed; pulse 68; respirations 32; felt very weak and low; was very irritable, obstinate, and anything but communicative. On examining the chest, the right side was found to move but little. It was an inch and a half more in its circumference than the opposite. There existed great and universal dulness over the whole side. The vocal vibration was not felt, and respiration was not heard below. Over the upper parts of this side, more especially behind in the supra and intra-scapular regions, there was a remarkably loud bronchial breathing with bronchophony. On the left side, there was dulness and a peculiar prolonged respiratory murmur. Over the heart there was heard, with the impulse, a rough, almost rasping sound. She continued to get worse; about ten days before her death the left arm became considerably swollen and œdematous; the dyspnœa increased; and, after about a month's stay in the hospital, she gradually sank.

Post-mortem.—Body not particularly emaciated; œdema of the left arm as high as the elbow, and of both legs as high as the hips; on the outer side of the left leg was a simple ulcer the size of a shilling; and on the right leg the cicatrix of another as large as a crown-piece. The mammæ were atrophied. On opening the chest, the right lung was found adherent to the wall of the cavity at the base by a strong band; at the left side there were some slight old adhesions; in the right pleural cavities there were three pints of sero-sanguineous fluid; in the left, scarcely any. The costal pleuræ on both sides were studded with small, flattened, hard laminæ, varying in size from a split pea to a sixpence; there were also a few calcareous particles the size of peas beneath the costal pleuræ; the right lung weighed twenty-nine ounces, was contracted in all its dimensions, and its surface irregularly studded with small, projecting, firm masses; on cutting into these, the whole lung was found to be closely studded, more particularly at the base, with small masses; these varied in size from a small pea to that of a walnut, and were more distinctly bounded at their margins than are similar masses of tubercle; they felt solid and firm, but were easily crushed between the fingers, and were of a pinkish-white colour; the vessels and bronchi throughout the lung were remarkably patulous. The left lung weighed nineteen ounces, was about the natural volume, and contained several masses similar to those in the right lung, but smaller; there was gray hepatization of a small portion at the base of this lung. The heart weighed eleven ounces; beneath the visceral pericardium, more particularly at the base were observed a number of flattened

from a flattened pinhead to a sixpence; these masses rendered the surface of the pericardium rough, and on cutting into them, they were found to intrude but slightly on the muscular tissue; there was some thickening of the left and right auriculo-ventricular valves, more particularly of the left; above the root of the lungs there was found a large mass of the same morbid matter; this mass extended to, included, and compressed the trachea, and more especially the arteria innominata and the left vena innominata; the thoracic surface of the diaphragm presented several flattened masses on its surface, and a mass of the same matter, as large as an egg, occupied the lower part of the anterior mediastinum. The liver weighed forty ounces, was healthy, but congested; spleen small, weighing but two and a half ounces; pancreas small. The kidneys weighed each five ounces and a half, and were healthy but congested. The mucous membrane of the alimentary canal was much congested; the lumbar lymphatic glands contained matter similar to that described in the lungs; the uterus contained in its substance a small mass of deposit similar to that found in the lungs. Portions of the morbid matter from nearly all the situations in which it existed were examined with the microscope, and found to consist of cells, and a stroma or basis; the fully-developed cells were about twice or thrice the size of blood-globules, generally spherical or oblong, and contained large, well-marked nuclei, granules, and oily particles; some of these cells presented a peculiar appearance—a vacant space from which nuclei seemed to have escaped. The stroma was remarkable for the fineness of the fibres of which it was composed; these were irregularly disposed.

Dr. Quain remarked that this case presented a good example of primary cancer of the thoracic organs. The morbid appearances were very characteristic, and it was well to direct attention to these cases as guiding us to the diagnosis of these obscure affections of the lungs.—*Lancet.*

ON THE TREATMENT OF CURABLE DISEASES.

By W. S. Oke, M.D., of the South Hants Infirmary.

Defective Power of the Lower Extremities in the Second Year of Childhood.

This is a case which often comes under my observation, and which, I believe, has been overlooked. The child, instead of being able to stand at the usual time, is found to be unable to bear the weight of the body on its lower limbs, the muscles of which are in some degree wasted and flabby. Upon examining the spinal column in the sitting posture, a slight posterior curve of the inferior dorsal vertebræ will be discovered, which will at once indicate the cause of the want of power. The following mode of treatment I have commonly found successful: A small blister about an inch and a half long by half an inch broad is to be applied on each side of the curve once in a fortnight; the system is to be supported by prescription No. 1, and the bowels gently corrected once a week by No. 2.

1.—℞ Vini ferri, m. xx.
Detur hœc dosis intanti bis quotidie ex aquæ pauxillo.

2.—℞ Hydrargyri cum creta, gr. ij.
Rhei radicis pulv. gr. iv.
Pulveris cinnamoni comp. gr j.
Misce fiat dosis semel in septimanis sumenda.

The child is never to be carried *upright;* and as it will be of great importance to take it into the open air in fine weather, it may be laid upon a small mattress in a concave wicker tray, which will be found light and convenient for the purpose. When left to itself it should be laid on a mattress either upon the floor or upon a bedstead; and this treatment should be continued until it regains sufficient power to attain the upright posture.

Case.—A lady, on discovering that the lower limbs of her child, although fifteen months old and of healthy appearance, always gave way under the weight of the trunk, brought it to me to ascertain the cause. On examining the spinal column I found a slight posterior curve of the spinous processes of the inferior dorsal and upper lumbar vertebræ. A small blister was ordered to be applied on each side of the curve, half a fluid drachm of the vinum ferri to be given twice a day, and strict directions were given that no further attempt should be made to induce the child to stand upon its feet for some time to come, and that it should be carried into the air in a recumbent position in a wicker tray. The result was, that in a few months it completely recovered the use of its legs, and went on well. Were it necessary, I could adduce very many cases of the same kind to prove the success of this mode of treatment. The strength should be supported, if the child has been weaned, by equal parts of milk and barley gruel.

Convulsions in Children.

Convulsions in children are most commonly brought on by reflex action, from some cause external to the brain, such as teething, crudities in the alimentary canal, &c.; but they are sometimes the result of a congested state of the cerebral vessels, and therefore an early and correct diagnosis is of the highest importance. If they are occasioned by the former, there may be no antecedent cerebral symptoms to warn us of their approach; they will probably soon cease: and moreover some advancing teeth, or improper food, will perhaps at once manifest the exciting cause, and the method of cure. If from the latter, they will be preceded by symptoms of cerebral congestion, such as inaction of the bowels, a drowsy aspect, pain of the head (if the child be old enough to express it, if not, the hands will be frequently carried there), immobility of one or both pupils, involuntary movements of the eyeballs, and grinding of the teeth. Convulsions following these symptoms do not subside like those which are produced merely by the irritation of teething, or of crudities in the stomach; and unless they are combated by a prompt and decided treatment, will continue till the brain becomes oppressed by serous infiltration, which is almost certain to end in insensibility, profuse sweats, intermittent breathing, and death. In this case we ought not to wait for the bleeding of leeches, but should immediately open the external jugular vein, and take away as much blood as the circumstances may require. It may be done in the following simple manner:—Having carried a ligature of tape, or of any thing at hand, around the side of the neck about to be punctured, and under the opposite axilla, sufficiently tight to make the vein rise, the integuments and platysma myoides muscle are to be freely divided by the edge of the lancet, by which the vein will be brought into view, and easily punctured. The best receiver will be a common saucer, the lip of which is to be made to press upon the vein below the orifice. I have frequently seen the greatest benefit from this practice, which I fear is too much neglected in the present day. The scalp should now be shaved, and covered with a bladder half filled with pounded ice, or snow, if at hand. The head and shoulders are to be raised and supported in position by a hard pillow. No. 1 is to be given immediately, and No. 2 in two hours afterwards.

1.—℞ Hydrarg. chlor.,
Scam. pulv. utrq. gr. iij.
Misce. Detur statim in simplice syrupo.

2.—℞ Hydrarg. chlor. gr. ij.
Sacch. purific. gr. v.
Misce. Detur secunda quaque hora.

Should the convulsions not subside under this treatment, and there be reason to fear that serous infiltration has taken place, a large blister should be applied to the head, and strong mercurial ointment, spread on lint, laid along the course of the lymphatic vessels upon the inner surface of both upper arms, but under such circumstances there can hardly be any expectation of recovery.

Cachexia Scorbutica in Children.

Amongst the lower grades of society children are sometimes affected with scorbutic, spongy, and bleeding gums, associated with superficial ulcerations of the membrane of the mouth, fœtid breath, pallid aspect, and very low power, symptoms which have probably arisen from crowded habitations and deficient diet. This wretched state admits of

rapid improvement by the lotion (1), the mixture (2), and a generous diet.

1.—℞ Solutionis chloridi calcii,
Mellis rosæ, sing. oz. ss.
Aquæ puræ, oz. v.
Misce fiat lotio ter die utenda.

2.—℞ Quinæ disulphatis, gr. vj.
Acidi sulph. dilut. gtt. xx.
Tinct. aurantii, comp.
Syrupi zingiberis utrq. oz. ss.
Aquæ distillatæ, oz. ij.
Misce capiat cochlearia parva duo bis quotidie.

The lotion should be carefully applied to the mouth and gums by means of a syringe or camel's hair brush, unless the child be old enough to use it in the ordinary manner. The bowels are to be regulated by rhubarb or castor oil. The diet is to consist of animal broths and a little wine, and the child taken out into the air as often as the weather permits.

Cachexia Verminosa in Children.

This case is characterised by a pallid, half-starved aspect, with attenuation, picking of the nose, morbid appetite, abdominal enlargement, and lumbrici in the alimentary canal. The cachectic condition arises probably from debility of the digestive functions, thereby admitting of the formation of the entozoa. The lumbricus is more commonly met with in the human body than any other worm, and sometimes a considerable number will exist in the intestinal canal of one individual at the same time. A child of five years old, residing in the New Forest, passed seventeen full-sized lumbrici in the course of five days. They are generally voided by the rectum, but occasionally by the œsophagus, and thence through the mouth or nostrils. Gnawing pain in the region of the stomach, a constant craving for food, irritation of the nose, and occasional moving sensations at the upper part of the intestinal canal, more particularly indicate the presence of this worm. This case will be successfully treated by the aperient (1), and the chalybeate (2). The former will sweep out the intestinal canal, and improve the secretions; the latter will not fail to strengthen the depraved condition of the system. A generous diet is indispensable.

1.—℞ Hydrargyri chloridi,
Pulv. scammonii, sing. gr. ij.
Radicis rhei pulv. gr. iv.
Pulv. zingib. gr. j.
Misce et sumatur bis in septimanis in crasso vehiculo.

2.—Vini ferri oz. iij.
Capiat cochleare parvum ex aquæ pauxillum bis quotidie.

If diarrhœa be present, two drops of the tinctura opii should be added to each dose of the vinum ferri, and the aperient (3) be substituted for the purgative (1).

3.—℞ Hydrargyri cum creta, gr. ij.
Pulveris radicis rhei, gr. iv.
Pulveris cinnamoni comp. gr. ij.
Misce fiat pulvis bis hebdomeda sumendus.

Cachexia Syphilitica in Infants.

This depraved condition of the system in infants is not uncommon, and must have been communicated by the parent in utero. Soon after birth there is an acrid discharge from the nares, producing obstruction to the nasal breathing and constant snuffling, which occasions an excoriation of the upper lip. There is also frequently a squamous eruption upon the angles of the mouth, and condylomata around the anus. If the progress of the disease be not arrested, it will extend to other structures, and ultimately involve the bones of the palate, nose, and upper jaw. From these results the auditory function is often obliterated, and the tongue being untutored by the ear, the child will become deaf and dumb for life. This disease is curable by medicine, unless struma be associated with it, and there be set up a strumo-syphilitic diathesis. The mode of treatment would consist of the iodide of potassium and mercurial alteratives, the doses of course to correspond with the age of the child. In infants, the formula 1 and 2 will be sufficient for the system. If there be any eruption at the angles of or about the mouth, it may be smeared, morning and night, with the ointment (3); and should there be condylomata at the anus, the caustic lotion (4) may be applied to them twice a day by means of a camel's hair brush.

1.—℞ Potassii iodidi, gr. xij.
Syr. zingi. oz. iss.
Misce. Detur infanti fluidrachm ter quotidie.

2.—℞ Hydrargyri cum creta, gr. xij.
Pulvis tragacantha comp. dr. ss.
Misce et divide in chartulas xij.; detur una bis die.

3.—℞ Unguenti hydrarg. nit. oxidi, dr. ij.
Utetur mane et nocte.

4.—℞ Argenti nitratis, gr. x.
Aquæ distillatæ, oz. j.
Misce et fiat lotio bis die applicanda.

This treatment is to be continued till the disease has disappeared.

Cachexia ex Alvi Fluxu in Infants.

Cachexia in infants is sometimes the result of long continued diarrhœa, brought on either by a morbid secretion of the mammary function on the part of the mother, or if it arise after lactation by careless and improper food. The child, from this constant out-run from the bowels, is often reduced to an *extreme degree* of attenuation, has a senile aspect with large features out of all proportion to the shrunken appearance of the countenance, and looks like a living skeleton. Although an infant in this state may appear *prima facie* to be beyond the reach of human skill, the contrary is more commonly the fact; for by judicious treatment as to medicine and diet, and above all, by the kind attentions of a nurse, the secretions may be corrected, the diarrhœa controlled, and the health restored. The two first may be accomplished by 1 and 2.

1.—℞ Pulveris ipecacuanhæ comp. gr. iij.
Hydrargyri cum creta, gr. vj.
Confectionis aromat. scr. j.
Syrupi zingiberis, dr. vj.
Misce, et ampulla agitata, detur dr. j. omni nocte alterna.

2.—℞ Tinctura catechu, dr. j.
Spiritus menthæ pip. gtt. iij.
Syrupi simplicis, dr. ij.
Tincturæ opii, gtt. vj.
Misturæ cretæ, dr. ix.
M. Detur cochleare parvum bis terve die.

The food which I have seen attended with the greatest success, is boiled flour and skimmed milk, prepared in the following manner:—Take a sufficient quantity of flour, tie it into a linen cloth, and boil for several hours till it becomes hard; then peel off the outer part and grate the centre into skimmed milk till it becomes the consistence of gruel; add powdered white sugar, and let the child be wholly fed with it until the health is restored.

Cachexia Purulenta in Children.

The species of cachexy here alluded to is the result of long-continued purulent discharge from external causes. The child is pale, emaciated, and almost exhausted, simply by the quantity of discharge. There is no hectic fever, and the case is curable. The following example will show both disease and treatment:—A child of a year old was brought to me a short time ago from the Isle of Wight, with a disease of the os ilii. It was so reduced and attenuated by the constant discharge from several openings, that there did not appear to be any rational hope of recovery; however, I ordered fifteen drops of the vinum ferri to be given to it three times a day, with a nutritious diet. In a month I saw the child again, and there was a remarkable improvement, both in the local disease and in its general health; after about the same interval, it was brought to me the third time, when the openings were almost healed, and the child was convalescent. I am happy to perceive that the London College of Physicians has thought fit to restore the vinum ferri to its place in their new Pharmacopœia, as I have ever found it in the diseases of children requiring chalybeate medicine, a most convenient and effectual preparation.

Cachexia Eczematosa in Children.

This disease is very common amongst the ill-fed and

neglected children of the lower classes. There is a pale and sickly aspect, and on different parts of the scalp the hair is matted together with filthy scabs, of eczematous secretion, from which exudes a thin and irritating discharge. There are also weak ulcerations behind the ears, and about the angles of the mouth, and on the nares, &c. There is no eruptive disease more easily got rid of than this, provided the treatment be carefully carried out. The whole of the scalp having been closely clipped, and the scabs removed by poultice or fomentation, the eczematous parts are to be smeared by the ointment (1) twice a day, and well fomented before each application. The alterative dose (2) is to be given twice a week, and the strength supported by (3). By these means the removal of the disease will be at once accomplished.

1.—℞ Unguenti hydrarg. nit. oxidi, oz. ss.
Bis die applicanda digito.

2.—℞ Hydrarg. cum creta, gr. iij.
Pulv. rhei, gr. iv.
Pulv. cinnamonii, gr. j.
Misce fiat pulvis bis hebdomeda sumendus in theriaca.

3.—℞ Quinæ disulphatis, gr. ij.—iij.
Acidi sulphurici dil. gtt. vj.
Tinct. aurantii co.
Syrupi zingib. sing. dr. ij.
Aquæ distillatæ, ad oz. iij.
Misce capiat cochleare largum bis quotidie.

—*Provincial Medical and Surgical Journal.*

OPERATION FOR STRICTURE.

By Mr. Simon of St. Thomas's Hospital.

When once spasmodic stricture has supervened upon the organic form, the case admits of no further delay, and accordingly we find that the most able surgeons have taken especial pains to inculcate the necessity of immediately resorting to some steps for withdrawing the urine. But though there has generally been little doubt as to what we are to do when the catheter can be passed, yet the greatest disunion has long prevailed as to what plan is to be adopted when the instrument cannot be made to penetrate the stricture. One of the most unobjectionable of these has been considered to be the piercing of the bladder through the rectum with a trocar, and yet we find it strongly condemned as dangerous and unjustifiable. Mr. Guthrie says, "the peritoneum, instead of passing down behind the bladder, and between it and the rectum to the base of the triangular space, and then terminating in a cul-de-sac, does sometimes pass on further between the triangular space and the rectum, and even occasionally as far forwards as the prostate gland; so that, by puncturing through the rectum, the general cavity of the peritoneum will be opened in such cases before the bladder is reached, and the patient must be lost." Nor has the operation above the pubes been less condemned. Mr. Guthrie considers this also altogether objectionable; and to quote authorities who have raised their voices against it would only be to fill the pages of the journal with subject-matter which the reader will find in every standard work on surgery. We have several times seen puncture of the rectum with the happiest results, and never seen it fatal or even injurious. The operation above the pubes has been abandoned and resuscitated, till it is difficult to say in what degree of favour it now stands, while that of passing down the catheter to the stricture, dividing this, taking up the urethra again like a lost thread, and passing the catheter on to the bladder, is undoubtedly difficult, sometimes impracticable, and occasionally fatal.

Mr. Syme's operation has undoubtedly succeeded in cases, but then it is adopted, and seems to be only intended, for the radical cure of organic, not the instantaneous relief of spasmodic stricture, and one reason of its success is, that first of all a curved director should be passed through the stricture, and if the patient would most probably die while the surgeon was taking means to cure radically "the unyielding condition manifested by the constricted canal, and its tendency to contract perhaps even more closely than before after being partially or completely dilated." Moreover, the hæmorrhage which follows it is often alarming, and has in some instances been all but fatal. Hence any plan tending to relieve the sufferings of the patient, and render the removal of accumulated urine more easy and safe, as well as less dangerous, will doubtless be welcomed by surgeons as a valuable addition to our resources against this malady. Mr. Simon has in several instances performed a very simple and effectual operation for stricture, which has the additional advantage of being equally adapted to cases of simple permanent stricture and those complicated with retention. Mr. Simon passes the finger of the left hand into the rectum, and feels for the prostate gland: so soon as he has well made out the position of this, he plunges a narrow bistoury into the raphe, about an inch anterior to the rectum, and carries the point of it towards the tip of the finger; the back of the knife is turned towards the finger, and thus the urethra is at once reached, posterior to the stricture. This immediately relieves the retention, and he then allows the stricture time to dilate a little, which it does when the pressure is taken off from behind, and then it can be dilated by the bougie, &c. Mr. Simon has performed this operation in several cases with success. The first case of all was that of a man who was sinking rapidly, the bladder distending, the tongue growing brown, and typhoid, great anxiety, &c., and who would have died before the ordinary operation of cutting down upon the stricture could have been executed. It was accomplished in a very short time, and was quite successful. In the following cases, which we give somewhat in full, it will be seen that the stricture was far advanced, but was unaccompanied by spasm. For the notes we are indebted to the kindness of Mr. Tyrrell of St. Thomas's.

Case 1.—H. L., aged 34, a hawker, was admitted into Lazarus Ward, October the 14th, 1851, with stricture and perineal abscess, of which he gave the following account; He had been accustomed to live somewhat freely, but was not in the habit of drinking to excess. He has suffered under stricture for six years, and two years ago had an abscess in one of his testicles—the result, perhaps, of the stricture. On his admission, he appeared to be in a very weak state: there was an abscess in the perineum, which, according to his statement, had only existed for a week. Distinct fluctuation was made out. The stricture scarcely admitted the smallest catheter, which was passed the next day into the bladder; and the abscess in the perineum was opened, giving exit to a quantity of very fœtid pus. The patient was sent to bed; four ounces of gin were also ordered him, and the opening into the abscess was dressed with linseed meal poultices.

On the 16th, or the second day after admission, he complained of the smarting, and occasionally the urine getting upon the wounded surfaces; he was weak, and had passed a sleepless night. Urine flowed also by the urethra. At half past twelve on the same day he was seen by Mr. Simon; and as there was a good deal of urine extravasated, and a considerable quantity was passed through the catheter when this was introduced, the surgeon decided upon puncturing the canal. This was done in the way we have described, and the urethra was reached with great ease: a firm elastic catheter was then passed into the bladder. During the two succeeding days it was clear that the patient's state became very critical. His pulse was quick and weak; he was feverish and ill, and the urine contained a great deal of pus; but the swelling in the perineum steadily subsided, the pulse gradually rose, the patient began to sleep better, and the urine lost its purulent character.

On the 20th of October it is stated in the report that "the swelling has now almost disappeared; his urine has much improved in every respect; it is clearer and less offensive." As he complained of his bowels not being open since the 17th, half an ounce of castor oil was ordered: and the dressing with warm water, which, for the last two or three days, had been substituted for linseed poultices, was continued. Three days after, he noticed that there was a discharge from the urethra, and he still complained

of being weak and having no appetite, but he was evidently getting stronger, and the abscess was rapidly disappearing. On the 27th, the catheter was withdrawn from the bladder: it was very much coated with phosphates. A small catheter was now passed by the penis into the bladder, and kept there for some little time. The dilatation of the stricture was now commenced, and a succession of bougies was passed with the happiest results. By November 5th, considerable ground had been gained, and very little urine passed by the wound, and in the course of a very short time he went out of the hospital completely cured.

Case 2.—J. G., aged 35, a coal heaver, was admitted October 17th, 1851, into Abraham Ward, with symptoms of extravasation of urine, respecting which the following history was obtained:—He had laboured under stricture for seven years past, but no retention had occurred until about nine weeks previously, when suddenly finding he was unable to pass any urine, he applied at the hospital and was admitted. On the nature of the case being made known, an attempt was made to pass a catheter, which, however, failed. A dose of opium was then given him, and he was sent to bed, which had the effect of relieving the retention, and procuring a flow of urine. He went out again, and four days previous to his re-admission noticed the swelling in the perineum. For long the stricture has been extremely tight, admitting the escape of only a very narrow stream, and his habits being intemperate, had doubtless fostered a tendency to spasmodic stricture. At noon Mr. Simon saw him, and performed the operation without any delay. To relieve the accumulated pus and urine, an opening had to be made into a collection of matter situated posterior to the scrotum, and another into the cellular tissue on the pubes: the latter yielded little result, but the former was followed by the escape of a quantity of pus. He was then ordered a pint of porter. On the day after, it was found that he had slept well, and that his appetite was good, but the pulse was rather full and quick, and he had several violent fits of shivering, which, however, disappeared by the next day. His appetite remained good, but as in the other case, the bowels were constipated, and had to be relieved by appropriate remedies. He now began to mend steadily, and though he complained of being weak and low, his pulse and appetite remained good, his urine improved in colour, the discharge of pus diminished, and the swelling subsided. On the 23rd of October, the catheter was changed, as it was much coated with the urinary salts; and on the 29th it was removed altogether, and one passed into the bladder by the penis. By this time the pulse and strength had steadily improved, his tongue had grown clean, his bowels were regularly open, and the urine was of average character. On the 1st of November the dilatation by bougies was begun, and continued regularly up to the date of Mr. Tyrrell's last communication to me on the subject (November 21st), when the man was just cured and about to leave the hospital.—*Med. Gaz.*

Accidental and Complete Evulsion of the Globe of the Eye.—Dr. Verhaeghe mentions the following case in the *Annales d'Oculistique*:—A fisherman of Ostend, returning home in a state of complete inebriety, fell against the key of his door. The ring of this key had become sharp by long usage, and cut the upper lid clean through from above downwards. Entering afterwards the orbit, it acted like a scoop, separated the eye from all the parts which attach it to its orbitar situation, and regularly extirpated it, so that the organ went rolling on the floor. Strange to relate, the man was so intoxicated that he did not heed this frightful wound, and went to bed. His wife, on rising the next morning, was much surprised to find that her husband had lost so much blood, and horrified at seeing the eye on the floor. The man was taken to the hospital, where the parts (a few shreds of conjunctiva, and of the recti muscles) soon cicatrized and adhered completely.—*Lancet.*

REVIEWS AND NOTICES OF BOOKS.

THE LAWS OF HEALTH IN RELATION TO MIND AND BODY; a Series of Letters from an Old Practitioner to a Patient. By Lionel J. Beale, M.R.C.S. London. 1851. Fcap. 8vo. pp. 306.

"Although there are many works on health addressed to the public, yet it cannot be said (Mr. Beale observes) that their influence has been sufficient to supersede the necessity of another while such manifold evidence continues of the desolations which afflict mankind from ignorance of the laws of health. The daily duties of a medical practitioner bring to his notice many lamentable cases, where a small degree of such knowledge would have prevented serious evils."

The author commences with some general observations upon the advantages to all classes of an acquaintance with the laws of health; which is followed by a brief sketch of the history of medicine, and some remarks upon empiricism, including homœopathy and mesmerism. "Among the diseases to which the human frame is liable, of course many (Mr. Beale observes) are incurable; and it is on the fears of persons thus afflicted that the inventors of novel modes of treatment, the proprietors of nostrums, and pretenders of all sorts, make their harvest."

"That the infinitesimal doses have no influence whatever on the animal organism, either in a morbid or healthy condition, is a fact which can be readily proved by experiment, if it be considered necessary to appeal to an experimental inquiry in order to prove that the millionth of a grain of charcoal, or the decillionth of a grain of opium, administered a certain number of times in the day, are utterly incapable of producing any marked effect on the functions of the animal body.

Homœopathy is a sort of revival of ancient medical practice, and is an attempt to go back two or three centuries—in this respect bearing some resemblance to other modern attempts to restore the mediæval absurdities of bygone ages. If life has ever been preserved by medical aid, then must homœopathy be one of the greatest delusions which human blindness ever adopted."

The next chapters embrace a popular account of the organs and functions of digestion and respiration; of the skin and brain. The brain is then considered in relation to the faculties of the mind, the instincts, ideas, &c.; and the subject is followed up in succeeding letters under the heads "progress of the mind in childhood," "faculties latent at birth, gradually developed by education," "development of the observing and perceptive faculties," "progress of the mind from childhood to maturity."

"Having traced the general processes of the animal economy and the various influences of systems and organs in their relations to each other in health and disease," Mr. Beale proceeds to show "the operation of the laws of health at various periods of life." Commencing with the laws of health in infancy and the disorders of childhood, the author considers in succession "the maturity of mind and body," "the effects of dissipation and mental excitement," at this period; and the diseases incident to the meridian of life.

The 22nd chapter is devoted to the health of mind and body at the age of 50:—

"The beginning of the second half century of human life is an epoch at which many changes of constitution have become very apparent. The hair is thinner and grayer; the eyes require the aid of spectacles; muscular power has declined; we are no longer capable of enduring so much exertion, and other symptoms of declining years may have become perceptible. Very active exercise is not so necessary to health as in earlier life; our regard for ease limits our exertions, and this with an increase of the pleasures of the table, induces a disposition to obesity, with its common attendant, disturbance of the balance of the circulation. We should at this age carefully attend to any symptoms about the head, such as giddiness, noise in the ears, frequent headaches, specks before the eyes, &c., which indicate mischief that may, after a time, terminate in apoplexy and para-

lysis, unless the full tide of nourishment is arrested. Congestion or inflammation in other important organs, the lungs, the liver, or the kidneys, may be induced by similar causes.

Indolence of mind and body, and indulgence in the pleasures of appetite, are the foundation of innumerable ills, which reach their acme after the age of 60, and either carry off their victims about the period styled the grand climacteric, or establish some of the disorders which render old age unenjoyable. The true remedies for this state of things are temperance and exercise; but there are few who, for the sake of health, can be induced to relinquish the pleasures of eating and drinking, which generally destroy the capability as well as the desire for exercise. We can only depend on secondary means of preventing congestions and disturbances in the vital organs by purgatives, and occasional abstinences from the usual heavy feeding. If the warning of increasing corpulence, and some of the above-mentioned symptoms, is not attended to, and a more moderate style of living adopted, apoplexy, heart-disease, dropsy, &c., may cut short the thread of life, or render the victim a helpless invalid."

The remaining chapters are devoted to the "laws of health to be observed in advanced life, and the disorders of old age: and the volume concludes with a general summary of the laws of health with reference to mind and body, from which we extract the following passages, with which we shall also conclude:—

"The principal laws of health, the regulation of which are under our own control and power, relate to the organs of digestion and respiration, the skin and the brain.

1. Temperance and sobriety in eating and drinking, taking only those things which we know to agree with us, and in moderate quantity.

2. To breathe as pure an atmosphere as possible, by living in well-ventilated houses and apartments, by exercise in the open air for several hours daily, in order that the whole of the air cells may be emptied, and a fresh wholesome change of the particles of air may reach every part of the lungs.

3. To maintain a free state of all the pores of the skin by ablution and friction, so that there shall be no obstruction to transpiration: once at least in every twenty-four hours we should increase the ordinary transpiration to perspiration by active exercise.

4. To promote the healthy action of the brain and nerves by active mental employment, giving to the mind, by proper exercise of all our faculties, mental and moral power to keep in subordination the emotions, the passions, and the propensities."

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, JANUARY 7, 1852.

THE PRESENT POLICY OF OUR PROFESSION.

With the New Year commences a new era for medical affairs in Ireland. Not only does the operation of the new Dispensary Act throughout the provinces effect a revolution, but in the metropolis circumstances for some years in operation seem to have caused a similar commotion. A storm has arisen, and it remains to be seen whether the Surgeons of Ireland can weather it as they have other storms within the last half century; or whether, distracted by a multiplicity of difficulties, and weakened by division, they are to fall a sacrifice to the elements which threaten them. Of their power and ability to surmount any such difficulties we ourselves entertain no doubt, provided always that they prove true to themselves by a resolute determination to adopt the word UNION as their rallying guide, and that they never lose sight of a few principles of action which can scarcely be questioned. We are not so sanguine or so inexperienced as to suppose that incomplete unanimity can be secured amongst us as to matters of detail, or that all can be relied upon to adhere steadily to any rule of conduct, however beneficial to all; but we are sanguine enough to believe that a very large majority of our body can act in concert for the attainment of paramount objects. There are certain points respecting which all must agree, with the exception of those who recognize no obligation, and who look not beyond the present moment. No one will deny that the labourer is worthy of his hire, and that in accordance with that maxim the Surgeon should, like every other man, be honestly paid for his services; yet several may be found willing to give practical proof of their readiness to depart from a rule founded on such an assumption. Many will say a £100 a year is very inadequate payment for their services, but if they cannot obtain that will accept £50. With such men let us not quarrel, neither let us in disgust abandon our principle, for these men are still of our opinion, although compelled by hard necessity to act contrary to it. Allowances must be made for exceptions, for otherwise *union* cannot be secured, and without union success cannot be achieved. All must be prepared on all occasions to assert the rights of Surgeons to adequate remuneration for their services, and on the present occasion all should be prepared to advocate the grant of some specified sum as the Dispensary Surgeon's salary. We have, we confess, been cautious in the expression of our opinion as to what that sum should be pending the formation of districts, but that being now to a certain extent agreed upon, we, after mature deliberation, come to the conclusion, that a £100 a year may be named as the sum fairly to be expected. This we state by way of example of a practical application of a fixed principle, and we would therefore have it set down as number one of several items equally important which we would suggest for adoption. The point next in importance at the present critical moment requiring united action is that of protection against imposition. Upon the course the Dispensary Surgeons now pursue with respect to the tax on their professional services, hitherto levied for the easement of persons of limited means, not being "poor persons" or "fit objects for dispensary relief," much will depend hereafter. If they now submit to the perpetuation of this tax by a perversion of the law, they will have themselves only to blame. We counsel not any ungenerous or unfeeling denial of that relief which the Surgeons of Ireland have at all times afforded, not merely to the labouring poor, but to the others in narrow circumstances not willing to be considered poor; we only advise a firm resistance to all attempts to compel them to afford gratuitous relief to persons of adequate means. Another point which claims the attention of all, is the extent of district upon which the Surgeon should be called to undertake the attendance; not merely to prevent the approval by the Commissioners of the excessive districts formed in some of the unions, but to prevent hereafter the union of districts; or perhaps the farming out of the whole union to one man. Every one knows that men might be found willing to undertake the care of two or three districts if paid the amount of two or three salaries, although the proper attendance on such might be physically impossible, but such a proceeding, however advantageous to the ratepayers, would be a mere evasion of the act. If some Surgeons be found discharging excessive and slavish duties, the Guardians will presently require others to do the same. In Abbeyleix Union, the resolution of a former board has been rescinded, and the number of districts reduced, the

argument used being that one of the present Surgeons had performed larger duties than those now required. Many other points will require the active interference of Surgeons whenever they resolve to act in cöoperation, and amongst them not one will more imperatively demand their attention than the lowering of the standard of surgical qualification. Of this we have over and over again warned them from time to time, and now we repeat the warning. If our profession becomes crowded throughout the country by the intrusion of persons into it who have obtained the usual qualifications by illicit means, or who hold spurious certificates of fitness furnished to them by unauthorized parties, regular practitioners will be undermined, and facilities will be afforded for providing that cheap system of medical relief which certain ratepayers so earnestly advocate. From the above observations our readers will gather that we are anxious to remind our brethren throughout the provinces that the period has arrived for that exercise of unity of purpose and action which is essential for their safety. A hint only we hope is necessary to convince them that whatever other securities may exist for their protection, they should not fail to preserve and improve that which in time of need is most to be relied on, their own exertions concentrated and regulated by union and cöoperation.

APPEAL TO A BOARD OF GUARDIANS.

We solicit particular attention to the following document, it being the first attempt to induce a Board of Guardians to reconsider its decision. At first sight, such a course seems an obvious one, but much must depend upon the temper and composition of the board upon which such an experiment can be tried. Here it seems not to have been very successful, and one of the board could not refrain from the expression of splenetic feeling respecting it. An attempt, however to rescind the resolution forming the districts, with a view to their diminution in number, was defeated:—

Memorial to the Board of Guardians of Mountmelick Union.

The undersigned medical attendants of the existing dispensaries of the district, respectfully showeth—

That memorialists have observed, by reports of the proceedings of your board, as published in the newspapers, that you have divided the union into dispensary districts, and named salaries which you approve of as proper compensation for the medical officers.

That though your memorialists have formed opinions on the subject of the districts, and are not prepared to state that such districts appear to them to have been judiciously arranged, your memorialists feel, as that particular subject is at present under consideration, it would be premature for them to enter into details respecting it.

Your memorialists would deem it false delicacy, should they abstain from declaring that the proceedings of the board have imposed on memorialists an obligation to urge, in self-defence, that the salaries named by the board are wholly insufficient as remuneration for the services to be performed, and are inequitable as regards memorialists, whether the matter be viewed in relation to past rate of salary, future amount of duty and responsibility, or to the extent, value, and population of the districts.

Memorialists are aware that a power may exist to force on them, within certain limits, terms which they cannot feel to be just towards them; they, however, most respectfully press upon the whole body of the guardians, the propriety of weighing, as honest men, the true value of services in no respect inferior, in importance to society, to those performed by any, even the very highest officers of the state.

Were your memorialists to approach the naming of a fair annual sum to be paid, as an average salary in dispensary districts generally, they could not possibly approve of a lesser sum than £100 per year, rendered in some instances larger, according to special circumstances, in particular districts.

Relying on a spirit of justice in your board, memorialists feel that it would ill-become them to doubt that their opinions shall receive due attention from you. They do not apprehend that they shall have to seek protection in any other quarter than from you, whose experience and knowledge of what is just by the sick poor and their physicians, should enable you to adopt arrangements likely to prove satisfactory to all.

A. E. Tabuteau, M.D., Surgeon to Portarlington Dispensary, Chairman; M. W. Fisher, M.D., Surgeon to Ballybrittas Dispensary; H. J. Smith, L.R.C.S.I., Surgeon to Mountrath Dispensary; J. R. Clarke, M.D., L.R.C.S.I., Surgeon to Emo Dispensary; William Thornell, M.D., F.R.C.S.I., Surgeon to Mountmelick Dispensary.

My opinion having been requested on the subject of the above memorial, I have to express my full concurrence in all the sentiments therein contained.

John Jacob, M.D., &c.,
Surgeon to the Queen's County Infirmary.

CORRESPONDENCE.

"THE DISPENSING OF MEDICINES BY SURGEONS TO THEIR OWN PATIENTS."

". . . . . Having, in common with my professional brethren, the utmost reliance on your able and honest advocacy of the rights and privileges of our profession, I beg respectfully to call your attention to this subject," &c. &c.—*A Dispensary Surgeon in* Medical Press *of November* 26, 1851.

"Our correspondent may rely on our inclination to deal with this matter, and we are convinced of the inclination of the college to do the same."—*Editor's remarks on the above in* Medical Press *of November* 26, 1851.

TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—I hail with unalloyed pleasure the prospect held out in the foregoing remarks "of making the College of Surgeons *in* Dublin, even now *the* College of Surgeons *of Ireland*, and rendering it the bond of union between the several classes of the profession in this country;" thereby carrying out to the fullest extent the original object of the Charter of 1844, by opening its doors "for the reception of practitioners in surgery of long standing, and possessed of irreproachable moral and professional character." For liberal and unprejudiced though the admissions to the fellowship were in that year, many, very many, who would be otherwise delighted to avail themselves then of the privileges of the charter, were reluctantly compelled to forego that honour in consequence of their being totally unable (from peculiar circumstances, or rather from being peculiarly circumstanced) to abide by the conditions, laid down by the council in reference to the above heading.

The writer of this, a former pupil of the college, and long a member of the Medical Association of Ireland—the rules of which prohibited its members from "being engaged in the business of retailing drugs or compounding the prescriptions of others"—was nevertheless debarred from the fellowship because he was necessarily compelled "to dispense medicine to his own patients," owing to his being located in a district, parts of which were fifteen and twenty miles distant from any apothecary or druggist; so that to save time and trouble, he is actually obliged to carry a medicine-chest in his vehicle when called to see a patient. Surely the stringency of the rule which deprives men so circumstanced of the fellowship of the College of Surgeons of Ireland, should be a fit subject for consideration by the council, with the view to its modification, to suit the wants and wishes of the many who are at present suffering under it.

Although your remarks have reference chiefly (and perhaps only) to existing fellows, yet I should hope that, if the council should make any modification of the rule complained of by "A Dispensary Surgeon," they will extend the rule to such at least as were excluded in 1844 for want of such a modification; and as it appears from your observations, that the council would not be indisposed to meet the wishes of the profession in this respect, might I respectfully suggest the adoption of the rule laid down by the Medical Association of Ireland on the same subject, to get over the only difficulty

that appears to me to exist in coming to a satisfactory settlement of this important subject.

Sincerely hoping that I will ere long hear of the successful issue of this case, I have the honour to remain your obedient servant, CHIRURGICUS.

It would not become us, in this place, to dictate to the College of Surgeons, by suggestion or otherwise, any line of conduct in reference to the point to which our correspondent alludes; but it is our legitimate duty to impress upon our brethren, at the present critical moment particularly, the importance of this matter. We cannot see how persons who hitherto relied on the dispensary for relief, but who are now excluded, can be treated, unless the Surgeon makes some provision for the supply of medicine to them. Where good apothecaries exist, and do not make themselves the rivals in practice of neighbouring surgeons, an arrangement can be made without much difficulty; but in the case to which our correspondent alludes, it is otherwise. As to Members of the College of Surgeons, the disability to dispense medicine applies to the Fellows only; Licentiates are at liberty to do so as fully as they please. It may be well to bear in mind now, when an assimilation of the practice in Ireland to that of England seems in this respect inevitable, that Surgeons who adopt it must take a more business-like view of the matter than they have hitherto done. They must make up their minds as to the course they should pursue to enable them to live. If a gentleman calls himself Doctor and Physician, accepting his fee as an *honorarium*, and writing his prescriptions, he must be satisfied with the consequences; he cannot recover payment for his attendance even as a Surgeon. But if he calls himself Surgeon, charges moderate fees, and dispenses or not as convenience may require, he becomes what in England is called a General Practitioner. How far the comfort and affluence enjoyed by this class in England may tempt our Irish brethren to follow their example, however, remains to be proved.

HINTS ON THE DISPENSARY ACT.

WE solicit the attention of our readers to this letter. Much of it corroborates our views, and more of it saves us the trouble of urging the points touched upon:—

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—I believe that the avowed object of the Medical Charities' Bill is to afford efficient medical relief to the poor throughout Ireland. That it was the intention of the legislature that such relief should be afforded in a *bona fide* manner, there can be no doubt; yet when we take a review of the proceedings of the various boards of guardians for the last month or so, in dividing the unions into districts and fixing the salaries of the medical officers, it would appear that the majority of those gentlemen seem to consider the interests of the poor in a secondary point of view; whilst imposing hard labour on their medical officers, with large districts and paltry salaries, is ranked as a matter of the first importance. In fact, in most instances, they have appeared only to vie with one another in proposing the lowest salary for the greatest quantity of work, and heaping unmerited degradation on our profession. In very few instances have they allowed anything like fair remuneration for the duties required to be performed; whilst, in most cases, the districts are of such magnitude, comprising an area of eight, ten, or twelve square miles, that it would be morally impossible for one man with the fleetest horse—leaving his private practice out of the question—to discharge his duties conscientiously with benefit to the poor. Yet this is to be the substitute for our old dispensary system; which, with its many acknowledged evils, had at least one recommendation—that it proved a blessing to the suffering poor. That this new bill may become a blessing or a curse to the land, will depend in a great measure upon the exercise of that discretionary power placed by the act in the hands of the Poor-law Commissioners. If they require that the poor be properly attended to in the hour of sickness, they ought also to insist that fair remuneration be given to the medical officers, in whose charge they place so great a responsibility. On the contrary, if they allow the dispensary surgeons to be oppressed with over-work and scanty remuneration, what other than the most disastrous consequences must follow—alike ruinous to the poor and degrading to the profession. I say, then, in order that this bill may become practically useful in this country, properly qualified officers must be appointed, and a fair remuneration given for their services. Such fair dealing with the medical profession would, in the end, prove a source of economy to the ratepayers. It is more than probable that most of the guardians, in fixing the salaries for their medical officers, were at the time quite ignorant of the duties which will be required of them. Were they aware, when they were fixing those salaries, that the duties are most laborious and harassing; that their medical officers will have to attend to all applications for visits, when a ticket is presented either from a member of the local committee or from the relieving officer. In midwifery cases, also, he will be obliged to give his services, for the act draws no distinction of cases. He will have to attend patients in natural as well as dangerous labour; and it may be taken for granted when the poor people know that they have a right to call on the doctor in such cases, they will not be slow to avail themselves of an advantage which many in the middle ranks of life are unable to procure. The medical officer is also expected to vaccinate all children which may be brought to him for that purpose. He will have to attend at the examination of dangerous lunatics, and give attendance at bridewells within his district. He will also have to assist the commissioners in the removal of nuisances, and obey the orders of the commissioners in many ways too tedious to mention. Thus it is evident that the time of the medical officer, which will be so fully occupied with his ordinary duties, must also be devoted to midwifery cases, and a host of other employments, when any of these extraordinary cases occur. He will become bewildered amid the mass of business, and leave the half undone. Let us suppose a case. The doctor is summoned early in the morning to attend a woman in her confinement, living five or six miles from his residence; he goes there, and finds her in tedious labour—all safe, nevertheless; the patient and friends are anxious that he should remain in the house; he, feeling his responsibility, is unwilling to leave her, and remains till the delivery is completed. He returns home after eight or nine hours' delay, wearied no doubt, and finds a number of applicants waiting in the dispensary for relief; others from all quarters of his district with visiting-tickets from committee men, all urgent for domiciliary attendance. What is the doctor to do under these circumstances? He cannot possibly attend to all: he must leave them to their fate till the following day. Although some may think this to be an exaggerated case, I am of opinion that it will be one of ordinary occurrence, unless the Poor-law Commissioners stand forward and meet the difficulties which present themselves.

It has been said lately by one of the Medical Inspectors under the poor-law, at a meeting of a board of guardians held in the north of Ireland, that the salaries already settled upon were higher in proportion than those given to the parochial surgeons in England. In this, I think, he was mistaken; as he seemed to forget that relief is given in England to the destitute poor alone, whilst in Ireland it will be given—as the act states—to the poor: destitution not being a necessary qualification. Besides, the doctors in England are allowed 10s. for each midwifery case, which, in the end of the year, makes a vast addition to their annual income.

Knowing, then, the extent of our grievances, we should take into consideration the best mode of redressing them. This should be done by calm but firm representation. We should not on any account offer any factious opposition to either the Poor-law Commissioners or Poor-law Guardians. We should rather assist these boards with any suggestions which our lengthened experience of dispensary practice may dictate; and I am sure that our Medical Commissioner—a gentleman of honour and integrity, and in whom the profession may justly place every confidence—will not be indifferent to the voice of the profession. We must not, however, depend either on boards or individuals. If we wish to have our grievances redressed, we must stand firm together, and put our own shoulders to the wheel.

The poor-law guardians have already shown us how they can discharge their duties: we now wait in extreme anxiety

to see how the commissioners will fulfil theirs. We do not think that the commissioners can, in common justice to the medical profession, sanction the late proceedings of the poor-law guardians. The commissioners have also an equally important task to perform: they have to frame general rules and regulations for the government of each dispensary district, and for the guidance and control of the guardians, the committees of management, and the several officers to be appointed in connexion therewith respectively. The harmonious working of the bill will, in a great measure, depend upon the judicious framing of these rules. In these rules, instructions should be given to the local committees stating the class of patients which are eligible for dispensary relief; this can be easily done in general terms, and will prevent eternal disputings amongst the local committees. Strict rules ought also to be enforced to bring the poor into regular habits. An order ought to be issued that the gentlemen comprising the various committees will not give tickets—except in cases of great urgency or accident—after ten o'clock in the morning, and that such tickets must be left at the dispensary before eleven o'clock a.m. of the same day. Unless a rule of this kind is enforced, there is no medical officer who could get through his business with any satisfaction either to himself or the poor.

The local committees will also have their duties to perform as soon as they are elected; they ought, one and all, to represent to the commissioners and poor-law guardians, the utter impossibility of their medical officers attending to all ordinary cases of midwifery. They should, therefore, recommend to the commissioners the importance of having a qualified midwife appointed in each dispensary district, to be paid a certain sum per case; such a person could attend to all ordinary cases of childbirth without the assistance of a doctor. Should any danger arise, in the progress of any case, it will be her duty to have the doctor summoned.

If proper rules of this nature are not made and enforced, it is impossible that the bill can work well; if, also, the honour and dignity of the medical profession is not upheld, it will be found in time that no man of education will accept of a dispensary under such hard taskmasters. The poor must, consequently, be the chief sufferers. Their diseases will be mistaken and maltreated; death will increase, and contagion will spread from the poor man's cabin to the rich man's palace; thus this bill, which by a little liberality might be made a blessing, may, through injudicious regulations and short-sighted economy, become the bane of the land.

I know that the ratepayers will say—We see that the doctors are dissatisfied, but we care not; we will always be able to get doctors, good enough for the poor, at the salaries we propose. Let them, however, beware that the biter be not bitten. Although the present race of medical officers attached to dispensaries—than whom a more enlightened or better educated class of practitioners does not exist in the whole world—may, through dire necessity, accept office under this new act, yet in time a class of half-educated men—made for the market—will rise up to fill these situations. The ratepayers may still think them good enough for the poor; they will, however, have no other alternative but to employ them when sickness comes to their own doors.

The medical officers of dispensaries should meet together without loss of time to take into consideration the dangers and difficulties of their position. Sufficient has been said to show that the successful working of this measure must depend on the zealous coöperation of all parties: if one single part of this superstructure is badly put together, if it cannot be made into one harmonious whole, the entire fabric will totter, and become a chaos of endless confusion.—I am, sir, your obedient servant, A SUBSCRIBER.

THE QUESTION OF PLURALITIES.

We promote the object aimed at by the writer of the following letter sufficiently by giving insertion to it, without expressing any opinion other than we have already expressed on the subject. Where conflicting interests embarrass a question, we must refrain from comment until they cease to affect it:—

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—I am desirous of calling your attention to a matter likely to be of frequent occurrence under the new medical act in the several unions throughout Ireland, in relation to the formation of dispensary districts and the appointments of medical men thereto. In some instances where it happens that in the same union there have been two separate dispensaries attended by two distinct medical men under the old system, one of them, in addition to his dispensary, has also the attendance of a workhouse, for which he receives a salary. Now, by the operation of the late act, in the division of the union into districts by the board of guardians, the two dispensaries referred to are put into one, or joined together, so as to form a district under the now existing law. I wish to know is it consistent with the spirit of the act, that the medical attendant to the workhouse, who generally has one thousand inmates to attend, and seldom less than one hundred in hospital and infirmary, should claim to be preferred to the other medical man, who is not encumbered with official duty, and who has attended one of the dispensaries mentioned above in the locality for many years, and is well established and regularly qualified? As to me, it appears that the intention of the act was and is, to provide for as many of the original dispensary attendants as arrangements under it would permit, and not for the purpose of conferring "pluralities," by the exclusion of those who have a just claim, as also to afford necessary medical aid on a scale sufficiently extensive for the relief of the destitute poor, and not to create an injustice by sanctioning the appointment of any man that has not it in his power, from preëngaged official duty, to attend to the poor efficiently.

I sincerely hope, that as the guardian of "equal rights" of the profession, you will please have this matter brought under the consideration of the commissioners, so that justice shall be meted out to all parties, and that the man rendered plethoric with "full rations," may not be allowed to purloin the "cup of thin gruel" from a fellow-labourer equally meritorius. By giving insertion to this in your highly estimable PRESS, you will oblige one of your earliest and constant subscribers.—I am, sir, sincerely yours, JUSTITIA.

NAVY MEDICAL SERVICE.

We cheerfully give insertion to the following observations on this subject, and at the same time venture to express a hope that, at this critical moment, everything that can be done to render this department efficient, and to secure its harmonious operation, will be done. We at the same time also have to express a hope, that no importunities will avail to lower the surgical qualification for the situation of Navy Surgeon, or to substitute any sham or spurious diploma for the regular surgical one of the Colleges of Surgeons usually required:—

TYRANNICAL CONDUCT OF ADMIRAL SIR WM. PARKER.

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—The following unwarrantable conduct on the part of the Commander-in-Chief on the Mediterranean station is reported in the *Morning Herald* of the 23rd of December, 1851, wherein the two-faced conduct of the Admiralty is seen through:—

"Some days ago, after the return of the Queen from her cruise, Mr. Stirling, a supernumerary acting-lieutenant, applied to the captain to have the use of one of the cabins on the main deck, vacated by one of the admiral's domestics. On the request being referred to the admiral, he made inquiries as to who occupied the cockpit cabins; and on finding that one of them was occupied by Mr. D. J. Duigan, assistant-surgeon, an officer who is part complement of the Queen, he ordered him to be displaced immediately and the cabin given to the supernumerary acting-lieutenant (Mr. Stirling). Mr. Duigan, obedient to orders, vacated the cabin, which he had been in possession of for nearly eight months, and at the same time appealed to his captain by letter, in the most respectful manner; and pointing out the Admiralty Circular of the 17th July, 1850, granting assistant-surgeons cabins, and the Queen's Regulations (art. 6, p. 7), which directs that supernumeraries shall not be permitted to displace any of the established officers of the ship in their accommodations on board.

The Commander-in-Chief says that Mr. Stirling is not a supernumerary, but an additional lieutenant.

In another instance, Mr. Pearce, being then at home, and in ill-health, on leave, was appointed to the Modeste. The appointment was declined until a promise had been given that he should have his cabin when Mr. Pearce joined. The

gentleman had fitted up his cabin with comfort; had brought several botanical and other specimens useful to his profession, and instruments and drawings necessary; things, in fine, he would never have brought to sea but for the promise of his cabin. Of this he has been deprived, in spite of the solemn promise made to him at home. These really seem to us to be very harsh proceedings, and we hope will form additional items to the long list of grievances which, on the assembling of parliament, will be brought forward when the humiliating position of naval assistant-surgeons shall be before the house. We have since learned that Mr. Duigan has been offered his cabin, as Lieutenant Stirling is only on board for a passage to the Growler, but on condition that in the event of an additional, *alias* a supernumerary lieutenant being appointed, he will have to give it up. The offer was, on these conditions, firmly yet respectfully declined; Mr. Duigan not judging it necessary to accept as a boon what he considered should be his as a right. However wedded may be Sir William Parker to old theories and older habits, it would be but an act of duty to consult the interests of the service by giving to the assistant-surgeon the position granted him by order of the Board of Admiralty; in other words, to obey those orders from his superiors, which no one is more particular than he in exacting from those under his command."

Mr. Duigan is, I believe, a Fellow of the Royal College of Surgeons of Ireland. Such is the treatment of a naval medical officer, that it is to be hoped the national medical colleges will enter a crusade against the Admiralty to stop medical men from joining the navy.—I am, sir, yours,

AN ASSISTANT-SURGEON, R.N., M.R.C.S.L., L.A.C.L.

THE MEDICAL OFFICERS AND ADMIRAL SIR WILLIAM PARKER.

THE Mediterranean of all naval stations, labours but too successfully in maintaining its not very enviable pre-eminence in opposing the rights of the assistant-surgeons of the navy. So far back as the month of May last, Captain Boldero, in his place in the House of Commons, stated, that the order of July, 1850, regarding cabin and other accommodation to assistant-surgeons, was in but too many instances a "dead letter," and particularly mentioned the Mediterranean as the station on which that order had been treated with almost systematic evasion. From a recent Malta *United Service Journal*, and from some other sources, we learn that two assistant-surgeons have lately suffered cabin "ejectment," and under circumstances which clearly show that so long as the present Commander-in-Chief has the power, there will be no want of the will to render the position of assistant-surgeons as humiliating as possible. It would appear that on board her Majesty's ship Queen, the flag ship on the Mediterranean station, of the three assistant-surgeons who possess ward-room rank, one only has been provided with a cabin. This he seems to have occupied in the cockpit without molestation until some time in the latter part of November last, when he was ordered to vacate his quarters in favour of Mr. Stirling, a supernumerary acting-lieutenant who had for some time held a cabin on the main deck, usually occupied by a servant maid, when embarked. We are not informed whether the unexpected arrival of the maid on board gave rise to this rather unceremonious ejection of the assistant-surgeon from the cockpit cabin and its occupancy by the lieutenant; but the assistant-surgeon, relying upon the Admiralty order of July 17, 1850, which provides that assistant-surgeons shall have cabins when the accommodation on board will admit, and trusting to the "Queen's Regulations" (chap. ii. part 6), which enjoin that "supernumerary officers shall not be permitted to displace any of the established officers of the ship in their accommodation on board"—reverting also to a most *apropos* case in point, in which the same supernumerary acting-lieutenant had, on a former occasion, been ordered by the captain to vacate his cabin for a lieutenant of marines, while he (the assistant-surgeon) was left in possession—considered it a duty he, on the occasion in question, owed his brother officers as well as himself to make a respectful but firm remonstrance to his commanding officer. The result of this appeal seems to have been nothing more than something very closely allied to disingenuous quibbling on the part of the admiral, for, from the Malta *United Service Journal*, we learn that "the Commander-in-Chief says that Mr. Stirling is not a *supernumerary* but an *additional* lieutenant. Strange

"That such difference should be
'Twixt tweedle-dumb and tweedle-dee."

With all deference to the Commander-in-Chief, we will venture to inform him that to endeavour to institute a difference between the words *additional* and *supernumerary*, as regards officers, is simply an absurdity. In the first place, we doubt if the word additional, as applied to an officer, occurs in the printed instructions. It is not to be found in the printed sheets in which the complements of officers, &c., of ships are given. When *additional* officers are borne on a ship's books, they are included under the head of supernumeraries for wages and victuals, and returned accordingly. We trust, then, that in any future essay at the expulsion of an officer from his proper cabin, the Commander-in-Chief will discover some reason for such a course, more consistent with the dignity of his position, and less at variance with common sense, than a mere arbitrary distinction between two words which, as every one else knows, possess essentially the same meaning. But after all, the quarters of the servant maid were not destined to remain altogether uninvaded, for in a very short time after the supernumerary (or, according to the admiral) the *additional* acting-lieutenant had taken possession of the assistant-surgeon's cabin in the cockpit, he was appointed to her Majesty's ship Growler, at this time on the eastern limits of the station, and thereby became a passenger awaiting to join his ship. He was then ordered from the cabin in the cockpit to resume his occupancy of the servant maid's cabin on the main deck, and now the assistant-surgeon was offered repossession of the cockpit cabin, on the condition that he would resign it in the event of another supernumerary or additional lieutenant joining the ship. The assistant-surgeon properly, as we think, declined the tenure of the cabin on such humiliating terms, and there, so far as we know, the question at present rests. There is another case on the same station, which is remarkable for possessing some features of peculiar and unwonted hardship. As we shall reserve its discussion for a future occasion, we are, therefore, unwilling in any degree to prejudge it. This is the less necessary as we understand that both cases will undergo proper and searching investigation. But as it has been rumoured that, in this second case, threats were used to the assistant-surgeon, when deprived of his cabin, to deter him from making that appeal which is the right of every British subject, whether in the service or out of the service, we trust, for the reputation of the English navy, for the sake of our common nature, that the report has orignated in error. Should it, on the other hand, prove to be but too correct, then we would only observe that, the man who, in the present day, dares to stifle respectful remonstrance against an act supposed to partake of injustice or oppression, altogether mistakes the requirements of the age, and commits an outrage upon its intelligence.—*United Service Journal.*

ADDRESS TO JOHN MACDONNELL, ESQ., M.D.,

MEDICAL POOR-LAW COMMISSIONER FOR IRELAND.

SIR,—We, the medical practitioners attached to dispensaries within the Cork union, beg leave to offer you our very warm and sincere congratulations at your appointment, as Medical Commissioner, under the Medical Charities' Bill.

When we consider the lively interest you have long taken in the honour and dignity of the medical profession, and the very high character you bear as a professional and educated gentleman, we feel deeply grateful to government for its wisdom in selecting you to fill a responsible situation, in discharge of which we feel well assured you will consult the interests of the sick poor, while you protect those of the ratepayers, as well as uphold the welfare and respectability of your medical brethren.

Trusting that you may long be spared to assist by your sound advice the non-medical commissioners in carrying into salutary operation this important bill,—We have the honour to remain, sir, with great respect, your very faithful servants,

Henry O'Brien, M.D., Chairman; C. Y. Haines, M.D.; R. T. Fowler, M.D., M.R.C.S.Eng.; Thomas Gregg, M.D., L.R.C.S.I.; George A. Rountree, M.D., M.R.C.S.Eng.; Thomas Wall, M.D., M.R.C.S.Eng.; Robert D. Parker, M.D., L.R.C.S.I.; Philip R. Twigg, M.D., M.R.C.S.; W.R. Lane, M.B., T.C.D.; N. J. Hobart, M.D.; Wm. Henry Sandham, Surgeon: P. J. Barry, M.D.; B. Johnson, M.D., A.B., &c.; Charles Armstrong, M.D., F.R.C.S.I., Secretary.

Cork, December 15, 1851.

REPLY.

4, Gardiner's-row, Dublin, December 10, 1851.

GENTLEMEN,—I beg leave to return you my warm and cordial thanks for your kind congratulations on my appointment as Medical Commissioner under the Medical Charities' Act. Believe me, in the performance of the duties that have devolved on me, it is my earnest and anxious wish, to the best of my ability and judgment, to consult, as you so kindly anticipate that I will, the interests of the sick poor and of the ratepayers, and to uphold the welfare and respectability of my professional brethren. I am well persuaded, that the latter cannot be sacrificed without serious detriment to the real interests of both the sick poor and the ratepayers.

Accept my sincere thanks for your good wishes, and believe me to be, gentlemen, your very faithful servant,

JOHN MACDONNELL, M.D.

To the Dispensary Physicians and Surgeons of the Cork Poor-law Union.

NEW VIEWS ON THE SUBJECT OF PYROMANIA.

MORE than twenty-five years ago, the Austrian Government, influenced by medical reports, admitted a then current theory respecting the cause of one class of crime, and modified the practice of the Criminal Court with regard to them. There had been several cases of arson *(Brandstiftung)* committed by very young persons, and medical men attributed it to a peculiar "organization" in the criminals, that drove them by an irresistible impulse to fire-raising: thrusting a lucifer into the dry thatch of a barn was, in fact, merely the symptom of a human malady, to which they gave the name of "Pyromania," or, in German, the more formidable title of "Brandstiftung-strieb." Yielding to this medical theory, the government ordered that in all such cases the criminals should be subjected to a professional examination to ascertain whether they were afflicted with this really dangerous, and, in its effect at least, most catching disease, or whether they were responsible for their act by the possession of so much of the shepherd's philosophy as taught him that "the property of fire is to burn." Since that period (1824) the medical profession has, on further investigation, itself condemned and renounced the theory, and determined that the plea of "irresistible impulse" and a peculiar "organization" against a charge of wilful fire-raising is not a sound one; the government, therefore, has also revoked the legal practice founded on the erroneous theory, but with its customary maturity of deliberation. A medical report, dated in October last, states that the medical profession has for many years been convinced that the doctrine in fashion a generation ago was a false one. The decree releasing the Criminal Court from the obligation of handing over all youthful incendiaries to the doctors is only of the 30th of November. In future, the court is to use its discretion, and order such an investigation only when there are grounds for it, as it does with other criminals. The eminent medical men who have signed the report on which the present decree is founded, request to be relieved from the duty of examining all persons charged with this crime, and pronouncing a decision on their responsibility, which only had the effect of delaying the prosecution, the doctrine on which they were authorized to act having long been exploded; they assert confidently, that the efficacy of the law will not thereby suffer the least injury.

IODINE RENDERED SOLUBLE BY SYRUP OF ORANGE-PEEL AND TANNIN.—M. Debauque mentions, in the *Journal de Pharmacie* of Antwerp, that he has found means of keeping iodine in a state of solution, when added to mixtures in the form of tincture. The author uses, for that purpose, syrup of orange-peel, which answers the purpose perfectly. It was suspected that *tannin* was mainly instrumental in this result; and this was rendered evident by putting a few grains of tannin into a quantity of water to which tincture of iodine had been added, and in which the iodine had of course been precipitated. The addition of the tannin caused the iodine to be immediately re-dissolved. Thus will the syrup of orange-peel be advantageously added to mixtures containing tincture of iodine, and tannin to injections composed of water and the same tincture.

THE ITCH CURED IN TWO HOURS.

DR. BAZIN, physician of the Hôpital Saint Louis of Paris, introduced not long ago a notable improvement in the treatment of the itch, since he succeeded in curing the disease in *two days* by general frictions with the sulphur ointment. Dr. Hardy who has succeeded Dr. Bazin in the Scabies wards of the same hospital, has, however, considerably curtailed this already short time; he cures his patients in *two hours*. The method is described as follows:—Patients are no longer admitted *into* the house for the treatment of the itch, as two hours suffice to render contagion impossible and the recovery almost certain. The patient is put into a warm bath, and rubbed for an hour with yellow soap; he then passes into a clean bath, where he continues to cleanse his skin for another hour. After leaving this bath he is taken to a particular room fitted for the purpose, and, with the aid of one of his fellow-sufferers, he is rubbed all over for half an hour with the following ointment:—Axunge eight parts, flowers of sulphur two parts, carbonate of potash one part. After this friction, the patient is examined and sent away cured, though sometimes pretty numerous vesicles on the hands and elsewhere remained unalter. Dr. Hardy states that out of one hundred cases he has hardly had two or three relapses. The number of itch patients has considerably diminished, as none are now turned away for want of room; and the disease has thus spread with much less rapidity.—*Lancet*.

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1851–1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Dec. 28th,	41	34.5	30.582	
Monday,	29th,	42.5	35.5	30.582	
Tuesday,	30th,	42	27.5	30.468	
Wednesday,	31st,	38	30	30.250	
Thursday,	Jan. 1st,	39	32	29.900	
Friday,	2nd,	40	33	29.600	.058
Saturday,	3rd,	43	30	29.430	.025

PORTARLINGTON, QUEEN'S COUNTY.

1851–1852.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Dec. 28th,	41	31.5	30.341	41	40	38.7	.001	NE
29th,	43.5	31.5	30.348	38.2	37.1	35.6		NE
30th,	42.5	27	30.247	34.1	33.8	33.4		Calm
31st,	38	31	30.015	36.1	35	33.4	.002	WNW
Jan. 1st,	39	34	29.665	36.4	35.6	34.4		Calm
2nd,	41.5	33	29.395	34.6	33.5	31.7	.100	NW
3rd,	42	27	29.205	40.4	40.1	39.7	.051	W

M. W. HANLON, M.B.

ROYAL OBSERVATORY, GREENWICH.

Mean height of Barometer..... 30.15

" " Thermometer*..... 41.5

Self-registering do.† ..... max. 59. min. ..... 34.

* From 12 observations daily—† Sun.

SKIBBEREEN DISPENSARY.

AT a General Meeting of the Subscribers, held by requisition, at the Dispensary, on November 25, 1851,

DANIEL MCCARTHY, Esq., in the chair,

It was proposed by Thomas H. Marmion, Esq, seconded by Daniel Welply, Esq., and resolved unanimously:—

That we, the subscribers of the Skibbereen Dispensary, are desirous of expressing, in the strongest manner, our high estimation of the services rendered by Daniel Donovan, Esq., M.D., and Mr. Jeremiah Crowly, the Medical Officers of the Institution, during the long period of their connexion with it (nearly eighteen years); during which time, and especially within the last six years of famine and epidemic disease, their attendance upon the sick and afflicted of this large and very impoverished district, has been marked by high medical skill, and by unwearied zeal and humanity.

That the present opportunity (the last we may have in connexion with this Dispensary) is gladly seized on by us to give unanimous expression to the high respect and esteem in which we hold their professional abilities, as well as their personal characters; and our earnest hope that the poor of our district may, under any new arrangements, continue to enjoy the benefit of their kindness and skill as heretofore.

Signed on behalf of the meeting,

D. MCCARTHY, Chairman.

PROFESSOR PORTER'S SURGICAL WORKS.

OBSERVATIONS ON THE SURGICAL PATHOLOGY OF THE LARYNX AND TRACHEA.

Chiefly with a view to Illustrate the Affections of those Organs which may require the operation of Bronchotomy.

OBSERVATIONS ON THE SURGICAL PATHOLOGY AND TREATMENT OF ANEURISM.

By WILLIAM HENRY PORTER, M.D.,

Surgeon to the Meath Hospital and County Dublin Infirmary, Consulting-Surgeon to the City of Dublin Hospital, and Professor of the Theory and Practice of Surgery in the Royal College of Surgeons in Ireland, &c. &c.

Dublin: Fannin and Co., Grafton-street.

Mr. Porter is preparing for publication his Lectures on VENEREAL DISEASES, with additional Notes and Illustrations.

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Animal and Vegetable Physiology,	Drainage,
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PROCEEDINGS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND.—
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SURGICAL SOCIETY OF IRELAND.—DEC. 20.

Mr. TRANT, President of the College, in the chair.

CASE OF DROPSY OF THE LEFT FRONTAL SINUS, OCCASIONING CONSIDERABLE DILATATION OF THE SINUS, WITH ABSORPTION OF ITS BONY PARIETES; EVENTUALLY FORMING A TUMOUR EXTERNALLY, WHICH PROTRUDED THE LEFT EYE DOWNWARDS: WITH OBSERVATIONS.

By O'B. BELLINGHAM, M.D., F.R.C.S.,
One of the Surgeons of St. Vincent's Hospital.

DR. BELLINGHAM said the subject which he proposed to bring under the notice of the Society on that occasion was disease of the frontal sinus. Spontaneous disease in this situation was confessedly very rare; and the peculiar form of disease presented by the patient whose case he was about to detail, had not, he believed, been hitherto described; at least in the researches which he had made, he had not been able to find a similar one recorded. The cast upon the table, taken by Dr. Carte, represented accurately the appearance of the patient on his admission into hospital.

James McCleary, aged 46, "a small farmer" from the county Monaghan, admitted into St. Vincent's Hospital, July 11, 1850, on the recommendation of Dr. Morrison.

A tumour, about the size of a lemon, measuring nearly five inches transversely, and above three inches from above downwards, occupies the forehead above the root of the nose and the region of the eyebrows, extending from the middle of the right eyebrow to the temporal side of the left, which protrudes downwards the left eyeball, and partly conceals it. The tumour is not painful when handled, and the skin covering it is not discoloured; the centre and the lower part are soft, and to the touch give the sensation of fluid; at the upper part, on each side, a ridge of bone is felt along its margin, extending a short distance upon its walls. The sight of the eye is not impaired, and he has not suffered pain except at one point, on the left side near its margin.

The patient states that he had been always healthy, and never received an injury in the part; he attributes the disease to cold. He says that about the middle of March, 1848, he was employed in plowing, the weather being very harsh, when he caught cold, "a scum came over his eye," and his sight was affected. About two or three months afterwards he perceived a slight swelling on the forehead above the left eyebrow, which increased gradually in size. In February, 1850, he applied at the Monaghan Infirmary, when Dr. Young introduced a small trocar, and withdrew about an "eggshell full" of fluid, which had a dark colour. In May last it was again tapped with the same result; and he states that the swelling was very considerably reduced upon each of these occasions. The left testis is atrophied, and about the size of a hazel nut, the effect of an injury which he received when twelve years of age.

The patient being very anxious to submit to any operation likely to afford relief, and to remove the deformity, it was determined, in consultation with Sir Philip Crampton, as there was doubt about the nature and seat of the disease, to expose the tumour by a free incision of the integuments, and then to act according to circumstances.

July 19, 1850. A transverse incision was made through the integuments in the whole length of the tumour, which were dissected back above and below. An opening was then made into the tumour, and a quantity of a dark-coloured, viscid fluid, having much the appearance of bile, and amounting to several ounces, escaped. The cavity left was found to be formed by an expansion of the left frontal sinus. The anterior table of the bone here had been entirely absorbed, except at the margin where the hard ridge had been felt. The posterior table of the bone had been also absorbed, and the pulsation of the brain was visible to the eye and perceptible to the touch. The orbital plate of the frontal bone had been likewise absorbed, and the globe of the left eye could be felt from the cavity of the sinus. The interior of the cavity presented a smooth, white, and glistening surface resembling the dura mater.

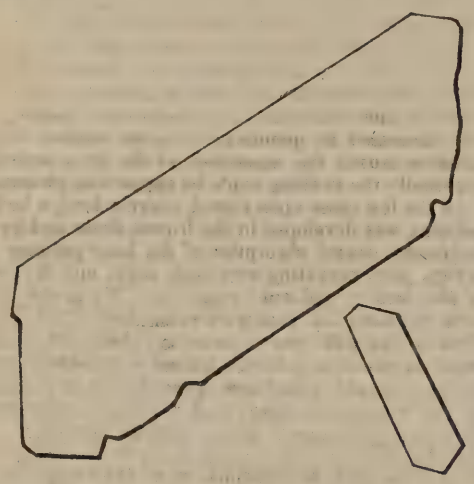
Only one point in the interior gave out blood, and this but to a small amount; the incision in the integuments, however, bled freely, and required several ligatures.

A dossil of lint was placed upon the bleeding point in the cavity, and the wound was not dressed for some hours,

when it was removed; the edges of the incision were then brought into contact, and retained by a few points of the interrupted suture and adhesive plaster.

The fluid removed resembled bile in appearance and consistence, or the fluid sometimes evacuated from ovarian cysts which have frequently been tapped. On a microscopic examination by my friend Dr. Carte, it was found to contain granular matter, oil, and blood globules (the latter being derived from the wound in the integuments which had mixed with it as it escaped), with a large number of tabular crystals of a peculiar shape, somewhat resembling cholesterine.

The accompanying woodcut, from a drawing by Dr. Carte, gives an accurate representation of two of these crystals, magnified 200 diameters.



20th. The integuments covering the tumour, which were quite flaccid yesterday, are now tense and distended; both eyelids are œdematous, and the eyes are closed; the integuments of the forehead are red, and the edges of the wound are glued together. Two of the sutures were therefore removed, and the lips of the wound separated to a small extent when exit was given to a quantity of serous fluid slightly tinged with blood. A piece of cotton wick, to act as a syphon, was then introduced into the cavity; pulse 64. A grain of calomel and two of James's powder were directed to be taken three times a day.

22nd. The swelling and œdema of the eyelids and forehead have diminished; a serous fluid slightly tinged with blood continues to escape, and the pulsation of the brain, acting upon this fluid and pushing it forward, is very evident; pulse 72; thirst less; tongue cleaner.

23rd. The patient complains of pain over the brow on the left side, which has a dull character; he says he occasionally feels pain of a darting kind in the same part, and that the parts above the wound feel as if benumbed.

25th. A portion of the wound has healed by the first intention; the discharge is thicker; the œdematous swelling about the wound has altogether subsided; the patient complains of no pain, and is in better spirits; pulse under 70; little thirst.

26th. Patient not so well to-day; there is a redness over the forehead, particularly over the site of the tumour, of an erysipelatous character; the skin is hot; the bowels are confined; pulse 84; he complains of pain in the head; slept badly, and is in low spirits. Warm water was injected into the cavity by means of a gum elastic bottle, and a good deal of healthy looking pus washed out, with relief to the patient.

30th. The nose and left cheek present now an erysipelatous redness; the skin is cooler; pulse 76; tongue coated, and gums slightly affected by the mercury, which was directed to be discontinued; the discharge of healthy pus continues, and the cavity is syringed out with warm water daily; he complains now of cough and "oppression of his breathing;" a good deal of mucus is secreted in the bronchial tubes which gives him trouble to expectorate; he says he has been subject to a cough in the winter; the ligatures have all come away, and the wound is united, except at the point where the tent is introduced. The patient is still upon very low diet.

31st. The erysipelas has now extended to the right ear and right side of the face; tongue somewhat less coated; patient has had rather profuse perspiration over the whole body for the last few nights. A mixture, containing quinine and dilute sulphuric acid, was directed.

August 2nd. The erysipelas has almost disappeared; the patient's tongue has cleaned; he has no pain now; the discharge has diminished, and is of a healthy character; the patient only complains of hunger and weakness, as he has been upon a very low diet; the perspirations ceased after one dose of the medicine.

6th. The skin of the face is desquamating; the discharge from the cavity has diminished; the tongue is clean; the patient complains of no pain, and was permitted to leave his bed to-day for a short time.

9th. The patient has been up every day since the last report; he feels perfectly well, and is in good spirits; the cavity is filling up, and the discharge from it very trifling.

19th. The cavity is almost filled up; water injected into it returns immediately; there is scarcely any discharge, and the little orifice is with difficulty kept open by the tent; the patient is remarkably well; the tongue is clean; the appetite good, and the bowels are regular.

21st. The patient was allowed to return home to the country to-day; he remained well when heard of some time subsequently.

OBSERVATIONS.

In the infant at birth there is no trace of the frontal sinuses; between the age of two and three years, they begin to make their appearance, when they constitute merely larger cells in the diploe. They are not fully developed until about or after puberty, when they consist of two cavities, often of different size, and varying also in size in different subjects, which sometimes communicate with one another, but always with the nasal cavities by a separate foramen in each, which opens into the middle meatus of the nose.

The development of these sinuses is the result of the receding of the two tables of the bone from one another; or more properly speaking, of the advance forward of the anterior table, and it is in some measure from the development of these sinuses that the change in the profile of the face, which occurs at this period of life, is brought about.

The frontal sinuses are lined throughout by mucous membrane, which is continuous with the pituitary membrane lining the nasal cavities; but it differs from the latter in being denser in its texture and paler in its colour, as well as in being smoother and more highly polished. In the infant at birth, as there is no trace of these sinuses, so of course this membrane is altogether absent at this period.

The membrane, then, which lines the frontal sinuses, although it is considered to be a continuation of the pituitary membrane of the nose, would appear to be developed subsequently to it; and it differs from it not only in appearance, but in its liability to disease; for while spontaneous disease of the mucous membrane of the nasal cavities is sufficiently frequent, disease of the membrane which lines the frontal sinuses is excessively rare.

The frontal sinuses from their position are exposed to injuries from cutting, puncturing, or other instruments, from blows or falls, &c.; and inflammation followed by suppuration may be the result of such injuries, but appears to be rarely so. Some few cases are also upon record of inflammation ending in abscess in the frontal sinus independent of injury, in which the matter either made its

way into the nose, and so escaped, or was retained, and gave rise to a train of severe and distressing symptoms. A graphic description of a case of this kind will be found in the second volume of the Principles of Surgery by John Bell.

The works of the older authors contain cases, or allusions to cases, where anomalous or alarming symptoms, amounting in some instances to convulsions or maniacal delirium, were produced by insects finding their way into the frontal sinuses, or by worms developed in these cavities, which symptoms ceased upon the escape of these animals by the nostrils. The majority of such cases are, however, badly authenticated, or the details are too imperfectly given to render them of much value; and as analogous cases have not, that I am aware, been met with by modern surgeons, it may reasonably be doubted whether the symptoms were always due to the cause stated. Indeed the membrane which lines the frontal sinuses does not appear to be endowed with very acute sensibility; in the case before us at least, this membrane was exposed and handled without any particular sensation being experienced by the patient. Besides we know that in certain animals, particularly the dog, a species of entozoon, the pentastoma tœnioides, is developed, aad has its natural habitat in the frontal sinuses. The specimen upon the table was presented by me to the Museum of the College.

The analogy between the membrane lining the frontal sinuses and that of the cavities of the nose, is shown by the occurrence of polypi in the former cavities. This, however, is excessively rare, so rare indeed that I believe there are only three examples of it upon record, and an interval of one hundred years intervened between the occurrence of the first and second cases; two of them, moreover, were complicated with nasal polypus.

The first of these cases occurred at La Charité in the year 1725, it is detailed by Levret, the inventor of the canula, and is quoted by Boyer in the sixth volume of his Surgery as the only example he knew of polypus of the frontal sinus. In this case polypi existed in the maxillary sinus, in the nose and throat, as well as in the frontal sinus. The second case was published in the *Journal de Rust* in the year 1825: the sinus was trephined, and the polypi removed by incision. The remaining case is reported by M. Wuth in a work on surgery, published in Berlin in 1844; it has been quoted at some length in the twenty-first volume of Dr. Forbes's Review, and is stated by the writer to be the only case on record where a polypus was extracted from the frontal sinus with success. This patient, who was a boy of ten years of age, is stated to have laboured under the disease for nine years; but this must be a mistake, as the frontal sinuses are not developed at that early age; during all this time he is said to have suffered from severe pain in the head; the "regions of the frontal and nasal bones were greatly protruded, and the left eye was so entirely pushed forwards out of the orbit that it lay on a level with the back of the orbit." Dr. Wuth proceeded to operate by making a vertical incision from the nose upwards, and a horizontal one close above the eyebrow, the flaps were dissected up and the trephine applied in two places, when "an immense quantity of polypi protruded." They were removed by incision, and the cavity left was capable of containing three hen's eggs. "The healing of the parts occupied twelve months, the frontal sinus being by that time considerably lessened in all directions, and the eye having partially returned into the orbit."

In two instances upon record hydatids were developed in the frontal sinus, and gave rise to symptoms analogous to those produced by polypi in these cavities. One of these cases was treated by Langenbeck; he perforated the sinus with the trepan, and extracted the hydatids with a forceps. Hydatids, I may observe, have also been developed in the substance of the frontal bone away from the sinuses: a remarkable case of the kind, which was treated by Mr. Keate, is contained in the tenth volume of the Medico-Chirurgical Transactions.

The membrane which lines the frontal sinuses is believed to secrete a mucous fluid, which in the healthy state of the parts finds its way through the foramina opening into the nose. Now, if from any cause, the escape of this fluid was impeded, or altogether prevented, symptoms depending upon its retention might be expected to set in. In practice, however, this is not observed. The accumulation and thickening of the mucus in these sinuses might (M. Boyer says) produce some of the phenomena which result from inflammation and suppuration in it; but "I do not know (he adds) that there exists a single example of it." "It is possible (M. Berard observes*) that inflammation might cause an increased secretion of mucus, and that the passage into the nostrils being obstructed, the fluid would accumulate in the sinus, and produce a state of disease similar to that observed in the maxillary sinus; but no fact of this kind has yet been published."

The history of the present case would, however, lead us to suppose that such may have been the origin of the disease here: the patient stated that he was exposed to cold, which affected the left eye, congestion of the mucous membrane lining the sinus probably followed, obstructing and finally obliterating the communication between it and the nostril, the secretion accumulated, and became inspissated, owing to the absorption of its watery particles; as the fluid increased in quantity, the sinus became dilated, its pressure caused the absorption of the bony parietes, and eventually the swelling made its appearance externally.

In the few cases upon record where a foreign body, as a polypus, was developed in the frontal sinus, and by its enlargement caused absorption of the bony parietes of this cavity, pain, persisting constantly night and day, was one of the most prominent symptoms. We might therefore have supposed that such a distension by fluid of the frontal sinus as was sufficient to cause the absorption of its bony parietes, would have been attended with considerable pain, yet nothing of the kind was observed; the patient suffered only from pain at one point, which was never severe, and all through pain was an unimportant symptom.

Again, where distension of the frontal sinus is caused by pus the result of inflammation of the lining membrane, and where the pressure of the fluid is sufficient to cause absorption of the bony walls of the sinus, the posterior table being the thinnest is supposed to yield first, occasioning compression of the brain to a greater or less extent. Thus Velpeau observes†—"When fluids collect, or tumours are developed in the frontal sinuses, their posterior lamella being the thinnest yields first, quickly causing pressure on the brain." Boyer also, in reference to the same point, observes—"Most frequently in place of the anterior it is the posterior wall of the sinus which yields, because it is thinner and less resisting; it becomes thinned, wears, and at last gives way, when the brain, compressed at first by the swelling of the sinus, is immediately so by the pus. In such cases the abscess of the frontal sinus is almost always accompanied by swelling of the upper eyelid on the same side, and by paralysis of the muscles upon the opposite side."

Now, in the case before us, although the amount of fluid contained in the frontal sinus was sufficient by its pressure to cause thinning, and finally complete absorption of its bony parietes, the anterior wall was the one to yield, and the brain did not, at any period, suffer the slightest pressure.

In most treatises on surgery, morbid states of the frontal sinus are either very cursorily alluded to, or all notice of them is omitted. The only diseased conditions of these parts mentioned by Boyer are, wounds, inflammation and suppuration, polypi, and the presence of foreign bodies, including insects and worms. Hydatids have also been observed in two or three instances, as have tumours presenting the characters of vascular nævi. But I have not been able to find any diseased state described analogous to that presented by this patient; and as the dilatation of the

* Dict. de Medécine, tome 28, 2nd edition, 1844.

† Anatomy of Regions, translated by Hancock, 1838.

maxillary sinus, caused by the accumulation of its secretion, has been named by Dubois and Boyer "*Dropsy of the Maxillary Sinus*," the morbid state of the frontal sinus, which I have described, would perhaps not inappropriately be termed *Dropsy of the Frontal Sinus*.

Dr. MAGUIRE stated that a few days ago he saw a very interesting case of fracture of the frontal sinus, the patient being a man who met the accident by falling upon a large stone; and not the least curious feature of the case was, that he seemed to think far less of the fracture itself, than he did of the large tumour in each nostril, by which the latter were blocked up, and his breathing greatly obstructed. On pressing the nose, matter to the extent of an ounce and a half came out through the wound in the frontal sinus; and then he concluded—though he first supposed it might be a case of nasal polypus,—that it must be an abscess of the sinus itself. Pressure was then applied to the nose, and poultices to the wound, and at the end of one week, the patient, contrary he might say to his expectation, was quite well. In the first instance he thought it would be desirable to puncture the tumour, but on further consideration he determined to try the effects of a milder course of treatment which, he was happy to say, was attended with the most favourable results.

Dr. STAPLETON said that if he had been aware that Dr. Bellingham had intended to bring forward his interesting paper on that occasion, he would have availed himself of the opportunity to present to the Society a valuable cast which he had for some time past in his possession. It was taken from a boy who had a tumour at the situation of the frontal sinus, or rather on the upper part of the nose. The patient was admitted into Jervis-street Hospital; and on examination of the tumour, he found that it had a doughy feel, and that on compressing it between the fingers, it receded backward towards the sinus, but returned again to its former site, as soon as the pressure was removed. The patient had been in several other hospitals before he was taken into the Jervis-street Infirmary, and possibly some of the members present might recollect having seen him elsewhere. He was anxious to puncture the tumour, but several surgeons, to whom he showed it not being able to make up their minds as to the precise nature of the case, he was afraid to venture on such a proceeding. It was perfectly colourless, had none of the appearances of a varix, and there was nothing like a pulsation to be detected in it, by which the tumour could be connected with the brain. He showed the case to many experienced surgeons, but none would advise him to make an exploration for the purpose of deciding the nature of the disease.

Dr. BENSON asked the age of the patient.

Dr. STAPLETON said he might have been 12 or 14. He appeared to suffer no pain whatever, except when pressure was made on the tumour.

AMPUTATION AT THE HIP-JOINT.

By J. F. MAY, M.D., Professor of Surgery in the National Medical College of Washington, and one of the Surgeons to the Washington Infirmary.

IN the early part of November, 1850, I was requested by Dr. Morgan of this city, to visit Richard Eaton, who, he informed me, had been bedridden for many months, from disease of the os femoris and knee-joint. After examining the limb, I advised that he should be removed to the Washington Infirmary, for the purpose of having it amputated, to which he consented, and the following is an abstract of his case:—Richard Eaton, aged 37, fisherman, entered the Washington Infirmary on the 5th of November, 1850. In August, 1847, while on a fishing excursion down the river, discovered a small lump about the size of a filbert below the right knee. The swelling was accompanied with much pain, and continued to increase, until the entire joint and contiguous parts of the thigh were very much enlarged. In March, 1850, it suppurated, and discharged very freely, which gave him some slight relief, but in the month of May he was obliged to confine himself to his bed, from which he has not arisen since that period. At this time there are as many as four deep sinuses extending down to the shaft of the bone, and opening by fungoid orifices on the thigh. The thigh is throughout enormously enlarged, *to at least twice its natural size*, and is œdematous up to the groin, and very much inflamed in its middle and superior portion. The knee-joint has long since been destroyed by ulceration, to such an extent, that the foot falls on either side, unless supported. The discharge of pus from the different sinuses and the joint is very great (at a moderate computation at least half a pint a day), and the part presents a most disgusting aspect, from the free generation of maggots in the limb and joint. His pulse is now 106. He has burning in the hands and soles of the feet regularly as evening approaches. He had an attack of diarrhœa in July last, which was very severe, and lasted fourteen days. Since that time he has not been troubled with it. His digestive organs are now in a tolerably good condition, notwithstanding that he takes from three to six teaspoonfuls of laudanum every night before he can get any rest. With the exception of the diseased limb, his whole frame is very much emaciated, and in appearance he is anæmic. He has a bedsore over the sacrum about as large as a twenty-five cent piece, deep, and for several inches around it the integument presents an angry and livid colour. In his habits he has always been temperate. A nutritious diet, principally of animal food, was ordered for him, and the following powder to be taken three times a day:—℞ Quiniæ sulphat., ammon. carb. g. camph., āā gr. ij. M. To be taken each time in a tablespoonful of brandy. At night tinct. opii ʒiij. to compose and relieve him. I did not of course think it prudent to stop, although I diminished the opiate, to which he had been so long accustomed. His stomach revolting at the carb. ammoniæ and camphor, they were discontinued in a few days, and five grains of the sesquioxide of iron given with the quinine and brandy. The bedsore was dressed with the cerat. zinci carb., and pressure removed from it by a circular cushion, and he was placed on a air bed. This treatment was continued until the 14th of November, when his condition having slightly improved, I decided on removing the thigh at the hip-joint for the following reasons:—1st. The soft parts are diseased to such an extent that it is impossible to get a proper covering for the bone, except in its upper portion, and even here, and as high up as the groin, the tissues are enfeebled and œdematous. 2nd. The shaft of the femur can be detected in a very diseased state high up, and I believe from this fact, in connexion with the state of the soft parts, and the long duration of the disease, that the cancellated structure of the entire bone is involved, and my colleagues concur with me in this opinion. The patient, aware that he could live but for a few weeks, was perfectly willing to submit to the operation, though told that he might, in his debilitated condition, die on the table. The operation was performed on the 14th of November, in the presence of the medical class and a number of professional gentlemen, in the following way: The patient in a state of complete anæsthesia from chloric ether, was brought into the amphitheatre, and laid on a narrow table, the nates projecting well over its edge. The artery was compressed by an assistant with the thumb against the pubis. The limb (which from its size required to be supported by two assistants) was then slightly raised, and flexed upon the pelvis, so as to relax the muscles on the anterior and upper part of the thigh. The testicles being drawn well upwards out of the way, and the sound limb to the opposite side, a long and narrow one-edged knife nearly twelve inches in the blade was then introduced, a little above the *tuberosity* of the *ischium*, carried as near the neck of the bone as possible, and pushed out on the opposite side, about one inch and a half below the *anterior superior spinous process of the ilium*. A flap between six and seven inches long was now cut downwards from the front of the thigh. The knife was of course passed much beneath the femoral vessels, and they were consequently not divided until the lower edge of the flap was being cut; this enabled an assistant to pass his hand into the upper

part of the incision, back of the knife, and thus to grasp and securely compress the femoral artery *before* it was divided by the passage of the knife downwards. This flap was now raised and drawn forcibly upwards by the same assistant, the femoral artery being still so securely held by him that scarcely a drop of blood escaped from it or its branches. To prevent the fingers from slipping, a soft piece of rag was held against the cut surface. The thigh was now abducted and forcibly depressed by the two assistants having charge of it, so as to throw the head of the femur forwards, and from the acetabulum as much as possible, and the knife was carried across the capsular ligament, until it was freely divided. The head of the bone now started from the acetabulum, the round ligament was divided, the knife passed behind the head, and a posterior flap cut a little longer than the anterior. As soon as the limb was removed, the vessels in the posterior flap were compressed by sponges held against them, until they were separately tied. Ligatures were applied to them first, and then the femoral, the profunda, and smaller branches in the anterior flap were secured. Ligatures were applied in all to twelve arteries.

Hæmorrhage having been completely arrested, the edges of the flaps, on account of their great size and weight, were approximated by four points of the twisted suture, with broad adhesive strips in the intermediate spaces, and water-dressing was applied over the wound. Not more than eight ounces of blood were lost in the operation.

The operation itself was performed in half a minute; and I was most ably assisted in it by my colleagues, Professors Miller, Johnston, and Stone, and Drs. Wotherspoon and Coolidge of the United States Army, to whom my thanks are due for the very important aid which they rendered me.*

The patient did not evince the slightest consciousness during the operation, and on being told, when he awoke, that the limb was removed, he expressed great surprise. The wound being dressed, he was removed to his bed, and the simple water-dressing was ordered to be continued, and four teaspoonfuls of tinct. opii were given to him at about half-past three p.m., this being about the usual quantity which he was in the habit of taking before he entered the infirmary. Eight p.m. Pulse 98; not having been composed by the first dose of laudanum, ʒiij. more were given.

Nov. 15th. Slept four or five hours during the night, and feels better; spirits good; pulse 96; took for breakfast tea and toast, and a soft boiled egg; has been a great smoker before and during all his illness, and asks to be allowed a cigar—granted; at dinner chewed a few mouthfuls of beefsteak, and took some coffee and dry toast; dry toast and tea for supper. Nine p.m. Pulse 104 to 106. Soft compresses soaked in warm water ordered to be applied to wound every few hours, and covered with oiled silk, to prevent too rapid evaporation; bedsore dressed with the cerat. zinc. carb., and over this adhesive plaster. Ordered tinct. opii ʒiij.

16th. Slept again about five hours during the night; took coffee, dry toast, and soft boiled egg for breakfast, and feels better; pulse 90, soft and regular, and skin moist; warm-water dressing continued, and bedsore dressed as yesterday; at dinner, took a few stewed oysters with a cup of coffee and dry toast, and smoked a cigar. Eight p.m. Pulse 88; wound discharging quite freely; discharge thin, and slightly coloured; took coffee and dry toast for supper. Ordered tinct. opii ʒiij.

17th. Slept well last night; pulse 88; same dressing to wound and bedsore continued; took out one of the sutures; took same breakfast as yesterday, and with appetite; wound looks well, and union appears to have taken place in a large portion of it; for dinner, chicken soup and a small piece of boiled chicken, which he desires; has had no passage from his bowels since the operation. Ordered ol. ric. ʒss., mist. camph. ʒij., aq. menth. q.s. M. ft. haust. Seven p.m. Has had two healthy-looking evacuations from bowels; urine clear and healthy looking; pulse 96. Continue iron, brandy, and quinine; at bedtime tinct. opii ʒiij.

18th. Has slept well; pulse 86; tongue moist and clean; took same breakfast as yesterday; removed remaining sutures, and applied fresh adhesive strips to sustain the edges of wound; free discharge from it; same dressing continued. Ordered half a pint of oysters for dinner. Eight p.m. The pulse 86; some pain in stump. Ordered tinct. opii ʒiij.

19th. Pulse 100; has not slept well, but took his usual breakfast with appetite; discharge from wound free, thin, and brown; same dressings continued. Eight p.m. Pain in stump. Give ʒiij. tinct. opii. Pulse 86; spirits good; had a healthy and natural evacuation from bowels in the afternoon; ate for dinner to-day two roasted Irish potatoes, and a small piece of roasted chicken, and smoked during the day two cigars.

20th. Has slept some and looks better; pulse 86; took his usual breakfast, only substituting tea for coffee; wound discharges very freely; same dressings to it continued. Ordered for dinner have a pint of stewed oysters, with roasted potatoes, and allowed two cigars during the day. Eight p.m. Considerable pain in stump; pulse 84. Ordered tinct. opii ʒiij.

21st. Has passed a bad night, very restless and starting in his sleep; countenance expressive of much suffering; pulse 100; very free thin discharge from wound; four of the ligatures on small vessels in the lower flap came away this morning, and considerable hæmorrhage followed; partially opened the wound, and removed a recent coagulum, and also a quantity of very dark and offensive coagulated blood that had evidently oozed out soon after the operation, probably from the acetabulum, as it lay in contact with it; arrested the bleeding, which was quite free, and proved to be from the ischiatic artery; reapplied water-dressings, and ordered tinct. opii ʒiij. Eight p.m. Pulse 108; has taken his usual supper, and has a small stool to-day; stump hot. Apply cold-water dressing.

22nd. Has had a good night; pulse 102 to 104; ate his usual breakfast with relish; stopped the brandy to-day, and ordered in its place a wineglassful of London brown stout, with five grains of protocarb. ferri, Vallet's (in place of the sesquioxide and quinine, which he has been taking), three times a day; half a pint of stewed oysters for dinner, and may smoke his cigars as usual. Eight p.m. Pulse 102 to 104; easy; took his meals with a good relish to-day, and says he feels better and stronger. Ordered tinct. opii ʒiij., and ʒij. more to be taken in the night if restless and unable to sleep. The additional dose was allowed, because for the two or three nights past he has not been able to sleep as well as usual.

23rd. Slept well after taking the second opiate, being very restless before; discharge from wound more consistent and healthy; allowed for dinner a tender piece of beefsteak and two potatoes, and during the day two cigars. Eight p.m. Pulse 98; has had a very comfortable day, and is in good spirits. Tinct. opii ʒijss., and a smaller dose to be repeated late if necessary.

The treatment which is here given for the first nine days after the operation was continued, with slight variations, for the four succeeding weeks. The last ligature came away on the 14th of December. On the 25th he sat up in bed, and on the 29th in a chair, and was wheeled about the room and passage. On the 31st the stump was almost entirely healed, and he was able to sit up a couple of hours

Immediately after its removal the bone was sawed through longitudinally by Professor Stone, and the entire cancellated structure extending through the trochanters, the neck, and the head, was found to be very much softened (cheesy) and filled with pus. The external table in this the upper third of the bone did not seem to be much involved, though below it was much affected, but the cancellous portion was throughout a mass of disease. The cartilages covering the head and lining the acetabulum were smooth and healthy in appearance. The soft parts were infiltrated with serum throughout the whole limb, which continued to ooze from it very freely for many hours after its removal. The muscles were pale and flabby, and in the lower half of the thigh they were blended together and disorganized.

at a time, and on the 1st of January he moved about the room on crutches for the first time. From this period he improved more rapidly in flesh and strength, and he left the infirmary on the 26th. On the 17th of February I called at his house, and found that he was out and able to attend to business, in which he is at this time (July 18th) actively employed, and supporting by it a large family. The stump continues to be perfectly sound, and he says that his health is as good as it ever was. In all respects, he presents the appearance of a strong and vigorous man.—*Amer. Jour.*

POISONING BY DATURA STRAMONIUM.

By Dr. Breweston of Doncaster.

Early in the afternoon of the 14th of October, I was summoned to see two children of the respective ages of five and three years, who were described by the messenger as having suddenly "gone out of their heads." They had been picked up in the street in this state, and carried into the house of the stranger.

I immediately recognized the symptoms of poisoning by one of the *Solaneæ*. The face was flushed; the eyes were staring and brilliant, and the pupil was fixed and excessively dilated. There was complete loss of vision, imperfect control over voluntary muscular action, and violent delirium, which was alternately mirthful, furious, or dolorous, directed to some imaginary source of pleasure or repugnance, and accompanied with corresponding gesticulations. The tongue was occasionally thrust from the mouth, and the throat, which appeared to be the only sensible seat of discomfort, was grasped and torn by the hands, as if the patients imagined it to be oppressed by some foreign body. Their attention could not be aroused to anything which was said, and they resisted all attempts at interference with piteous cries or violent struggling.

I suspected the poison of belladonna, and caused search to be made in the neighbourhood for the berries of that plant, administering emetic doses of sulphate of zinc in the meantime. The patients exhibited apparent reluctance to swallow, keeping the jaws rigidly closed, and resisting the administration of the remedy with their hands, though they were not sufficiently conscious properly to direct such efforts. The stomach was slow to act, but after considerable perseverance vomiting was induced. Numerous seeds of *datura* were detected in the ejecta; indeed a much greater quantity than has been known to cause death.

It seemed, from the search which had been made, that the poisonous herb had been thrown out from a neighbouring garden, and several emptied and divided thorn-apples were discovered. A third child confessed to having eaten a smaller quantity of the seeds, and she was slightly though not alarmingly affected. The poison having been retained four or five hours when vomiting took place, a sharp aperient dose was administered, which, after some hours' delay, acted moderately. Cold was from the first assiduously applied to the head.

At five p.m. four hours from my being first called in, though the symptoms were somewhat abated, vision and consciousness to external things were not restored, and the delirium returned at intervals with nearly all its previous violence. The parents of the children, who were now present, were not noticed by them, save occasionally to be embraced or attacked for some imaginary benefit or injury. I subjected the patients to a shower-bath, and applied a blister to the back of the neck.

At nine vision was partially restored in the elder child, and the *hallucinations* were in a great measure supplanted by *illusions*, which indicated some return of consciousness.

At eleven the delirium had become of a muttering type; the patients were drowsy, and displayed a comatose tendency. In the elder child *the pupil, though contracted in the dark, gradually dilated to the stimulus of light.* Sinapisms were now applied to the feet, calves, &c. Alternate doses of strong tea and ammonia were given; the face was occasionally sprinkled with water, and other means were used to prevent sleep.

At five o'clock the ensuing morning, the victims were allowed to sleep, and both awoke before noon, perfectly conscious and well.

On the morning of the third day, the body of the younger child became covered with a small papular eruption, which continued for several days, accompanied with fever.

The effects of the poison were *purely nervous.* The *cerebrum* was first affected; hence arose perverted vision, illusive delirium, and, as consciousness diminished, pure hallucinations. The derangement next attacked the *cerebellum*, as was shown in the loss of control over voluntary muscular action.

Finally, the *medulla spinalis* was implicated, as was evinced by the spasmodic motions of the extremities, &c. In each organ, the first effect seemed to be *stimulation.* This was followed by *perversion*, and lastly, by *depression*, and threatened *extinction* of the function.

It is then incorrect, with such evidence as the above recorded symptoms present, to class *datura* among the *narcotico-irritant* poisons. This term has been vaguely applied by toxicologists to several poisons which are in no proper sense of the term irritants; and which only differ from the *narcotics proper*, either in affecting more peculiarly the spinal cord, or in the stimulating effects—the first result of all narcotics—being more marked or of longer continuance than the narcotism which follows. Death may even occur from over stimulation, before the depression sets in. I have, for instance, poisoned animals with Indian hemp, some of which have died in a state approaching to *tetanus*, while others have survived this stage to perish by *coma*, or, at least, by *nervous depression.* It is probable that a poisonous dose of *strychnine*, if it did not first kill by over-excitation of the spinal cord, would eventually do so, like *aconite*, by depression of that organ.—*Prov. Jour.*

DEATH FROM INJURY TO THE KIDNEY.

(Under the care of Mr. Stanley of St. Bartholomew's Hospital.)

John T——, aged 43, a corn-factor, of moderately strong constitution and temperate habits, was admitted, at three p.m. on the 4th of November, 1851, under the care of Mr. Stanley. The patient states, that about one a.m. as he was driving in a gig, a cab travelling at a rapid rate came in contact with his vehicle; he was thrown out, and fell on his back. The patient cannot say whether he struck against any very hard substance, but he was not stunned, and quickly recovered from the shock. Immediately, however, a severe pain in the loins was felt; this has since continued, without intermission; and about seven hours after the accident, the patient passed nearly *two pints of pure blood* "per urethram."

On his admission, he presented the following symptoms:—Conjunctiva, face, upper part of the body, and arms, of a *yellow tinge;* skin hot and dry; pulse small, sharp, and quick; tongue clean and moist. The bowels had been copiously relieved at noon, but shivering had existed more or less since the accident; there was no sickness, but much thirst. The patient has not passed any urine since the sanguineous discharge above mentioned. Pressure over the right lumbar and hepatic regions gives intense pain; but the surface is not at all ecchymosed. Mr. Stanley ordered some brandy, and the loins to be cupped to ten ounces in a few hours.

On the next morning, it was found that the patient had not slept; dark-coloured urine had been passed; the pain was not so distressing, but the colour of the skin was the same. Mr. Stanley ordered milk diet; eighteen leeches over the right hypochondrium; castor oil immediately; and three grains and a half of mercury and chalk every six hours.

On the second day after admission, the symptoms had not altered, except that the pain had diminished over the liver, though it persisted as intense as before in the right lumbar region. At eight in the evening of this day, the patient passed a pint of nearly pure blood, which coagu-

lated soon afterwards; and he complained of pain in the epigastric region, with ineffectual attempts to empty the bladder. A catheter was passed, and brought away a pint of urine, deeply tinged with blood. The bowels having been freely opened, the mercury and chalk were continued, with the addition of opium.

On the third day the pain in the back was not so acute, but more diffused; and pressure over the hepatic space gave no pain; there was a desire to pass urine, but none could be obtained by means of the catheter. The bladder was now injected with a small quantity of tepid water, but no urine was evacuated until a long, full sized elastic catheter was used, when twenty-eight ounces of urine, mixed with blood, were drawn off. The bladder was washed out with warm water until the fluid came away quite clear; these measures gave the patient much relief. In the course of the following night he was suddenly startled by great pain in the back and hypogastrium, and this becoming hourly more severe, a catheter was passed, and twenty-five ounces of urine, mixed with blood, evacuated, with immediate relief of the pain. The bowels having been cleared with castor oil, Mr. Stanley ordered quinine, with discontinuance of all other medicines; the diet to consist of beef-tea. The urine was drawn off every sixth hour, the quantity varying from sixteen to twenty ounces, and the sanguineous colour remaining the same.

On the sixth day there was a little improvement; the pulse was 100, soft (it had been sharp and jerking for several days), and the skin still very yellow, though the nails retained their natural colour. The urine now became ammoniacal, and Mr. Stanley ordered five grains of gallic acid to be taken every four hours in infusion of matico. It was noticed that the alvine evacuations were pale, and streaked with blood; the gallic acid was not found effectual, as on the two following days the urine brought away by the catheter was as strongly mixed with blood as before; the acid was therefore discontinued, and morphia substituted, the patient being at the same time ordered some wine.

On the tenth day matters looked worse; small quantities of urine (ever mixed with blood) were passed unconsciously, and the patient began to answer questions imperfectly, cerebral congestion and derangement being evidently coming on. He now became restless, attempted to leave his bed in the night; the tongue became brown; the bowels confined; the urine, though clearer, diminished in quantity. The patient became feeble, exhausted, and sank on the thirteenth day after admission.

The body was examined twenty-three hours after death, and presented the following appearances:—Rigidity, but no ecchymosis, except where the leeches had been placed; lungs healthy, but gorged throughout, the finger readily penetrating their texture; liver large, firm, of a pale-brown colour, and loaded with bile. The intestines were glued by old adhesions, the cæcum being firmly fixed in the iliac fossa. On turning aside the intestinal mass a large quantity of bile and urine was found effused in the sub-peritoneal cellular tissue; these fluids were already much decomposed. On examining the right kidney, it was found completely disorganized, a gaping rent extended its whole length posteriorly, and another transversely nearly cutting off its lower third. On the posterior border there was a dark-greenish spot about the size of a shilling, resembling a slough. The left kidney was congested, but quite healthy; the seventh, eighth, and ninth ribs were fractured about an inch from their junction with the cartilages.—*Lancet.*

Strangulated Herina Reduced during Vomiting.—*L'Union Médicale* mentions that Dr. Küttlinger, of Erlangen, in Germany, tried the taxis upon a woman aged 64, whose crural hernia was strangulated, but without success. The patient was soon attacked with vomiting, and whilst she was making efforts, Dr. Küttlinger seized the tumour, pressed it with some force, and succeeded in reducing it in the very midst of the straining. Three months afterwards strangulation occurred again, the taxis was tried in vain, and reduction was effected exactly in the same manner as before.

WOUND OF THE STOMACH WITH PROTRUSION.

By W. Ashby, M.D., of Culpeper, C.H., U.S.

A negro boy, aged 6, the property of Mr. R. B., fell upon a pair of sheep shears, which he had in his hand, whilst running down a hill. The instrument penetrated the stomach obliquely from above, just grazing the left side of the sternum and edges of the ribs, making a flap-like orifice in the integuments. I was called in consultation by my friend, Dr. P. C. Slaughter, and found nearly the whole stomach protruded, and discharging its contents through an aperture about three-quarters of an inch in length. Aware of the controversy which has so long existed among able surgeons, on either side, as to the propriety of stitching the stomach or bowels, the everted edges and gaping appearance of the wound in the stomach made it necessary, I thought, that a stitch should be taken. To avoid irritation, as much as possible, with the finest needle and silk I ventured to take a single stitch through the middle of the wound. Before I saw the case, Dr. S. had made some efforts to restore the organ to its natural position, but it did not occur to me at the time that I should have any serious difficulty in replacing it, at least after enlarging the orifice a little. But such was the unruly nature of the boy—his violent screaming and resistance, the nausea and vomiting which constantly attended the handling of the stomach—that notwithstanding I enlarged the orifice several times to a considerable extent, our best efforts not only failed to restore the organ, but it seemed to protrude the more. At this juncture, fearing the irritation resulting from further efforts, I suggested the use of chloroform, notwithstanding the necessary delay of having to send several miles for it. Whilst under its influence, I found it necessary again to enlarge the aperture slightly, and then had no farther difficulty, although the boy vomited as freely as before from handling the organ. The wound of the integument was rather ragged in its appearance, and of course a little bruised by our efforts. The wound of the stomach was brought directly opposite the tegumentary wound, and gently retained within its verge. A single stitch, patent lint, with cold water and a bandage completed the dressing. The patient was placed on his side, absolute rest enjoined, and soon afterwards a large dose of opium was administered. From the time of the accident until the completion of the dressing six hours intervened, and yet the boy retained his strength most remarkably. Under the influence of the opium our patient rested well the first night.

2nd day. This morning the pulse is a little excited, and face flushed. V.S. to make a decided impression; and this was repeated twice during the day, and opium after each bleeding—absolute diet enjoined—but the boy desires no food.

3rd. The wound had a healthy appearance, but tenderness of the abdomen and tympanitis greatly increased our fears as to the result. The pulse feeble and quick; the bowels not moved since the accident. Turpentine enema and a succession of blisters were ordered, and after the bowels were moved the opium was resumed.

4th. Our patient evidently improved, tympanitis and tenderness diminished, pulse more quiet, countenance and general aspect of things more encouraging; takes a little hot water tea this morning for the first time; gum water and opium continued.

5th. The wound not healed by the first intention; has a dark spot immediately over the wound of the stomach, and is discharging a very offensive sanious matter. A soft poultice, and the same prescription continued.

6th. The ligature came out this morning. The same prescription continued. From this date the boy gradually recovered, without any particular change in the treatment.

Remarks.—1st. It has occurred to me, that possibly it would have been better for me to have restored the stomach, at least partially, before the stitch was taken, as I ran the risk of breaking out the ligature by the subsequent efforts at reduction; and I am sure that the accumulation of gas, though some escaped with an audible sound several times, did not increase the difficulty.

2nd. This case was admirably adapted to the use of chloroform, and illustrates most happily its incalculable value, when used with discrimination.

3rd. As your journal is eminently practical in its character, for the benefit of the younger members of the profession it may not be amiss to allude briefly to what I conceive to be a most important principle in our profession, viz., that an *inflamed or diseased organ must have rest.* In this case, the stomach, instinctively sensible of its wounded and disabled condition, refused most emphatically, for four days, to receive any nourishment—not even gum water—and but very little of anything for about ten days, notwithstanding the entreaties of master and friends, contrary to our orders.

An inflamed eye instinctively excludes the light from itself, so that the physician who interrogates Nature intelligently, at once gets the idea of confining his patient to a dark room, and thus putting the organ entirely to rest. When the lungs are inflamed the patient breathes as much as possible by the abdominal muscles, and lymph is thrown out, gluing the organ to the side, doubtless to prevent motion and friction as much as possible. The same thing is true of inflamed bowels; and because some constipation, the result of this principle exists, I have known great error—and I may say even death—to result from goading and stimulating the organ with drastic purgatives. This principle of rest is susceptible of very extensive application in practice; and any inflammation can be cured, I believe, to which it can be applied. The immortal Physic, always true to the laws of Nature, recognized this principle in the treatment of coxalgia and other diseases of the joints. In conformity to this important law of the animal economy, in the above case, we gave opium freely, to prevent nervous and vascular reaction; and by thus aiding in keeping the wounded organ in a profound state of repose, it contributed, it is believed, no little to the favourable result.—*Stethoscope, Virginia, United States.*

POISONING BY BI-CHROMATE OF POTASH.

By Mr. West of Poole.

Very lately I was requested to visit a professional friend residing in Poole, who had inadvertently tasted a solution of the bi-chromate of potash. The quantity he swallowed did not exceed a teaspoonful, if it were as much. He discovered his mistake shortly afterwards, but did not experience any ill effects until about half an hour, when he felt sick, his countenance became pale, and he became quite prostrate. He being at a midwifery case at the time, was compelled to leave, and requested me to attend on his behalf. Before the delivery of the woman I was sent for to him. I found him in bed; he had been profusely sick, and had thrown up a serous looking fluid, resembling the evacuations of rice fluid in cholera; diarrhœa constant, and the evacuations passing away involuntary; the bed was perfectly swamped; cramp in his legs, thighs, and in the region of his heart; great prostration; pulse small and exceedingly depressed, so much so, that I felt a little alarmed at his state. On his arrival at home, and previously to my seeing him, he had taken some warm tea, which increased the vomiting. As the diarrhœa was profuse, I administered the following draught:—R Tinct. catechu., dr. ij.; tinct. opii, m. xl.; tinct. cinnam. co., dr. j.; aquæ, oz. iss. Sit haust.

I also gave him strong brandy and water at short intervals. In about an hour the sickness had subsided, and the diarrhœa was not so urgent; it had produced great debility. Flatus was then oppressing his stomach exceedingly, and I gave him the citrate of potash, which relieved him much; he had also a warm bath. Before the close of the day, all his symptoms were relieved. He took some arrow-root, and afterwards procured a little sleep. When calling on him in the morning, I found he had passed a good night, and was sufficiently recovered to resume his professional duties. I put this case on record, as poisoning by crome or its preparations is of rare occurrence. Professor Taylor, in his excellent work on Medical Jurisprudence, speaks of only one case having been related; I have not been able to discover any instance of it myself.

It will appear from the foregoing case, that the bi-chromate of potash produces symptoms exactly similar to cholera: such as vomiting, purging, cramp, and great prostration of strength; and as soon as the poison is evacuated from the stomach, must be treated in the same way.—*Prov. Med. and Sur. Jour.*

COLICA PICTONUM FROM THE MEDICINAL EMPLOYMENT OF ACETATE OF LEAD.

By L. S. Joynes, M.D, of Accomack, United States.

The following case is communicated, with the hope that it may prove a useful caution to some of the younger members of the profession, who may be inclined, from over-confidence in the assurances of many of our standard authors, to make too free a use of the potent drug abovementioned. It cannot be doubted that young practitioners in general are too prone to adopt *heroic* methods of practice, and to esteem boldness and decision the chief qualities of a successful physician. Of all the rich fruits which experience brings with it, not the least valuable, certainly, is *caution* in the employment of active remedial agents—all of which, without exception, are potent for evil as well as for good.

It has often appeared to me, that one of the most valuable contributions that could be made to the science of medicine, would be a faithful record of the *real experience* of the profession in the use of the class of remedies just referred to—setting forth the deleterious effects which may be caused by antimony, opium, mercury, lead, &c., as prominently as the good they are capable of accomplishing. Such a record would furnish the most useful lesson of caution in practice that could be given. A desire to contribute to this useful kind of information has influenced me in furnishing the following case for publication; in regard to which, I must admit that the length of time which has elapsed since its occurrence renders my history of it less complete than is desirable, inasmuch as I made no record of it at the time, and am compelled to rely chiefly on memory for the details.

On the 15th of October, 1843, Mr. J. J. B., merchant, aged 25, consulted me on account of a chronic diarrhœa, which had troubled him from time to time for several years, and which had always been obstinate and intractable. He had been treated by different physicians, who had prescribed a great variety of remedies, nearly all of which seemed of little efficacy. After listening to the details of his case, I became satisfied that acetate of lead and opium would prove the most efficient remedy; and as none of his previous medical advisers had prescribed this combination, I determined to give it a trial. I believe I had never before prescribed the acetate of lead, but I relied, very naturally, on the assurances, everywhere to be met with in the books, that the use of the drug is free from risk, provided a perfectly pure article be employed, and acetic acid in some form be prescribed in conjunction with it.

I accordingly selected the most perfect crystals of the acetate, added more than enough of distilled vinegar to neutralize any of the carbonate which might be present as an impurity, then adding the opium, I made the mass into pills. I also directed the patient, immediately after taking each pill, to swallow a teaspoonful of vinegar. The precise formula which I employed, I am unable now to state, but my recollection is distinct, that the entire quantity taken was thirty grains in the course of about four days. The medicine proved most efficient in the relief of the diarrhœa, the discharges being arrested more promptly than by any other remedy, and without any *immediate* ill effects. The patient and myself were both congratulating ourselves upon the favourable result, when one day, perhaps a week after he discontinued the pills, he complained to me of a pain in the epigastrium, radiating to the spine. As the patient was then apparently regaining his health, and in good spirits, I paid little attention to this complaint, supposing it to be a momentary gastralgic affection, occasioned by some imprudence in diet. Not long after I

learned that he was labouring under a severe attack of colic, and I was called on by Dr. Young of this place, his ordinary medical attendant, who came on purpose to ascertain the composition of the pills which the patient had been taking. The peculiar character of the colic with which he was at that time suffering, so strongly resembled those of colica pictonum, that Dr. Young had been led to inquire of him whether he had taken any medicine recently for diarrhœa. There could indeed be little doubt, from the account given me of the symptoms, and the subsequent progress of the case, that the attack was one of saturnine colic of more than ordinary severity.

This attack commenced on the 3rd of November, about a fortnight after the patient had taken the last pill, and continued with occasional slight remissions for eight days, before any decided relief was obtained. The treatment consisted principally of free and oft-repeated doses of calomel and opium, purgatives by the mouth, enemata, and blistering. A very large quantity both of opium and calomel was administered, and every other means employed which an experienced physician could devise, but there was no permanent relief to pain, and no decided action of the bowels, until the eighth day, when the mouth became affected by the mercury. The patient then slowly recovered, but he remained for some time in a very reduced and debilitated condition. It would have been some compensation for all this suffering if he had been permanently cured of his diarrhœa; but no such fortunate result ensued. The attacks continue to recur from time to time, and are as obstinate as ever.

If any should be disposed to doubt whether the above was truly a case of lead colic, in view of the long interval which elapsed between the employment of the remedy and the manifestation of the symptoms, I would remark that this is entirely in accordance with the oft-observed facts in regard to the poisonous operation of lead—slowness of action being the general rule.

This is the only case I have ever met with in my own practice of any serious result following the exhibition of the acetate of lead; indeed, I rarely trifle with the drug now-a-days. But I know of three other cases of the same kind, which have occurred in this neighbourhood. It is fair to add, however, that in at least two of them the remedy was freely used. There is no lack of recorded instances of the sort; but so far as I am informed, cases are very rare in which colic is produced by so small a quantity of the acetate as was administered in the case which I have just related. One such is mentioned by Dr. Burton, in a paper of which extracts are given in *Braithwaite's Retrospect*. Here the patient took fifteen grains in five days, and experienced severe colic; and Professor Trousseau, in his work on Therapeutics, quotes a case in which the patient took six grains of the neutral acetate of lead daily for three successive days; the fourth day a most violent saturnine colic supervened, with jaundice, constipation, retraction of the belly, &c. &c., which only yielded to the "treatment of La Charité," energetically employed. The most remarkable case of all is given by Devergie, in his Méd. Légale:—A student of medicine consulted Professor Fouquier, who prescribed for him some pills containing each one grain of acetate of lead, of which he was directed to take one every day. The *first* pill produced slight colic, the second acted more severely, and the third occasioned such violent symptoms, that some mistake of the apothecary was suspected. The pills were analysed by Devergie, but were found to contain nothing but acetate of lead.

It may be urged, and with truth, that such cases are exceptional, and that they may be explained by the existence of idiosyncrasies in the subjects of them; such as are known to exist with respect to mercury, opium, and other remedies. But allowing this to be true, it must also be admitted that a prudent physician is bound to regard such idiosyncrasies in his practice. The knowledge of their occasional existence should be a warning against the use of hazardous remedies, except under circumstances imperatively calling for their employment.

A circumstance which has doubtless contributed in no small degree to extend the employment of the acetate of lead as a medicine, and to set the minds of physicians at rest in regard to any risk attending it, is the opinion so confidently expressed by Dr. A. T. Thomson that "the carbonate is the only poisonous preparation of lead, and that the acetate can only become so in consequence of its decomposition by the free carbonic acid extricated in the alimentary canal. Hence his precept to direct a draught of vinegar to be taken with each dose of the acetate, in order to prevent such decomposition, as well as (I presume) to resaturate with acetic acid any portion of the carbonate with which the crystals of the acetate may be contaminated.

It requires but little examination of the facts to convince us that this idea is entirely opposed to the well-*teris paribus*, these poisons are active in the direct ratio of known general laws of the action of mineral poisons. *Cœ*-their solubility; and on this general fact is based the theory of antidotes. We give antidotes with the view of converting a soluble preparation of a metal into an insoluble one. Would it not be a singular exception to a general rule, if the acetate, one of the most soluble forms of lead, should be entirely innocuous, and the carbonate, one of the least soluble, alone endowed with poisonous properties? It is true, that small doses of the carbonate would be rendered soluble by the acids of the gastric juice, being converted by them into the chloride and the acetate (assuming, in accordance with the general opinion of chemists, that the hydrochloric or acetic acid, or both, exist in the secretion of the stomach). What then will become of the acetate when swallowed? If it meets with acetic acid in the stomach, it will remain acetate still; if with hydrochloric acid, it will be converted, like the carbonate, into the chloride of lead. The two substances, therefore, when they begin to act on the system, and are absorbed into the blood, will be in precisely the same chemical state. Considering the acid nature of the gastric secretion, and its probable action on all chemical compounds capable of being affected by its ingredients, is not Dr. Thomson's idea of the conversion of acetate of lead into carbonate, by the free carbonic acid in the alimentary canal, evidently a fallacious one? And is not therefore his employment of distilled vinegar in conjunction with the acetate, an illusory protection against the dangers of lead poisoning?

But without further argument on the chemistry of the question, it is sufficient to state that Dr. Thomson's theory is in opposition to the concurrent testimony of the best toxicological authorities of the day, among whom I may cite Orfila, Apjohn, Taylor, Christison and Devergie. The latter writer, whose authority is second to none, distinctly states that the poisonous activity of the compounds of lead is in direct proportion to their solubility. Christison and Taylor both (conclusively, it seems to me) combat the opinion of Thomson. I will quote a few words from the last mentioned of those authors, bearing directly upon the practical point at issue:—"So far as observations on man have yet extended, the carbonate has no more action than the common acetate. Dr. C. G. Mitscherlich has lately proved that the acetate is a poisonous salt, and that when mixed with acetic acid *it is more energetic than when given in the neutral state.* This fact clearly shows that the poisonous effects cannot solely depend on the assumed conversion of the salt to the state of carbonate." (Taylor's Med. Jurisp. 2nd ed., p. 169.

This result of Mitscherlich's researches is precisely what a consideration of the general laws of toxicology would lead us to expect. Let physicians, therefore, take care how they rely on vinegar, or dilute acetic acid, as a *safeguard* against the poisonous effects of the acetate of lead.—*Stethoscope, Virginia, United States.*

Sugar in the Urine.—At a recent meeting of the Academy of Sciences, Paris, M. Regnoso communicated the second part of his researches, in a paper on this subject, in which he showed that the presence of disease in the lungs is attended by the presence of sugar in the urine.

REVIEWS AND NOTICES OF BOOKS.

ON THE PATHOLOGICAL ANATOMY OF BRONCHITIS AND THE DISEASES OF THE LUNG CONNECTED WITH BRONCHIAL OBSTRUCTION.

By W. T. Gairdner, M.D., Fellow of the Royal College of Physicians, and Pathologist to the Royal Infirmary of Edinburgh, Edinburgh. 1850. 8vo. Pamphlet. pp. 82.

Notwithstanding the every day occurrence of bronchitis, notwithstanding its fatality, and the frequency consequently with which we are afforded opportunities for post-mortem examinations, there are some points in its pathology which seem to require further investigation; and although the morbid appearances of bronchitis, and its results, have been described with great accuracy, the mechanism by which some of these results are brought about, does not appear to have been correctly interpreted. Dr. Gairdner's objects in this publication are to elucidate some of these points, and to show that the received doctrines respecting the pathology of bronchitis, admit in some respects of a different interpretation.

The subject is considered under two heads. In the first, "the direct and primary results of bronchitis are discussed; comprising under this head those effects which follow, almost constantly, the accumulation of mucus and inflammatory products in the bronchial tubes, when these are sufficient in quantity to cause serious obstruction." The second includes "the secondary and more permanent disorganizations of the pulmonary texture, which result from the former under peculiar circumstances; being induced either by long-continued intensity of the original disease, or by constitutional states unfavourable to the removal of its results."

"The first part commences some general remarks upon obstruction of the bronchi, which leads to the consideration of "*Collapse of the Lung*, as connected with bronchial obstruction." . . . . . "During the epidemic of continued fever which prevailed in Edinburgh in 1847, it was frequently observed (Dr. Gairdner says) that the lungs, in persons of all ages, were the seat of a form of condensation, characterized by the absence of the friability and granular appearance on section, of pneumonic consolidation, and also by the peculiarity of its microscopic elements, the large granular cells which form so common an ingredient in ordinary red hepatization being either very sparingly or not at all present. The condensed portions were usually scattered over both lungs, and often very limited in extent, being accurately circumscribed by the margins of the lobules."

"The nature of this pulmonary affection appeared to me, at the time, very doubtful. By some it was looked upon as corresponding with the typhoid deposits in the lung, described by German authorities; and the imperfect cell-forms often seen under the microscope seemed to favour this view. On the other hand, careful examination showed that there was frequently little or no real *deposit;* the cell-forms differing very little from those which might be procured from the normal lung; or still better, from one compressed by pleuritic effusion, or other cause. At this time, my experience in pathological studies was not such as to enable me to form a decided opinion; but towards the close of the epidemic, the result of observations inclined me to believe that the lesion so frequently witnessed in fever was not connected with any specific form of morbid deposit, but was, in its purest form, a condition of imperfect expansion or collapse of the pulmonary tissue, similar to that described in the lungs of infants under the name of *atelectasis;* and differing only in its distribution in patches, and in other accessory circumstances, from the condition of *carnification* described by Laennec as the result of compression of the organ."

Dr. Gairdner, after detailing some cases, then gives the following description of the forms of this lesion observed by him:—

"*Bronchitic collapse of the lung* occurs under two distinct aspects—the *diffused* form and the limited or *lobular* form. Of these, the latter variety is the more striking and characteristic, and has been, especially in the lungs of children, the subject of more discussion than the former; but the diffused form is by far the most common, and is, in fact, of very frequent occurrence, at least in its slighter degrees. Both forms present the same fundamental changes of the pulmonary tissue, which is usually of a dark violet colour externally, as seen beneath the pleura; and internally of a more or less deep brownish red, or mahogany tint. The colour, however, is by no means an invariable criterion, depending almost entirely on the amount of blood in the collapsed tissue. The affected parts are always more or less condensed; this condensation may amount to a mere diminution of the crepitation, or to a total absence of it; in which cases, portions are usually found to sink readily in water. These latter portions are both more flaccid and much less friable than the pulmonary tissue when in a state of red hepatization; and they differ greatly from this lesion in the aspect of their section, and the nature of the fluid it yields to the knife. In every variety of true pneumonic consolidation, in which the lung is completely void of air, the air-cells are occupied by a deposit, presenting to the naked eye (and still more distinctly to a power of twenty or thirty diameters) the well known granular aspect of the hepatized lung. If the deposit is fluid or semi-fluid, it is capable of being pressed out or scraped off, in the form of a thick opaque emulsion-like matter, of a yellowish, orange, or gray colour; and in all cases it shows under the microscope abundant granular elements and cell-structures, of the kinds usually found in inflammatory exudations in parenchymatous organs. In the collapsed lung, on the contrary, the section is comparatively smooth, having somewhat the appearance, as described by Laennec, of muscular flesh; it presents no trace of granulations, and yields on pressure, or to the knife, only a semi-transparent bloody serosity, which under the microscope is seen to contain little or nothing besides blood-corpuscles, epithelium, and other portions of normal tissue, and possibly a small amount of pus from the interior of the bronchi.

In the *diffused* variety, the collapsed condition may be found affecting a more or less considerable portion of either or both lungs, usually at their posterior part, and passing quite gradually into normal tissue; the supple, dense, tough feeling being exchanged for the normal spongy, elastic crepitation; and the violet, or deep purple colour, shading off into the usual hue of the surface. Even in this form of the lesion, however, a tendency of it at some points to be circumscribed by the interlobular divisions may often be observed; this tendency being, so far as I have observed, quite characteristic of the bronchitic, as opposed to the pneumonic consolidation.

In the *lobular* forms of bronchitic collapse, which often occupy the anterior edges, as well as all other parts of the lung, the affected portions are every where accurately and abruptly marked off by the interlobular septa, the portions so limited being various in size and form, but always manifestly shrivelled, and sunk in below the level of the surrounding parts. This is peculiarly manifest when they occupy the anterior edges. When they are scattered through the lung, they communicate to the fingers, in feeling the organ externally, much the same sensation as clustered tubercles in the midst of crepitant tissue. This is the form which was so often described as lobular pneumonia in young children, till the experiments of MM. Legendre and Bailly clearly showed it to be nothing but a collapse of the air-cells. These observers were, in fact, the first to apply to this condition of the lung the same test as Jörg had long before used in respect to the congenital atelectasis, and to show that the lung affected with lobular pneumonia could be generally restored to its natural condition by forcible inflation."

The author next devotes a short space to "bronchial abscess;" and the first part concludes with observations and experiments upon "the mechanism, causes, &c., of bronchitic collapse." "In considering, as a whole, the causes which tend to produce bronchitic collapse, they seem (Dr. Gairdner observes) to resolve themselves into the following:—

"1. The existence of mucus in the bronchi, which is more liable to produce obstruction according as it is tenacious and viscid.

2. Weakness or inefficiency of the inspiratory power, however caused.

3. Inability to cough and expectorate, and thus to remove the obstructing mucus.

Of these conditions the first must be considered as the immediate exciting cause, the others as predisposing causes, coöperating with the first, but incapable without it of producing collapse."

The second part of the essay, which is devoted to the secondary results of bronchitis, commences with some remarks upon the "curability of pulmonary collapse," and upon the "de-obstruent function," as the author terms it, of the bronchial tubes. The relation of bronchitic collapse to pulmonary emphysema is next considered; this section contains a table of forty cases of pulmonary emphysema, showing its connexion with other affections, especially of the lungs; in which the age and sex of the patient, the amount, position, and extent of the emphysema, the collateral affections of the lungs or other organs, and the duration and character of the symptoms are given. From this table it appears that in twenty-seven cases, or about sixty-seven per cent., the emphysema was connected with condensation, "presumably bronchitic collapse."

The mechanism of emphysema is next considered at some length. We cannot, however, follow the author through this interesting section of his essay. We shall merely remark that Dr. Gairdner is of opinion "that emphysema of the lung may, in all the cases which he has witnessed, be satisfactorily accounted for by considering it as a *secondary mechanical lesion, dependent on some condition of the respiratory apparatus leading to partially diminished bulk of the pulmonary tissue, and consequently disturbing the balance of air in inspiration.*"

The remaining subjects touched upon in this part are, the "relations of emphysema to hepatization, and tubercle of the lung," and to "excavations and tubercular or bronchial abscesses;" "permanent atrophy of the lung in relation to bronchitis;" "pathological alterations of the bronchi in pulmonary atrophy and in emphysema;" and "pulmonary concretions and cicatrices."

In concluding, we shall merely observe that we have little doubt as to the general correctness of Dr. Gairdner's views; his contribution to the history of bronchitis will well repay the perusal, and it is calculated to add to the author's reputation as an accurate and original observer.

CORRESPONDENCE.

THE RESTRICTION OF GRATUITOUS MEDICAL RELIEF TO POOR PERSONS.

(Extract from a Letter from a Dispensary Governor.)

The editorial article in the Medical Press of the 31st of December last, expatiating so forcibly on the *abuses* under the old dispensary system, and your intention of again returning to the subject, induce me to communicate a few out of the vast number of those abuses which have occurred. . . . . I will begin with a farmer living near this, who, with his family, have received medicines and medical attendance from a dispensary for nearly thirty years. This person has been always in comfortable circumstances, and gave last year a fortune of one hundred pounds with his daughter. About three weeks ago his wife got, as I am led to believe, fever; as usual, he called on the dispensary doctor to visit her, on the strength of his former tickets, who refused going, telling him that according to the rules of the dispensary he never was entitled to benefit from it, as it was established solely for the relief of the poor, and that in future no person could be attended unless such as produced tickets from the relieving officers or the guardians. He seemed astounded, and made application to one of the guardians, who referred him to the relieving officer. The latter told him that he had not as yet the power to give a ticket to any person, but even if he had, he would far outstep his duty by giving one to him; that, in fact, it was out of the question that persons in his circumstances can ever again get relief at a dispensary. He then went to another relieving officer in the district, who told him the same as the former: his response was—"*Well, the world is turned upside down!*" His last resource was to hire a car and bring a *quack doctor*, by which there might have been a saving of a few shillings. I will cite two other cases, on the estates of gentlemen who said peremptorily that they would withdraw their subscriptions (£2 each) unless *all* their tenants, many of them in affluence, had the *full benefit* of the institution. Those gentlemen are non-residents, but they deputed two of the most independent farmers, one of them an under-agent, to dispense tickets. A young man on one of these estates brought a ticket to get a *horseball* for a charger of his, which he was training for a steeple-chase. I need scarcely say that so large a *pill* was refused, although at the risk of having a complaint made to the landlord-subscriber, and at the risk of having his subscription withdrawn. The other person alluded to above, actually gave a ticket to one of his own daughters, who shamefully came with it herself to the dispensary, and of course was attended as an "object of charity," specified in her ticket. . . . . I would beg to offer a *suggestion* with regard to the regulations in contemplation by the commissioners, which is, that unless something is particularly specified as to *visits* to patients, much embarrassment will accrue to the medical officers of the dispensaries, as well as loss of time, and of course risk of life to the patients. For example, it could scarcely be expected that if the doctor went through a great portion of his district in the course of the day, he would be obliged to retrace his steps to see a patient in the evening, or at night, by whose door he passed before; such must be the case, unless he gets the tickets before a certain hour in the morning, always excepting accidents or sudden illness.

EXCESSIVE DISPENSARY DISTRICTS.

TO THE EDITOR OF THE MEDICAL PRESS.

Dear Sir,—Having read the valuable letter of "A Subscriber," in the last number of the Press, in support of his views, I will briefly refer to the dispensary arrangements proposed for an extensive union bordering the Shannon.

For some time past there has not been a dispensary in the entire union; it is now proposed by the guardians to divide it into three districts, with one dispensary in each. So far as humanity and the medical profession are concerned, it would be much better to leave it still without any. The central dispensary district contains a considerable town, with a very large pauper population, from which one extremity of the district is fourteen, and another ten miles, distant; taking the points in a bird-line, but in reality much more, as many large bogs are in it, which must be nearly circumtravelled through all but impassable roads, to arrive at some parts of the district: the two other districts are much larger, and much worse circumstanced.

It is pretty evident it would require a pair of excellent horses in good condition to traverse daily any of these districts, and yet the salary proposed (namely, £60 per annum) would not afford the attendant to keep a donkey.

I have had considerable dispensary practice, and am satisfied from experience that no conscientious man could undertake the duties of a dispensary, such as it is contemplated to be by the recent act, where the extreme points exceed five miles from the centre.

We are all well aware what imposition will be practised on the managing committee to get gratuitous attendance, in midwifery and other cases, by persons comfortably circumstanced. If the commissioners, more particularly our highly esteemed and respected Medical Commissioner, do not interfere, the Medical Charities' Act will become worse than a dead letter—for the medical profession it will be a killing one.—I am, dear sir, &c., A Correspondent.

BAD PAYMENT BAD POLICY.

TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—When the Medical Charities' Bill was before the Committee of the House of Commons, an amendment was moved to the effect that the boards of guardians should decide on the amount of salary to be paid to the medical officers appointed under the act. This was opposed by Sir William Somerville, who said that if it were left to the guardians they would not give adequate remuneration; but he consented that the boards of guardians should, in the first instance, *propose* what amount they thought fit, subject to the approval of the commissioners, who, if they did not consider the amount sufficient, should have the power of adding to the sum proposed by the guardians. Now, the proceedings of the various boards of guardians in Ireland during the last few weeks, prove how correct Sir William's opinion was. And if he had not reserved to the commissioners the power he did, the whole bill would have proved a total failure; for we hold that no public officer who is inadequately paid can be made to do his duty by any system of inspection or surveillance whatever, for it is obvious that if a public officer cannot live on the salary he receives for doing his duty, he must, of necessity, occupy himself in some additional pursuit, and in proportion as that is remunerative, will his pub-

lic duty become a secondary consideration with him, and be neglected. It is vain to say that this will be corrected by a proper system of inspection. Inspectors may report negligent officers, and commissioners may dismiss them, but their equally badly paid successors will fall, of necessity, into the same course.

It is a common idea among *non*-professional persons, that if a medical officer is badly paid for his public duties, that his appointment is an introduction to private practice, which indirectly remunerates him. This, generally speaking, throughout the country, is a great fallacy; for it is notorious that in every locality one or two favourites of the public monopolize the lion's share of the remunerative practice, while the less favoured medical men are compelled, in order to support themselves and their families, to become farmers, graziers, millers, land agents, or anything else that may offer. And under such circumstances, it is easy to conceive that such men will give as little of their time and attention to the sick poor as they possibly can. This is no fancy sketch, it is drawn from life; and bad as was the old system, the new one will be worse if the salaries now proposed by the boards of guardians should be adopted by commissioners; as, in many instances, to my own knowledge, the salaries voted by these boards are lower than what was paid under the old system, notwithstanding that it is admitted more labour will be required from the medical man, and that he is to act in cases of epidemics of fever, cholera, &c., without any additional fee or reward; and while, in most cases, as far as we can ascertain, these same boards of guardians pay more to their relieving officers than they propose to give the medical officers: the duties of a relieving officer requiring no education beyond what can be obtained in any hedge school. Can it be that these philanthropic and benevolent boards are more solicitous to ascertain whether a pauper is or is not legally chargeable on them, than that the industrious labourer on his sick bed should receive effective medical attendance.

We trust, however, that the matter will not be left altogether in their hands, but that the commissioners will set a higher value on the skilled labour of the physician than on the unskilled labour of the relieving officer, whose valuable services in the eyes of our *Irish* poor-law guardians consists in thrusting as many starving applicants as possible from the doors of the poorhouse. MEDICUS.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, JANUARY 14, 1852.

A FEW WORDS TO OUR SUBSCRIBERS.

THE valuable observations of our correspondents, and other matter in this day's publication, relieve us from the duty of dwelling on the working of the Dispensary Act, and leave us at liberty to say a word for ourselves. To the Subscribers to the MEDICAL PRESS, as in duty bound, we have to return our thanks for substantial support; its readers we have to "thank for nothing." We are often amused by the consequential patronizing air with which some of our metropolitan admirers express their approbation of our labours; but we value one Dispensary Doctor on our list more than a score of such hollow adherents. We have often said what we have now to repeat, that this journal is much more the journal of those who support it, than ours, and therefore must it be sustained by those who have sagacity and public spirit enough to see that such an organ is indispensable. If ever the time is to come when the medical profession in Ireland may be left to the protection of the mere mercenary journalist, our services will be better understood than they are, perhaps, at present. That our columns are not to the taste of pompous impostors or illiterate *literati*, we know; and that our style and language is quite shocking to sentimental gentlemen who affect gentility, we are equally certain; but that we, in our own way, effect our object, we are pretty certain; and doing so we care little for the opinion of those who effect nothing. To those who by way of apology for selfishness or parsimony endeavour to undervalue our labours, we would offer a word of advice: let them find some better excuse, or make no excuse at all, and understand that we really do not court their patronage. Let it not be supposed that we are so vain-glorious as to suppose that all are bound to adopt our views or to promote our objects; or, yet again, that all are so circumstanced as to contribute to our undertaking. Far from it. Small as our subscription is, many of our brethren, both in town and country, we are sorry to say, cannot spare it from a limited income, and many worthy members of our profession have so little taste for study that if they received our journal they might not read it. Of such we have no right to complain; neither do we; if we complain of any, it is of those who, for reasons best known to themselves, avail themselves of our labours while they pretend to contemn them. Then we have a word for certain patronizing gentlemen, who now and then seek our good offices, and we hope it will prove *verbum sapienti*. We have no favours to bestow on any but subscribers or such contributors of valuable articles as are as good as subscribers. As we have said, for our brethren of limited means we make every allowance, but for those in good circumstances we make none. But at the same time be it understood that our columns are open even to our opponents if they come in the shape of advocates of a good cause. Their "cases" we may not relish, but their help against the common enemy we may value. By the way, gentlemen who are fonder of their money than of medical journals excuse themselves for not subscribing to ours, by a complaint that we do not give them "cases" enough, or a sufficient supply of "original articles;" but when we contemplate the "cases" and truly "original" articles of some of our contemporaries, we rather feel inclined to congratulate our readers. We consider it a far better plan to give our friends a glimpse of what is passing in the medical world than to overwhelm them beneath a heavy burden of our own manufacture. While we recollect it, we may as well allude to a little reclamation touching our editorial habits. Our worthy contemporary the *Lancet*, who claims to be the medical champion of England, accuses us of robbing him. He says we publish his reports of the proceedings of the London Societies without acknowledgment, which in the first place we deny; for we have as often quoted from his defunct rival, the *Medical Gazette*, as from him; and in the second, if we have done so, we have only done what all newspapers out of London practise with respect to the metropolitan press. But the truth is, we venture to do what other journals do not. We quote freely and acknowledge frankly, regardless of the policy which warns cautious journalists not to quote from rivals, lest thereby they might contribute to their circulation.

THE MARCH OF MEDICAL INTELLECT.

At length people begin to doubt the "wisdom of our ancestors," or at least to think that Queen Elizabeth and James the First were not in a state of mind well adapted to medical legislation, when the one assigned to the shopkeepers of Edinburgh the duty of regulating medical education, and the other to eight learned divines of Trinity College, Dublin, the office of fashioning "matriculated medical students" into surgical shams. It is a curious result, however, which this state of affairs exhibits, and an instructive one. It is not, after all, the royal enemy of witches and tobacco, or the vigorous Virgin Queen, who sways our destinies through these creations of their fancy, but much more substantial influences. The lecturing interest is evidently the moving power in both cases, and certificate money the inspiring agent. From the following we gather that the extra-murals of Edinburgh are quite as much the motive power as the intra-murals of Dublin :—

On the 16th of December last, the Town Council of the city of Edinburgh held a meeting, at which the memorial of Professor Syme, calling upon the patrons to dismiss Professor Henderson from the Chair of Pathology, was taken into consideration. Speeches were made by the Lord Provost and Baillie Brown—the one to the effect that the Town Council could not, and the other that they ought not to, interfere with Professor Henderson as long as he continued to teach the doctrines of pathology from his chair. The conclusion arrived at was, that the memorial should be referred to the college committee, which is equivalent to passing to the order of the day. The Town Council did not, however, leave Professor Syme without pointing out a method by which the obnoxious professor might be starved out of his position. It appears that the patrons of the university—that is, the Town Council—claim the power of arranging the curriculum for students who intend to graduate; and in 1847 they enacted a new set of statutes respecting the medical degree, by virtue of which no student would have been under the necessity of attending any particular professor, whose course of instruction was distasteful to him, but would have been able to have left such a teacher for a lecturer beyond the limits of the university. But the professors of the university considered this an attack upon their privileges, and disputed the right of the Town Council to regulate the educational classes, bringing an action against the Town Council, on this point, in the Court of Session. In this court, a decision was recently given against the professors, who appealed to the House of Peers; and years may now elapse before any binding decision is pronounced. In the Town Council meeting of last week, the speakers dwelt much upon this subject. It appears the Town Council wishes that one-third of the lectures necessary for graduation should, if students so desire it, be taken at the extra-mural schools of Edinburgh. The Lord Provost concluded by saying that—"He was of opinion the professors ought to make some concession; and if they were to do so, by proposing, say to accept a fourth, instead of a third, of the prescribed course of medical study, without the walls of the university, in the matter of qualifying for medical degrees, he was certain that the council would be prepared to meet them in a friendly spirit. He was in hopes that an arrangement might yet be made on some such reasonable footing, and thus put an end to the unseemly contest now going on between the Town Council and the Senatus Academicus." It is indeed "unseemly" that the patrons of a university should be at war with the professors they have themselves appointed. But we are by no means sure that the proposal of the Town Council is not a good one. At present the system of recognized lecturing partakes of the nature of monopoly. There is nothing like a little competition in rendering all things human as perfect as possible. It is evident that the Town Council will not comply with the wishes of the professors; indeed, they seem rather pleased at being supplied with so good an argument in favour of their own scheme, an advantage which they are not likely to forego. We sincerely think the best thing, in the actual condition of affairs, would be to accept the proposal of the patrons, perhaps with some further modification. The professors would lose much less by such a regulation than by the retention of the present system and such lecturers as Professor Henderson and Professor Gregory. The globulist professor aims evidently at the character of a "complete letter-writer." We have noticed several of his published lucubrations of this sort during the present year, and he has just visited the Edinburgh public with another "letter," addressed to the patrons of the university, and referring to the memorial of Professor Syme. It is verbose enough, with several most sorry attempts at the jocular, in which the globulist is anything but successful. In the whole of his eleven pages we find but one fact worth noticing, which is, that in the year 1851, out of the large number of students attending the university, there were only sixteen in attendance upon his class of pathology, besides those who were obliged to attend in order to obtain the degree of M.D. Only sixteen voluntary pupils out of the whole university! We should have thought this fact damning enough; but the globulist congratulates himself upon it. He plainly says, he "would far rather see the school without a pupil" than be himself expelled. It seems clear that the globulist professor must be removed, unless the university is content to see its highest and most honourable privilege—that of conferring degrees and sending forth scions to increase and sustain the reputation of their Alma Mater—grow less and less every year. It seems the Town Council will not expel him. It only remains, therefore, for the Faculty of Medicine to accept students for graduation without lectures on pathology, if that can be done; or to make the best terms they can with the Town Council. The mischief which must accrue to the university should Professor Henderson remain during the next seven years, as he has remained during the past, is incalculable, and far beyond, in our opinion, any injury which could arise from the recognition of a limited number of lectures by extra-academical teachers.—*Lancet.*

APOTHECARIES TO DISPENSARIES.

The following extract from a report of the proceedings of the North Dublin Union will remind the Dispensary Surgeons of a matter which concerns them nearly. They will, we conclude, recollect that arrangements suited to large towns, or made to answer local purposes, may not be safe elsewhere. The Guardians of the South Dublin Union have resolved to appoint apothecaries at salaries of £60 :—

The Clerk read a circular from the Poor-law Commissioners, which contained the following passage :—

"In regard to the arrangements for the North City District, I am to state that the commissioners presume that the guardians contemplate that apothecaries should be appointed as part of the officers for the service of that district; and the commissioners have accordingly made provision in article 4 of the order for their appointment, in pursuance of the 6th section of the act. The commissioners are not informed of the salaries which the guardians propose for these officers, and request to be furnished with their views on the subject."

The following resolution was moved by Mr. Long :—

"Resolved—That the commissioners labour under a great mistake in presuming that the guardians intended to have apothecaries in the North City District. That in fixing the salaries of the medical officers to be appointed therein at £75 a year, they considered it fair remuneration for the entire services to be rendered, including the compounding of medicine; and that if the commissioners persist in having apothecaries appointed, the guardians will either have to reduce the above sum of £75 to the medical officer, or vote a mere nominal remuneration to the apothecaries contemplated by the commissioners' order."

Mr. Long said the guardians did not contemplate that there should be apothecaries in the city districts, or they would not have fixed the salaries of those men at £75 per annum. He did not see the necessity of appointing apothecaries in the city districts, when they were to have none for the county (hear). In his opinion it was best to inform the commissioners at once that the guardians, in coming to the conclusion of appointing six medical men in the city districts, understood they were not to have apothecaries. If they were to be appointed, it would become necessary for them to reconsider the salaries to be given to the medical officers.

Mr. Arkins thought that they could never expect their medical men to compound medicines; they had never served

their time to any apothecary, and it would be a degradation to them.

Mr. Roper said that medical men in England frequently compounded their medicines. If the board were to appoint apothecaries they would be plagued with elections, patronage, and jobbing (hear, hear).

Mr. Hardy totally negatived the idea that they were to appoint apothecaries along with physicians.

The Chairman said he had occasion to employ a medical gentleman, when in England, who compounded his own medicines. That gentleman was in high repute, being in attendance upon the Queen's children.

Dr. Hill, inspector, observed that most of the guardians who had addressed the meeting on the subject seemed to have taken it for granted that the commissioners had referred to the subject of appointing apothecaries because they thought it derogatory to medical officers to compound their own medicines. That was not the view of the commissioners; and he thought there was nothing in their communication that would lead to such a supposition. It appeared that the reason why they spoke of apothecaries was, because they thought it probable that the duties which would devolve on the medical officers would be greater than they could discharge efficiently. It was not contemplated that the compounding would be derogatory to the medical officer, but it was thought that the apothecaries would relieve them from a part of their duties.

The resolution having been seconded by Mr. Roper, was put from the chair, and passed unanimously.

"Dr. Phelan, who has been for some years inspecting workhouses chiefly in reference to their sanitary condition, has now ceased to perform that duty, and has been placed in charge of the Londonderry and surrounding unions, as an ordinary poor-law inspector."—*Freeman's Journal.*

Although we cannot perhaps congratulate our brethren of the Londonderry and surrounding unions upon this translation, we can the exemplary functionary who is the subject of it. For some seventeen years or so he has devoted his services without interruption or relaxation to the invidious task of instructing the Hospital Surgeons as to their duties, and now we rejoice to see him relieved from his vexations. *Requiescat in pace.*

APOTHECARIES' WEIGHT.

We copy the following from a London contemporary, but we know not what it means. No "poor-law doctors" contract for medicine in this country. We conclude that some communication on the subject has been misunderstood, and hence this blunder. The "Gentlemen of the Hall" are very anxious to have "a finger in the pie;" but the vending of medicines and the vending of sham diplomas so badly agree, that their overtures have hitherto proved abortive:—

The Regulated Weight of Medicine.—The Apothecaries' Hall of Dublin, in reply to an application upon the subject, have declared that poor-law union doctors contracting for medicine as well as advice, must give twelve ounces to the pound.

A BRAZEN HOMŒOPATH.

To the President of the Royal College of Physicians, London.

Sir,—I am anxious to know if you will admit me to examination for the degree of Doctor of Medicine, and as I wish to act honestly and fairly to you, I think it best to state, that I differ from the views of the college in one branch of the examination—viz., the therapeutical. However, I will give my answer to any question you put according to the old mode of healing disease, and at the same time, if agreeable to you, state what homœopathists consider the best method of curing disease. I trust the fact of my being a homœopathist, which I am from conviction and long experience, will not prevent you from granting me that diploma which I am desirous of obtaining.—I have the honour to be, &c. &c.

Reply.

Sir,—The foundation of the Royal College of Physicians was for the purpose of guaranteeing to the public skilful and safe practitioners. The College of Physicians regard the so-called homœopathists as neither skilful nor safe practitioners. Therefore the college cannot, without betraying a sacred trust, give its licence to persons whom they regard as wholly unworthy their confidence, and with whom it is not possible they can hold any communion.—I remain, sir, your obedient servant, J. A. Paris.

EXAMINATION PAPERS OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON.

First Examination.—In Parte Physiologica.—1. Describe the structure of the liver. Give your opinion as to the process by which bile is formed, and the uses of that fluid in the animal economy.

2. Mention the attachments of the diaphragm, its actions and uses. Name the openings by which communication is effected between the cavities of the abdomen and thorax, and the organs which pass through them.

3. Enumerate the principal mucous and serous membranes of the body. Where do these tissues come in contact? By what circumstances of structure and of function can they be distinguished?

4. Enumerate the arteries which form the circle of Willis, and mention any peculiarities which characterize the circulation within the cranium.

5. What are the proximate principles of the blood? In what respect does venous differ from arterial blood? By what means is it converted into it?

Second Examination.—In Parte Pathologica.—1. Describe a case of traumatic tetanus in its ordinary progress from the local injury in which it originates, to its termination by death or in recovery.

2. Give an account of the eruptive fever known among physicians as idiopathic erysipelas of the head and face.

3. What is strangulated hernia? What are its varieties? How is it expressed by symptoms? and, if unrelieved, how does it kill?

4. What are the symptoms induced by certain noxious varieties of the field-mushroom? Compare and contrast them with the effects, by poisoning, of oxalic acid.

5. What are the evidences, local and constitutional, of retained placenta, at intervals of three days and of three weeks, respectively, from the period of delivery?

6. Enumerate the principal results of change in the composition of the blood coincident in the system with fever, gout, or granular disease of the kidney.

Third Examination.—In Parte Therapeutica.—1. State the effect of general bleeding on the composition of the blood; the objects attempted to be fulfilled by it in the treatment of inflammatory diseases; and the cautions to be observed in its use.

2. State what is known of the physiological action of opium; the conditions in which it can be given with advantage in unusually large doses; and some of those in which only small doses, if any, are expedient or safe.

3. Mention the different means employed to arrest hæmoptysis; and the circumstances in which they are respectively useful.

4. Name the medicines which are considered to have an especial action in subduing catarrh of the bladder; the classes to which they severally belong; the preparations of them in the London Pharmacopœia, and their doses.

5. Mention the different salts of potash and soda used in medicine; their chemical composition, physiological action, and doses.

6. Describe the process for preparing quinæ disulphas.

December, 1851.

ASSOCIATION OF MEDICAL ATTENDANTS OF FEVER HOSPITALS AND DISPENSARIES IN IRELAND.

The office of Honorary Secretary, vacant by the promotion of Dr. Knox, has been kindly accepted by Dr. Waters of Parsonstown, to whom all communications on the subject of the medical charities are requested to be made.

Wm. Kingsley,
Chairman of the Standing Committee.

Obituary.—At Cootehill, on the 28th ult., John Horan, Esq., M.D.

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.		Max. T.	Min. T.	Barom.	Rain.
Sunday,	Jan.	4th,	48.5	33	29.950	.110
Monday,		5th,	49	30	29.862	
Tuesday,		6th,	51	43	29.550	
Wednesday,		7th,	50.5	36	29.550	
Thursday,		8th,	48	33	29.150	.015
Friday,		9th,	49	29	29.450	.057
Saturday,		10th,	36	24	29.570	.060

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Jan. 4th,	44	29.5	29.604	36.4	35.2	33.4	.140	W
5th,	49	30.5	29.597	48.1	46.2	44.2	.006	W
6th,	49	45	29.217	49	48.1	47		W
7th,	50	34.5	29 415	48.7	47.5	46.3	.113	SW
8th,	49	35	28.812	48.7	48.1	47.6	.075	SW
9th,	50	30	29.199	32	31.8	31.5	.242	N
10th,	33	29	29.338	32.1	31.9	31.7	.072	N

M. W. HANLON, M.B.

ACCUSATION OF MALA-PRAXIS IN FRANCE.—A case was lately tried at Monthrison, in France, which shows how unjustly the friends of a patient may burden the medical attendant with the untoward results of his treatment. Dr. Poyet was charged by the widow of man who had died after fracture of the femur—1, with refusing to call in another surgeon; 2, with having announced consolidation during the treatment; 3, with not having acquainted the family with the serious nature of the case. Dr. Poyet, however, brought sufficient evidence to show that the fracture was very oblique, and that the want of success was entirely owing to the negligence of the patient's friends. He obtained a verdict in his favour, £12 for his attendance, and the plaintiff was charged with the costs.

G. OLDHAM and Co., Pharmaceutical Chemists and Apothecaries, 107, Grafton-street, Dublin, corner of Suffolk-street (Agents for the sale of Mr. Coxeter's Surgical Instruments), invite the attention of the Medical Profession to their present Stock of Instruments, all of which are manufactured on the most approved principles.

Superior Dissecting Instruments well worth the inspection of the Student.

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is separated from the Retail to prevent interruption and irregularity, and obtains the especial care of the Proprietors. Anxious to give satisfaction to the Medical Profession, G. O. and Co. commenced dispensing medicine with the resolution to devote to it their *unremitting personal attention;* to employ none but experienced Assistants; to render prices as moderate as it is possible for any house that confines itself to the best articles; and to supply, either in the simple state or in combination, the most effective medicines that can be procured or prepared, and on which the Practitioner may rely.

BLEEDING, CUPPING, THE APPLICATION OF LEECHES, &c.

G. O. AND CO. CONTINUE TO BE SUPPLIED WITH THE FOREIGN MINERAL WATERS FRESH FROM THEIR VARIOUS SPRINGS.

☞ *Medicines delivered by Van in all parts of the city and suburbs, and along the line of the Kingstown Railway, at any hour, free of charge.*

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(Continued from page 421, vol. xxvi.)

"Nutrition."

(Concluded.)

(The Appropriation of Fibrin.)

In my last communication, we were engaged in the two-fold inquiry—namely, 1st, as to the agency or instrumentality *whereby* the fibrin of the human blood is generated from albumen; and 2nd, as to the position or locus in the mechanism of man *wherein* such generation normally takes place. In relation to those inquiries, it has there been my effort to make apparent—1st, that the *sole* agency or instrumentality whereby albumen can, by possibility, be converted into fibrin, is *an organizing agent* provided for that purpose by Nature; and 2nd, that the part of the human mechanism wherein (in its normal condition) such conversion or generation takes place, is the *interior* of the vascular system. The questions which are now about to engage our attention are the following—namely, *how* and *where* (when its generation *within* the parietes of the vascular system has been completed) is that fibrin appropriated to the purposes of nutrition? For the purpose of illustrating the reply to the two divisions of this question—namely, as to the *manner* and the *place* of the appropriation of fibrin to the demands or requirements of man, I shall, as I have already observed, select *muscular fibre*. In making this selection, I would again remind my readers that *the general principles* upon which have been arranged the *generation and decay* of *all* the various organized structures whose functions respectively are to give development to what we term "the phenomena of *animal* life," that the general arrangements, I say, for their generation and decay have been for each and for all of those structures the same; and, consequently, in investigating the nature of what is termed "*the process of nutrition*," and the process of *degeneration*, in their relation to any *one* of those structures, we have investigated the nature of these processes in their relation to *all*.

The first thing, then, we have to do in relation to the present inquiry is, to search for one of those organizing agents which by Nature has been endowed with the faculty of converting fibrin into muscular fibre, and having found such, to observe how and where that conversion takes place. We have, in a word, but to select *a solitary muscular atom*, and to contemplate that atom, *in situ*, while in the discharge of its physiological function; and in such contemplation we shall obtain a reply to the two divisions of our present inquiry, and consequently, at the same time, a clear, a comprehensive, and an accurate acquaintance with the true nature of what is termed "*the nutritive process*," as that process takes place in all the various components of man. Where, then, or in what part of the human mechanism, has that organizing agent been placed? Where, in a word, are we to search for the muscular atom? This question admits of a simple reply. We must search for it wherever there exists *muscular fibre*. Where, then, or in what part of the human mechanism has muscular fibre been placed? or, in other words, what is the position of muscular fibre *in its relation to the parietes of the vascular system?* It is, and there is no one will question this fact, it is placed *externally* to the vascular parietes; it is situated at *the external surface* of the parietes of the vascular system. Such, it will not be questioned, *is* the position of *muscular fibre*; and, consequently, such *must be* the position of *the agent* by which that muscular fibre has been generated. Externally, I say, and alone externally, to the vascular parietes, is muscular fibre found to exist; consequently, externally and alone externally to those parietes can the generation of that fibre have taken place; and, consequently, *externally and alone externally to the parietes of the vascular system must be the position of the muscular atom*. The same is equally true with regard to the various other *organized residual products* (as also with regard to the *organizing agents* by which such other products have been generated) which give development to the

various other phenomena named "the phenomena of animal life."

What, then, have we learned as regards the relative position of the muscular atom (as also of the cerebral, the nervous, the glandular, &c., atoms), what, I say, have we learned as regards the relative position in the human mechanism of the muscular atom and its specific stimulus or nutriment—namely fibrin? We have learned this: we have learned that these two entities *are separated from each other by the parietes of the vascular system*; we have learned that the *specific stimulus* or nutriment—namely, the fibrinous residual product, is placed at the *internal* surface of the vascular parietes, while the *organizing agent* which that residual product has been adapted by Nature for arousing or stimulating to the discharge of its specific physiological function, has been placed at the *external* surface of those parietes.*

How, then, does fibrin come in contact with the muscular atom? How, in a word, does it *escape from* the parietes of the vascular system? In a manner identically analogous to that in which we have seen albumen to *enter* that system; by that force of attaction which we have already seen to exist between the muscular atom and fibrin—namely, that attraction which Nature has placed between every organizing agent and its specific stimulus (analogous, as I have attempted to point out, to the attraction existing between an acid and a base), by the force of attraction, I say, existing between the muscular atom and fibrin, the latter—namely, fibrin—placed in the *interior* of the vascular system, and existing there in the form of a *fluid*; this latter, I say, or fibrin, by the force of that attraction *must be drawn to the external surface of the vascular parietes*, inasmuch as the former or muscular atom from its *granular* constitution would be *physically incapable* of passing in the opposite direction. Thus, then, we see the agency or means whereby the liquor sanguinis of the blood is extravasated beyond the vascular parietes into the *extravascular interstices*. Having arrived at the *external* surface of the vascular parietes, how *then* is the fibrin disposed of? It is thus. It *there* meets with the muscular atom (as also with the cerebral, nervous, glandular, &c., atoms), which it at once arouses or stimulates to the discharge of its specific physiological function of conferring (increased) organization. The muscular atom now presented with its specific stimulus or nutriment, radiates thereon its own influence centrifugally and in every direction, thereby surrounding itself with an envelope of fibrin—raises that fibrin still higher in the scale of organization; that is, converts it, though already highly organized, into matter possessed of a still higher degree of organization, which matter it eventually disposes of thus—namely, 1st, it regenerates a plurality of the muscular atom, which atoms are competent, *whenever the general organism man may have a demand for their function* (I would solicit my readers' attention to the words in *italics*†), it regenerates, I say, 1st, a plurality of muscular atoms which are competent, *when required*, to generate a new muscular fibre; and 2nd, it generates an organized residual product named *muscular fibre*, designed to perform the specific physiological function *(peculiar to itself)*; to which we give the name "*muscular contraction*." Such is the entire function of the muscular atom, and in the discharge of such function, that atom has *itself* been reduced to the condition, *of unorganized matter*; in a word, when its function has been completed, that atom has become a portion of the mineral world, has become *dead* or *inanimate* matter. The reader will please to observe that it is *an organizing agent* (viz., the muscular *atom*), and not *an organized residual product* (such as muscular *fibre*), which has during that process been reduced to the condition of unorganized or mineral matter.

Such is the manner in which muscular fibre is *generated* (mark the word *generated*, for we shall presently see the same muscular fibre *de*-generated, that is, undergoing the process of *disorganization or degeneration*), such, I say, is the manner in which muscular fibre is generated; and before proceeding further with the consideration of that fibre, I would venture to solicit my readers to run over in imagination *the entire* of this process, from the organizing of unorganized or mineral matter to the conversion of that same mineral matter into muscular fibre. And why, I may be asked, *here* solicit thus of my readers? Simply for this reason, that *here* commences a new, and altogether distinct, topic of inquiry; a new and altogether distinct class of organic phenomena—namely, the *de*-generation or *degradation* in the scale of organization of *an organized residual product* (mark, of *an organized residual product* in contradistinction to an *organizing agent*). Hitherto we have been contemplating the *generation* of organized residual products—namely, the *elevation* of such products, by progressive steps, in the scale of organization. We now, *for the first time*, have to contemplate the *degeneration* of an organized residual product—namely, the *depression* or *degeneration* of such products in the scale of organization, and consequently have to contemplate an altogether new and distinct class of phenomena.

Hitherto we have been contemplating the process of generation or reproduction, but with the generation of muscular fibre and the like, we *have done* with that process. With the generation of that fibre, and of structures of its kind, we *have done* with what is termed "*the process of nutrition*." We have done with the phenomena of organic or vegetative life; in a word, we have done with the *elevation* of matter in the scale of organization, and consequently we have done with the process of organic or vegetative "*living*." *That* process (for the foregoing are all but one and the same physiological process under dif-

* We have here suggested to us what *must have been* the relative position of the various atoms in the *embryo* or *germ* of man—namely, a *vascular atom* must have been placed in that germ *intermediately between a fibrinous and a muscular, &c., atom*. By an application of the same principle of inquiry to all the various organized structures which enter into the constitution of man, we can arrive at a knowledge of *the anatomic arrangement of the various components of the germ or embryo of man*, notwithstanding that embryo is *microscopic*.

† I have requested my readers' attention in the above paragraph to the words "*whenever the organism shall have a demand for its function*," inasmuch as, to me, it appears to be a physiological question of no inconsiderable importance to ascertain what provision Nature has made *for the fulfilment* of that demand. *By what arrangement*, in other words, has it been provided by Nature that a *new supply* of fibrin *in exactly the required quantity* (that is, neither deficient nor in excess), and at *exactly the required moment*, should be conveyed within the sphere of the attraction of the offspring atom, that is, to the contiguous capillaries, when the general organism has a demand for the function of that atom. Let me be distinctly understood. It must be obvious that the offspring muscular atom *does not* (under normal circumstances) commence the discharge of its function (namely, of generating a *new* muscular fibre) until the function of the *first formed* muscular fibre has in the first place commenced; for otherwise there would be obviously an undue amount of muscular fibre in the organism, which (though *pathologically* it does occur) can never take place *physiologically*. *How* has that been arranged? I shall, in order to illustrate my meaning, apply the same inquiry to the fibrinous atom. By what provision of Nature has it been arranged that the *fibrinous atom* (situated *within* the vascular parietes) should, at *the required time* and *in the required amount*, be supplied with *its* specific stimulus or "nutriment"—namely, albumen? By what provision or arrangement, I say, has this been accomplished? By a *most complex physiological provision*—namely, by what is termed *the sensation of hunger*. And surely my readers will scarcely suppose that the atoms placed externally to the vascular parietes have been wholly overlooked in such arrangement—have been left altogether without some analogous provision. *What is that provision?* It is for physiologists to determine that question. The present would not be the most appropriate place to express my own opinions upon that subject; but I have considered it desirable here to direct the reader's attention to the question, lest it might appear that in my observations upon what is termed "the nutritive process," I had overlooked what I regard as a *most important* physiological inquiry.

ferent names), that process, I say, my readers have seen performed in a manner *identically the same* throughout the *vegetable* and the *animal* world. Of that process we now for the present take leave to inquire what becomes of the *final* results of that process.

Here, then—that is, when the generation of muscular fibre, &c., has been completed—*here*, I say, commences with the *function* of that muscular fibre a new and altogether distinct class of organic phenomena, giving development to a new and altogether distinct class of results—namely, to those results termed "the phenomena of *animal* life." Let us, then, contemplate the development of such phenomena, and observe *how that development effects the constitution of muscular fibre, &c.* The general organism (man) has a demand for the operation of the specific physiological function of muscular fibre; that is, in other words, has occasion for muscular motion; which muscular motion is a phenomenon peculiar to *animal* life. But the discharge of this function (namely, muscular motion) *of necessity de*-generates or, in other words, *degrades* in the scale of organization that muscular fibre, so as altogether to incapacitate it from again performing a similar function. If, then, the general organism (man) has a *second time* a demand for the operation of muscular fibre, what must be the result? The result must be obviously this—namely, that one of the *offspring* atoms, which we have recently seen generated, must be called to the discharge of its physiological function. An offspring atom, I say, must be called on, *again* to raise matter in the scale of organization; *again* to confer increased organization on fibrin. In a word, must be called on *to generate a new muscular fibre*. Hence the necessity for the renewal of the regenerative process; hence the necessity for the *repetition* of what is termed "*the process of nutrition.*"*

Let us now reflect for a moment upon the two processes we have just been contemplating—namely, that of the *generation* and of the *de*-generation of muscular fibre. We have attempted to trace unorganized or mineral matter from the inanimate world in its passage through the two departments of organic creation; we have seen that by successive acts *of generation* that matter has eventually been converted into muscular fibre; we have seen that during its passage through the vegetable and the animal kingdom, such matter has been converted into different

* The contemplation of these two processes (namely, that termed *nutrition* and the process of *degeneration*), as I have attempted to detail them above, may perhaps suggest to some of my readers the following inquiry—namely, why is it that muscular fibre (&c.) requires to be *degenerated*, so as to render essential its renovation or renewal? What necessity can there be for the *re*-generation (viz., nutrition) of an organized structure, such as muscular fibre, after that structure has once been generated in man? wherefore is it that the *same* muscular fibre (&c.), when once it has been formed, cannot discharge its required physiological function *continuously during the entire period* that man has occasion for the contraction of muscular fibre, &c.? why, in a word, must such organized structures, when the process of their generation has been completed, be degenerated or undergo the process of disorganization, so as to give occasion for their *re*-generation or *nutrition*? This is a most important as well as solemn physiological inquiry, involving in its investigation the consideration of the two following questions—namely, 1st, what is the nature of the distinction between the vegetable and the animal? and 2nd, what is the nature of the connexion which exists between *life* and *death*? What is it which *constitutes death*? I shall presently attempt to reply to these questions.

The general answer to the foregoing inquiry (namely, as to *the necessity* for the process of disorganization or *de*-generation) is this—namely, organic or living creation has so been arranged or construted by Nature that *the act* of giving development or manifestation to what are termed "*vital phenomena*" in general, has been inseparably associated with, and made indispensably dependent upon, *the depression or degradation of matter in the scale of organization*. In a word, paradoxical as such statement may perhaps to some of my readers appear, the phenomena of *life* have been made *indispensably dependent* upon the phenomena of *death*. The nature of this dependency I shall shortly endeavour to point out to the reader.

It is in accordance with this general arrangement or provision of Nature (the existence of which admits of no question) that every organized structure occupying a physiological position in the *animal* kingdom analogous to that of muscular fibre, must, *while in the act of* discharging its specific physiological function, be at the same time undergoing the process of disorganization or degradation; must at the same time be *in the act* of losing or parting with that condition which constituted it an *organized structure*. Paradoxical, then, I say, as such statement may appear to those who may never have reflected on the subject, at the moment that an organized structure is giving development to what are termed the "phenomena of *animal* life," at such moment that structure is *descending* in the scale of organization; is resigning or parting with its organic or physiological properties; is approaching the condition of dead or inanimate matter; in a word, *is undergoing the process of dying*. If, then, during the period of the development of the phenomena of animal life—namely, of mental phenomena, nervous phenomena, and the phenomena of muscular motion, if, I say, *during the period of their development*, the organized structures, which are the source or origin of such phenomena, be themselves at that moment approaching the condition of dead or inanimate matter; be resigning or parting with their organic or physiological properties, and consequently be thereby becoming *utterly incapacitated* from *again* giving development to the phenomena in question; if, I say, such be the case (and that such *is* the case admits of no question), it is obvious that should it be required, that mental phenomena, nervous phenomena, or the phenomena of muscular motion, should be *continuously* developed in man; it is, I say, obvious that in order to accomplish that end, the organized structures which develope or give manifestation to such phenomena (that is, cerebral matter, nervous tissues, and muscular fibre) must themseves be undergoing the process of *continual renewal*. Hence we can understand *why it is* that in order to continue to be a living being, man must *continuously* be furnished with food.

The *physiological principle* upon which is *dependent* the necessity for *the depression or degradation of matter in the scale of organization* (or what, for perspicuity, I have termed *the process of dying*) synchronously with the development or manifestation of what we term "vital phenomena;" the physiological *principle*, I say, upon which the necessity for such de-generation is *dependent*, though appearing to me to admit not only of an intelligible but of a simple explanation could not, as I regard it, be *here* advantageously canvassed. An attempt at a full and clear exposition of that principle, though not as I have observed involving in it (as I conceive) any peculiar physiological difficulty, would, notwithstanding, occupy considerable space; which space (from the *fact* that such *has been* Nature's arrangement admitting no question) I should not consider it advantageous at present to devote to that subject. Without, then, at present attempting to investigate that principle, that is, without stopping to inquire *why* (consistently with the existing state of things) such *must of necessity have been* Nature's arrangement, I shall now proceed to attempt to point out somewhat more clearly to the reader what I conceive to be *the nature* of the connexion that exists between *life* and *death*, and shall endeavour to convince him that the phenomena of living *in general* (including those of vegetable and animal life) *have been* made indispensably *dependent* upon the phenomena of organic degeneration or *dying*.

There are but four circumstances or conditions under which it is possible to contemplate matter in its relation to what we term organization and life; that is, in other words, matter in its relation to what is termed organization and life, must be contemplated while in one of the four following conditions—namely, such matter may be contemplated, 1st, in its unorganized or mineral condition, that is, totally and altogether devoid of organization or life, in a word, it may be contemplated as *dead or inanimate matter*; 2nd, such matter may be contemplated while in the act of receiving organization and life; that is, while in the act of passing either from the condition of dead or inanimate matter to the condition which constitutes it organized, or from the condition of organized matter to the condition of matter possessed of a higher degree of organization, in a word, it may be contemplated while *in the act of being elevated in the scale of organization*. To matter so circumstanced, I have for perspicuity ventured

species of *organized residual products*, such as those we call albumen and fibrin; and we have seen that each succeeding residual product had conferred upon it a *higher degree* of organization than the preceding residual product had possessed. But mark this well, *in no instance* during the passage of that matter through the vegetable and the animal kingdom have we seen the *de*-generation of *an organized residual product*. In no instance, I say, during the process of generation or "nutrition" have we seen *an organized residual product* depressed or degraded in the scale of organization. It was not till the process of generation or "nutrition" had been *completed* that the *de*-generation of *an organized residual product* commenced; it was not till the *final* result of "nutrition" had been formed that *an organized residual product* began to *descend in the scale of organization*. In a word, it was not till an organized residual product was called on to develope "the phenomena of *animal* life" that the disorganization or degeneration of *an organized residual product* commenced. And what do we collect from this fact?

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to restrict the term "*living*," in order to enable me more clearly to point out to the reader the nature of the *dependency* of *life* upon *death;* 3rd, such matter may be contemplated when possessed of organization and life, but existing in a quiescent or inactive condition; that is, while manifesting no active phenomena which distinguish it from dead or inanimate matter, as, for example, in the condition of the seed of a vegetable before germination has commenced; matter so circumstanced, I would for perspicuity term *matter possessed of quiescent vitality;* and 4th, and lastly, such matter may be contemplated while in the act of resigning or parting with organization and life; that is, while in the act of descending either from the condition of organized to that of inorganic or mineral matter, or from the condition of matter possessed of a higher to that of matter possessed of a lower degree of organization; in a word, it may be contemplated while *in the act of being degraded in the scale of organization*. To matter so circumstanced I would, for perspicuity, venture to apply the term *dying* in order to enable me to point out more clearly to the reader the nature of the *dependency* of *life* upon *death*.

Hitherto our investigations have been chiefly confined to the contemplation of matter while in the *second* of the foregoing conditions. That is, we have been chiefly engaged in considering the effects produced *upon dead or unorganized* matter by the *imparting or communication* thereto of some vitalizing or organizing cause; we have been contemplating, in a word, the cause of the *life* of such matter. In relation thereto we have followed such matter (that is, matter which had *originally* been dead or inanimate) while in the act of passing from the unorganized to the vegetable world; while in the act of ascending in the vegetable kingdom; while in the act of passing from the vegetable to the animal world; and, finally, while in the act of ascending in the animal kingdom. During the period that each of these transitions (which were effected by *the process of generation*, and constituted what is termed "*the process of nutrition*"), during the period, I say, that each of these transitions was in progress, we saw development given to what we understand by the phenomena of *living*. But such is not the *sole* aspect under which organic phenomena should be contemplated; they should be reviewed in another, an opposite, and a no less important relation. We should contemplate the effects produced upon *vitalized or organized* matter by the *withdrawal or resignation* of the vitalizing or organizing cause; we should contemplate, in a word, the cause of the *death* of such matter.

I have already directed my readers' attention to the fact, that it was during, and alone during, the period that the simplest conceivable vegetation, and what I have termed its specific stimulus (viz., nutriment)—namely, inanimate or mineral matter were reciprocally acting upon each other, that those two entities *conjointly* constituted what we understand by a *living* being. We were *then* chiefly contemplating the process of *living* in that vegetation I am now desirous of contemplating in the *same* vegetation the opposite process or *process of dying*. For, upon a closer analysis of what was taking place during the reciprocal action of those two entities upon each other, we shall find that what *one* was *obtaining* the *other* was *losing*; we shall find that at the same time, that the process of the elevation of dead or inanimate matter to the organized condition was in operation, another and directly opposite process was also in progress—namely, the simple vegetation which was conferring that organization was itself undergoing the process of disorganization or degeneration was itself *descending* in the scale of organization. When its function was finished, that vegetation was reduced to the condition of inanimate matter. In a word, when its function was finished that vegetation was *dead*. Let us now rapidly again trace unorganized or mineral matter from the dead or inanimate world in its passage through the vegetable and animal kingdoms; let us again watch the succession of changes which takes place in that matter till it has eventually become muscular fibre. Let us do so—*not* for the purpose of again contemplating the process of *living* in that matter, but for the purpose of ascertaining *how that process* is *dependent* upon the process of *dying*. The following is that succession of changes—namely, *while* the simplest organizing agent was in the act of conferring organization upon inorganic or mineral matter, and generating therefrom its own type and an organized residual product, the process of *living* was in operation, for inanimate matter was in the act of being elevated in the scale of organization; but the *organizing agent* which was conferring that organization was, itself, resigning or parting with its organized condition, was, *itself*, descending in the scale of organization. In a word, that *organizing agent* was undergoing the *process of dying*. When its function was completed that *agent* was dead; was reduced to the condition of mineral matter. *While* the albuminous atom was in the act of conferring (increased) organization upon the matter prepared for it by an humbler atom, and generating therefrom its own type and an organized residual product, the process of *living* was in operation, for that *organized residual product* was in the act of being elevated in the scale of organization; but the *organizing agent*—(namely, the albuminous atom) which was in the act of conferring or imparting, that organization was, *itself*, during that period in the act of resigning or parting with its organized condition; was in the act of *descending* in the scale of organization. In a word, that *organizing agent* was undergoing the process of *dying*. Thus, then, we have traced inanimate or mineral matter to its conversion into vegetable albumen, that is, we have traced such matter till it has become prepared to leave the vegetable and enter the animal kingdom. And what have we learned as *regards death* during that passage? We have learned these two (as I regard them) most important physiogical facts—namely, 1st, that each *succeeding step* in the ascent of that matter, during its passage through the vegetable world, is *indispensably dependent* upon the disorganization and ultimate *death* of the *organizing agent* which was the cause of that ascent; and 2nd, that during that ascent no *organized residual product* has undergone the process of disorganization and ultimate *death*, but, on the contrary, that at each succeeding step in that ascent the organization of such organized residual product has been augmented. Let us follow that albumen in its passage through the animal world, and we shall find the same results to obtain *till the final or ultimate products of generation* (or "*nutrition*") *have been formed*. *While* the fibrinous atom was in the act of conferring increased organization upon albumen, and generating therefrom its own type and an organized residual product, the process of living was in operation, for albumen was in the act of being elevated in the scale of organization, or in other words, fibrin was in the act of being generated; but the *organizing agent*—(namely, the fibrinous atom) which was in the act of conferring or imparting, that organization was, *itself*, during that period in the act of resigning or parting with its own organized condition; was in the act of *descending* in the scale of organization. In a word, that *organizing agent* was undergoing the process of *dying*. So, too, during the generation of muscular fibre. *While* the muscular atom was in the act of conferring increased organization upon fibrin, and generating therefrom its own type and muscular fibre, the process of living was in operation, for fibrin was in the act of being elevated in the scale of organization, or in other words, muscular fibre was in the act of being generated; but the *organizing agent* (namely, the muscular atom) which was in the act of conferring or imparting that organization was, *itself*, during that period in the act of resigning or parting with its own organized condition; was in the act of *descending* in the scale of organization. In a word, that *organizing agent* was undergoing *the process of dying*.

We have now reached the *final result* of the process of *generation*, or of what is popularly termed "*the nutritive process.*" With the generation of those results we have done

We collect this, as it appears to me, all-important result—namely, we arrive, as I regard it, at the true nature of *the distinction between a vegetable and an animal.* And what is that distinction? It is, as I regard it, this, namely—in the *animal* the *de*-generation of *an organized residual product* takes place; in the vegetable *no such* degeneration occurs. The function of the vegetable is *single*—namely, the *generation* of organized structures; the function of the animal is twofold—namely, 1st, the *generation* of organized structures; and 2nd, the *de*-generation of those structures to give development to "the phenomena of *animal* life." The vegetable world has been formed to *generate* a variety of *organized residual products*, the generation of which (as I shall attempt to point out more distinctly in a note) is of necessity accompanied with the *de*-generation or disorganization of *the organizing agents* through whose instrumentality or agency such generation was effected, but the generation of which is *never* accompanied with the *de*-generation of *an organized residual product.* The animal world has, in like manner, been formed to generate a variety of organized residual products, the generation of which is, in like manner, inseparably associated with the *de*-generation or disorganization of each of those *organizing agents*, through whose agency or instrumentality such generation was accomplished or brought about; and in it, too, in like manner, as in the vegetable world, the generation of such products is *never* associated with the *de*-generation or disorganization of *an organized residual product.* But the animal has an *additional* end to accomplish in Nature; has *another* and all-important function to fulfil. It has to develope "the phenomena of *animal* life." The development of *such* phenomena (and of such phenomena *exclusively and alone*) is inseparably associated with the *de*-generation or disorganization of *organized residual products*—namely, of the *final* results of "*the nutritive process.*"

In a note I shall attempt to point out to the reader how *completely* the phenomena of *life* are *dependent* upon the phenomena of *death*; and that 1st, in the *vegetable* world we have the *de*-generation or dying of an *organizing agent* of necessity going on simultaneously with the generation or living of an *organized residual product*, these two processes in conjunction, giving development to the phenomena of *organic* life, and constituting the process of *living* and of *dying* in the vegetable world; and 2nd, in the *animal* world we have the *same* two processes—(namely, that of *living* and of *dying*) in operation to give development to the phenomena of *organic* life; or in other words, in operation for the *generation* of organized residual products; but we have in addition thereto (which we have *not* in the vegetable) the *de*-generation or dying of an *organized residual product* of necessity going on simultaneously with the development of the phenomena of *animal* life, such as mental phenomena, nervous phenomena, and the phenomena of muscular motion. Thus, then, the foregoing may be briefly summed up as follows—namely, in the vegetable world there is but *one* species of vital phenomena, *because* there is but one species of *death*—namely, the death of an *organizing agent*, during the dying of which agent development is given to the phenomena of organic life. In the animal world there are *two distinct* species of vital phenomena, *because* there are two distinct species of *death*—namely, 1st, the death of an *organizing agent*, during the dying of which agent, development is given to the phenomena of *organic* life (namely, the *generation* of organized residual products takes place); and 2nd, the death of an *organized residual product*; during the dying of which product, development is given to the phenomena of animal life, such as mental phenomena, nervous phenomena, and the phenomena of muscular motion. In order to render my meaning more apparent, I shall illustrate. We see the oak of the forrest as year after year it advances in age, at the same time, *augmenting in bulk or dimensions.* We see the same throughout vegetable creation *universally.*

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with the process of generation, or in other words, we have done with the phenomena of *organic* life. And what have we learned from the contemplation of those phenomena? We have learned those two (as I regard them) important physiological facts—namely, 1st, that the phenomena of organic life *consist in* the generation of *organized residual products*; (as also the regeneration of organizing agents whereby similar products may be re-generated) and 2nd, that the generation of those products is *dependent* upon the *death* or disorganization of the *organizing agents* through whose instrumentality those products were generated.

The function of muscular fibre, &c., has now to commence; in other words, now commence the phenomena of *animal* life. And how are those phenomena developed? It is, and let the reader impress this fact upon his mind; it is *by the disorganization* or degeneration of an *organized residual product.* Mark this well; we *no longer* have the disorganization of an *organizing agent*, but now (with the development of the phenomena of *animal* life) we, *for the first time*, have the disorganization of an *organized residual product.* We have the *de*-generation or *dying* of the *final results* of the regenerative process. What, then, do we collect *in relation to death* from the contemplation of the phenomena of *animal* life? We collect these two (as I regard them) important results—namely, 1st, that the development of the phenomena of *animal* life is *dependent* upon the *death* or disorganization of an *organized residual product*; and 2nd, that with the development of the phenomena of *animal* life commences, *for the first time*, the disorganization or *dying* of an *organized residual product.* Thus, then, the phenomena of *organic* life (that is, in other words, the phenomena of *generation*), which are common alike to the vegetable and to the animal, are *dependent* upon the *death* of an *organized agent*; whereas the phenomena of *animal* life, which are peculiar exclusively to the animal, are *dependent* upon the *death* of an *organized residual product.* I shall, in order to avoid misapprehension repeat the same in other words thus. The phenomena of *organic* life are *dependent* upon the disorganization or degeneration of entities which have been adapted by Nature *for causing or bringing about the organization of other materials.* The phenomena of *animal* life are *dependent* upon the disorganization or *de*-generation of organized structures *not* adapted by Nature *for causing or bringing about the organization of other materials*, but designed for the performance of some *other* physiological function.

If now, for perspicuity, and for the purpose of concisely summing up the foregoing remarks, I might venture for a moment to term the death of an *organizing agent* (*or atom*) *atomic* death; and the death of an *organized residual product* (in contradistinction thereto) *organic* death (more correctly in the *strict* application of terms, *residual* or *productal* death, but I am desirous, as much as possible, to avoid inventing new terms); if, I say, for this purpose, I might be permitted for a moment so to employ those expressions, the distinction between the vegetable and the animal might be thus briefly expressed—namely, in the vegetable world there is *organic* life, *dependent* upon *atomic* death, and such is all that takes place in the *vegetable* world; in the animal world there is *organic* life, *dependent* upon *atomic* death; and in additon thereto, there is *animal* life *dependent* upon *organic* death.

There is, at first sight, an apparent paradox in stating that a structure is *dying* while in the act of giving manifestation to *vital* phenomena, which arises from the *inseparable association* of the phenomena of *death* with those of *life*, and which from the nature of that association it would be difficult to avoid. It requires, however, but little reflection to perceive that this paradox is more apparent than real, and after a most careful and mature consideration of the entire of the subject, no terms have suggested themselves to my mind which, I considered, would enable me to lay more clearly before my readers what I regard to be *the nature of the dependency of life upon death.*

There is one additional topic (in connexion with the regenerative process and its dependency upon death) of the greatest physiological importance, but which I find it would be impossible advantageously to investigate at present. The question to which I refer is as follows—namely, *why* is there any *limit to the duration* of the nutritive process in organized beings? *Why* is not that process continuously renewed for an *indefinite period?* This question is important, and (as I believe) admits of a simple reply, but its investigation involves the consideration of a topic which I have considered undesirable to introduce into the present series of papers, as I hope at some future period to be permitted to enter upon its full investigation.

Not so with animals—not so with man. We see that when man has attained to, say, about one-fourth of his period, *his corporeal development ceases*. Why is this so? Simply for this reason, that the *organized residual products*, such as the *fibre of wood*, when they have been completely developed, *do not undergo the process of dying in the oak*; are *not*, in a word *again*, depressed or degraded in the scale of organization, whereas, the *organized residual products*, such as the *fibre of muscle*, when they have been completely developed, *do undergo the process of dying in man*; *are*, in a word *again*, depressed or degraded in the scale of organization.

We have now, determined the reply to the questions at present before us—namely, *how* and *where* (when generated *within* the parietes of the vascular system) is fibrin appropriated to the purposes of "*nutrition?*" The answers to those questions are these—namely, 1st, fibrin contributes to what is popularly termed "the nutritive process," *by stimulating* to the discharge of their specific physiological function, those *organizing agents* whose functions are to *generate* from that fibrin the *animal* tissues, such as muscular fibre, &c.; and 2nd, that the appropriation of fibrin to the generation of the animal tissues takes place in the *extra*-vascular interstices or *externally* to the parietes of the vascular system.

In my next communication I shall make a few observations upon the application of these facts to the general subject of our present inquiry.

(To be continued.)

EXTRACTS FROM A PAPER ON EPILEPSY.

(Read before the Midland Branch of the Provincial Medical and Surgical Association, at Derby.)

By JOHN HITCHMAN, M.D.

THE first case, H. D., was found dead in bed. She had retired to rest in her usual health. She was aged 50, and had been the subject of epilepsy for twenty years. Her intellect had become greatly weakened from this cause, and she was partially paralyzed in the left leg. The autopsy revealed the following appearances:—The body was well nourished; the lips were livid, and the neck, especially at its posterior and dependent positions, was of a bluish hue, not from bruises but from venous gravitation, and ordinary post-mortem change. She was examined at two p.m., eight hours after being seen in the morning. The same marks which characterized the neck were also present down the back and other parts; the calvarium was normal in shape, and of average thickness; the dura mater was healthy; the arachnoid membrane was not thickened or otherwise diseased; the pia mater was congested with blood, and the brain generally shared in this condition, in all probability induced by the mode of death. The upper surface of the convolutions of the cerebral hemispheres presented here and there hard knotty indurations, which varied in size from that of a pea to a large bean, but of a corrugated and rounded figure, while others were more elastic and smooth. These indurations proved to be small cysts, and the difference in their characters of hardness and form was found to arise from the circumstance, that the harder and corrugated ones had lost their fluid, and now contained a white grumous material, resembling an impalpably fine mortar, and in which, by the aid of the microscope, could be seen a large number of very minute crystals, having a rhombic figure. Those possessing fluid contained within this a few clear spherules, of varying microscopic size, adhering to their inner surface, but none on their exterior; each cyst was distinct in itself, forming in this respect a great contrast to the acephalocysts occasionally found in the uterus and other organs; indeed their solitary character induced my friend, Dr. Hodgkin, and myself, to look most carefully for that curious entozoon, the cysticercus cellulosus, which has been occasionally found in solitary cysts occupying the brain and the eye of the human subject, but without success. A small solitary cyst, less than a pea, was found on the upper surface of the left lobe of the cerebellum. The vesicular neurine of the convolutions exhibited no disease beyond the immediate contiguity of these little bodies, and even at that spot nothing further than a depression, caused by their presence, could be detected. Whether this depression was induced by simple pressure, without any loss of nervous substance, or whether it had given rise to atrophy, could not be well determined upon. I am inclined to think the latter. The vesicular and fibrous portions of the brain were each much congested with blood, which we regarded rather as a moribund effect than anything else (as the patient had died, in all probability, from asphyxia), and we discovered no other change until we reached the left ventricle, where, resting upon the corpus striatum, was another cyst, of considerable magnitude, as large, indeed, as a pigeon's egg. In this large cyst, the walls had a distinctly laminated texture, and small clear globules or spherules were studded over its inner surface, resembling the "hyaline" which has been so fully described as to its properties by Barry and others, and which, in truth, were young cells, slowly forming into other acephalocysts. The corpus striatum around this larger body was softened in its structure, and had undergone some diminution. The brain presented no other disease. The choroid plexuses, in common with the blood-vessels of the brain generally, were in a congested condition. The right lung was gorged with blood, and the patient was considered to have died from "pulmonary apoplexy;" in fact that was the verdict returned (from medical testimony) at the coroner's inquest. No other disease was found in the chest, and the viscera of the abdomen were remarkably healthy.

In contrast with the above case, was one which I saw in 1849, in which there were spiculæ of bone protruding from the inner periosteum of the skull (dura mater), and resting upon the brain—*i.e.*, resting upon, although not piercing the pia mater; the cerebral lobes were of unequal size; the superior longitudinal sinus was literally encased in bone; the choroid plexuses contained small cysts, and the basilar arteries were loaded with atheomatous deposits; and yet this patient had never experienced epilepsy. On the 23rd of January, 1849, I examined an epileptic in whom there was the same singular irregularity in the size and form of the cerebral hemispheres. In this case, the left anterior cerebral lobe was very much larger, and three-quarters of an inch longer than that on the right side; the vesicular neurine of both lobes was soft, and varied in hue, from a dark brown to a pale fawn colour; the middle lobe of the cerebellum was much shrunken and atrophied, and had a pale macerated appearance, like to animal structure which had been long immersed in fluid. But in this case, the pituitary gland was extensively disorganized, degenerated in fact, through the greater part of its structure into a gritty, earthy substance; and the clinoid processes of the sphenoid bone were so elongated as to project and to press upon the superjacent parts of the cerebrum. These two latter cases are, I think, highly instructive by contrast, as *proving* that the inequality in the weight, size, and form of the anterior cerebral lobes, belongs rather to the lesions of insanity than to epilepsy. For I ought to have stated at the outset, the important fact, that the patients to whose autopsies I refer, were not only epileptic but insane. It would certainly vitiate all our reasonings if part had been insane and part otherwise; but as all were of unsound mind in an equal degree,—as the condition of each were equal, I do not think this circumstance will much invalidate the usefulness of the facts recorded.

The second case who died from epilepsy, on the 18th of December, 1849, was aged 56. She had been insane eleven years, and epileptic forty-eight years, the epilepsy having been produced by a blow. When eight years of age she was knocked down by an infuriated cow, and her frontal bone fractured by the blow. In the autopsy, the calvarium was found to have a deep indentation of a triangular form in the centre of the frontal bone; this was limited to the first table, as no corresponding mark was visible on the cerebral surface of the bone. The inner table was deeply grooved by the meningeal arteries, and had become so thin as to be diaphanous. The base of the skull was of a con-

tracted form; the ethmoid process, "crista galli," was very large and projecting; and the clinoid processes of the sphenoid were curved and irregular; the dura mater was firmly adherent to the skull; the arachnoid was opaque and thickened; the pia mater much congested; the Pachionian bodies were very large; the pituitary body was atrophied, and in a degenerate condition; the medulla oblongata was much congested with blood, and I should have said, that the lateral ventricles were devoid of fluid. The heart was small and flaccid, and its tricuspid valves were diseased and thickened. The other viscera of the body appeared healthy. I wish to contrast this with another autopsy conducted by me in 1845. E. L., died from a fungoid tumour of the dura mater. She had exhibited great passiveness of character and simple imbecility of mind. She had for more than one year suffered extreme pain on the left side of the head, along the lower anterior edge of the parietal and across the temporal bone, at which point she had received a severe blow in a quarrel some five years prior to my seeing her. When I first saw her, the left eyelid was paralyzed, and drooped over the eye; the pupil was enormously dilated, and vision was extinct. For a fortnight before she died, she experienced great pain and difficulty in the act of deglutition, and for the three latter days of her existence, was unable to accomplish it. For the same period, the left nostril was insensible to snuff and some other irritants. On examining the skull after death, it was evident that the blow had left a deep scar over the left temporo-frontal region; this appeared to have excited inflammation of the dura mater, and to have given rise to the tumour, which has been already named as the cause of her death; for although it was not immediately opposite the seat of injury, yet the membrane from a point opposite to the external scar, was most intimately adherent to the bone. The tumour, which was placed somewhat obliquely in the base of the skull, pressed on the left optic nerve at a point anterior to the outer edge of the crus cerebri, as it was passing forward to join its fellow nerve. The scirrhous thickening was, however, more conspicuous, harder, and larger, upon and in front of the petrous ridge of the temporal bone, embracing within its substance the semilunar ganglion, protruding forwards and inwards, pressing on the outer edge of the cavernous sinus, and completely imbedding, anteriorly, the first, third, and second divisions of the trifacial nerve, as they respectively passed to the cavernous sinus, the foramen ovale, and the foramen rotundum. In consequence of some unavoidable delay, the brain had become too soft for a satisfactory examination. It will strike you, how completely the disease was illustrated by the necroscopic appearances; in other words, anatomically, by the loss of sight on the same side, as it pressed on the *outer* edge of the optic nerve prior to its conjunction; in the paralysis of the upper eyelid, as it encroached on the motor oculi nerve, on the ophthalmic branch of the fifth, and ultimately interfering with and interrupting mastication and deglutition, by its pressure on the superior and inferior maxillary nerves, and probably, from the same cause, destroying sensation in the lining membrane of the left nostril, as the throat and nose were free from disease.

A blow upon the frontal bone immediately produced in the former case an epileptic paroxysm, which occurred at intervals through forty-eight years, ultimately inducing mental derangement and death. A similar force at the junction of the parietal with the temporal bone did not originate epilepsy, but gave rise to a malignant tumour, which encroached upon and destroyed some of the agencies of vision and muscular action, and, by mechanical contiguity, impaired the intellectual manifestations of the brain, and finally destroyed life. How are we to explain these discrepancies? Are such phenomena limited to diseases of the encephalon, or are they found to exist in the other structures of the body? Can a rational explanation be found in the circumstances attendant upon the injury? or will our present knowledge of the structure and functions of the varying parts involved in the respective lesions furnish it? In the latter case, anatomy fully explains the entire range of objective phenomena; but how and where are we to seek for an elucidation of the presence of epilepsy in the one case, and of fungoid tumour alone in the other? I trust these questions are worthy the attention and the thought of intelligent medical men;—that you will not deem me frivolous in bringing them before your notice; but that you will kindly extend to me your indulgence whilst I proceed to the narration of the third autopsy, and to the detail of some facts connected with the previous history of the case.

M. A., who died from pulmonary consumption, in 1850, had been epileptic to an extraordinary extent for many years, especially during the six months prior to the manifestation of the thoracic disease. In the month of January preceding her decease she had as many as one hundred and sixteen paroxysms of epilepsy, reckoning that as a distinct fit which was followed by consciousness, for however brief a period the conciousness might have lasted. In this case, the severest I ever witnessed, there was no cerebral lesion, beyond opacity and thickness of the membranes of the brain, effusion of serum between the convolutions and into the lateral ventricles, and a very hypertrophied condition of the pituitary body. This organ was, however, most extensively diseased, and is a structure of far greater importance than its situation or its size might, *a priori*, intimate. This patient formed one of nine that I selected for especial observation, with a view to determine if any, and what amount of influence, the moon might exert in the production of the epileptic paroxysms. I have great faith in popular notions; that is, I believe they frequently contain a nucleus of truth, however much such nucleus may be covered with incrustations of error and folly; and, at all events, the supposition that such influence was exerted could only be disproved by carefully observed facts. Accordingly, nine epileptics were watched most assiduously for two months, and the facts duly registered. I shall weary you only with the particulars of one month. In no one day, nor within any one week, did *all* the nine cases experience an epileptic seizure; but eight out of the nine became epileptic during the first fourteen days of observation. M. A. had fits every day through the entire month; on some of these days she was scarcely exempt from its influence during any part of them. On the day of the new moon she had two paroxysms; on the seventh day of the moon's age she had five paroxysms; on the day of the full moon she had three fits, and on its entering its last quarter two paroxysms; on the recurrence of a new moon, two fits; on the twelfth day of the moon's age she had six paroxysms, and on the twenty-seventh day six fits. On the day of the full moon only two patients out of the nine had seizures, while on the seventeenth day, on the twenty-third and twenty-ninth days of the moon' age, four of the nine were beset with the malady. On no one day were more than four afflicted; and the largest number of paroxysms experienced in twenty-four hours by one epileptic was six. We therefore infer that although epilepsy is paroxysmal in character, it has no direct relationship to the condition of the moon, except, perhaps, in some rare, exceptional, and highly sensitive cases. It is, however, a remarkable fact that this patient, M. A., who had been epileptic for many years, who, through the entire period above referred to never passed a day without a fit, and who in one calendar month experienced above a hundred paroxysms, never was epileptic during the last six months of her existence. From the day that inflammation of the lungs set in until the day of her death from tubercular disease, she was free from the former malady. She was watched night and day by trustworthy nurses, under my own immediate supervision, and, therefore, upon this statement you may fully and implicitly rely. Here again, as it appears to me, an interesting question springs up,—What condition excitant of epilepsy was removed by the deposition of tubercle on the lungs.—*Prov. Jour.*

RHEUMATIC FEVER TREATED BY ACETATE OF POTASH.

(Under the care of Dr. Golding Bird.)

Many cases have been lately brought forward in which this disease has been treated with various remedies—as colchicum, acetate and nitrate of potash, and lemon-juice, respectively. The treatment of rheumatic fever by acetate of potash is the more interesting as involving the truth of Dr. Bird's explanation as to *why* this diuretic salt should be useful in rheumatism. After giving a detail of the solid matters found in the urine whilst the functions are in a normal state, Dr. Bird adds:—"But we also know that the researches of Wohler have shown us something more—viz., that whatever substances exist dissolved in the blood not necessary or fit for the reprair of the structure of our frame, invariably escape from the body by the kidneys. The injection of saline bodies, colouring matter, &c., readily proves Wohler's statement." The lecturer mentions a little further on, that the septic agents do not reappear in their original form, but that they undergo metamorphosis; and proceeds in these terms:—"Can we at will by therapeutic agents produce this depurating effect, and by hastening the metamorphosis of matter, aid the removal of a *materies morbi*, whether itself the exciting cause or effect of antecedent morbid action."

Before we state which are the *therapeutic agents* most likely thus to depurate the blood, we should mention what efficacy Dr. Bird ascribes to the increase in the secretion of the kidneys:—"It will be found that the increase of water does not escape alone, but there is really washed away with it a certain, although not very large quantity, of solid debris. . . . . This is a key to the cures effected by mineral springs. . . . . I would press upon the practitioner the importance of directing his attention to diuretics, not as merely helping the pumping off of the water, but as *renal alteratives*, as remedies aiding the removal from the body of injurious matter." The diuretic to which Dr. Bird gives the preference for removing the *materies morbi* in rheumatism is acetate of potash.

The first case was a girl aged 16, of sanguineous temperament, who traced her attack to sleeping in a kitchen underground. The disease commenced in the right ankle, soon reached the knee, and gradually attacked the left limb, as well as the shoulders. She was thus labouring under inflammation of the principal joints when admitted into hospital, at which period she presented the following symptoms:—Skin hot and dry; tongue slightly furred; pulse quick and full; slight headache. The wrists, knees, and ankles swollen, stiff, and painful, and yielding a dry rubbing sound on being moved. Bowels and catamenia regular; appetite tolerable; sleep very indifferent. Ordered twenty-five grains of acetate of potash to be taken every fourth hour in camphor mixture, and eight grains of Dover's powder at night. The patient was much better on the third day; she moved her wrists with facility, and without pain; the skin had become moist; she slept better; the bowels acted once a day; and the appetite was improved; pulse the same as before, and tongue more furred. The medicine was continued, and on the seventh day the ankles were free from pain, though the arms became somewhat stiff and swollen; all the other symptoms improving. On the fourteenth day, the pulse was natural, and the patient quite free from pain in any joint; the appetite was very much improved; and to each dose of the acetate of potash hitherto regularly taken every fourth hour, four grains of ammoniated citrate of iron were added, and the girl was desired to get up for two or three hours a day. The latter injunction was carried out to a greater extent than had been prescribed, and the consequence was a slight relapse on the seventeenth day; this, however, soon gave way, and on the twenty-first day the patient was discharged quite well.

The second case, an old woman, aged 29. Five days before her admission she had got very wet, and the same evening the right wrist became painful and swollen. The next day the knees, and subsequently the shoulder of the same side, became similarly affected. On admission, the right shoulder, wrist, and knee were exquisitely tender, as well as swollen and painful; the cheeks were flushed; there was headache, and sour-smelling perspiration; tongue covered with a dirty-white fur, and red at the tip and edges; pulse quick, full, and bounding; urine tubid and acid; great restlessness, and no sleep for several nights. Ordered half a drachm of acetate of potash to be taken every fourth hour in camphor mixture, and ten grains of Dover's powder at night. The doses were somewhat larger than in the preceding case, both probably on account of the difference of age and the severity of the symptoms. As the joints were exquisitely tender, soda poultices (the ordinary linseed poultice made with a solution of carbonate of soda instead of plain water) were applied to the affected articulations. On the third day the patient was considerably relieved; the bowels were, however, confined. Calomel and colocynth were ordered, and the acetate continued. The improvement was steady and gradual; and on the sixteenth day all the joints were well, with the exception of a little stiffness about the shoulder. The patient then took two grains of disulphate of quinine three times a day, and was soon quite well. The urine was in both cases considerably increased in quantity.

It will now be necessary to inquire for what reason Dr. Bird prefers the acetate of potash to other diuretics? If we turn to his lectures on the subject we find the following explanation:—

"Squill, copaiba, broom, juniper, &c., merely increase the fluids and are useful in dropsy. . . . . Remedies which exert no chemical action on organic matter out of the body, appear to be incapable of augmenting the quantity of solids in the urine, and hence are of use only in the elimination of water; they may and do act as renal hydragogues, but not as renal depurants. . . . . We have next to notice those remedies among the reputed diuretics which increase the metamorphosis of tissue and act as depurating agents. This class includes the alkalies, their carbonates, and their salts, with such acids as in the animal economy are capable of being converted into carbonic acid, including the acetates, tartrates, and citrates of soda and potash. These remedies act all alike—they all actively stimulate the functions of the kidneys, and increase the bulk of the urine; but they do more—they actually increase the metamorphosis of tissue by, in all probability, a direct chemical action on the elements of worn-out and exhausted tissue, or other matter in the capillary laboratory of the body."

As to nitrate of potash, Dr. Bird has found it inferior to the acetate of the same alkali. He has used the latter with much advantage, as he finds that "the quantity of fluid removed from the body by the nitrate of potash is far less than that which is carried off under the solvent influence of those agents which act more energetically on animal matter."—*Braithwaite's Retrospect.*

Prurigo of the Genital Organs.—This affection (which often assumes the form of lichen or eczema) is well known to be very painful, distressing, and difficult to remove. M. Tournié has lately proposed calomel ointment, and a powder of camphor and starch, which topical applications he has used with much success. When the parts (genital organs, anal region, or axilla) are covered with scabs, tepid baths, and emollient applications are to be used first. When the indurated particles are removed, the affected spot is to be rubbed twice a day with the calomel ointment (one to two drachms of the calomel to one ounce of axunge), and after each application dredged with the powder (four parts of starch to one of finely powdered camphor). We mention M. Tournié's treatment, as this kind of prurigo so often baffles the remedies usually employed.

REMARKABLE CASE OF RECOVERY FROM FRACTURE OF SKULL AND LOSS OF BRAIN.

By J. Snyder, M.D., of Virginia.

On the 15th of April, 1851, a son of Colonel Vaus Fox, about eight years old, was run over by a horse and thrown violently upon a rock jutting out of the ground, which fractured the skull very extensively. About two hours after the occurrence of the accident I was called to the case, and upon examination found the injury to be at the middle portion of the temporal arch, between the parietal protuberance and frontal suture, implicating a portion of the frontal bone. A portion of the parietal bone, precisely one inch and a half in length, and of an elongated triangular form, was forced endwise into the middle lobe of the brain, penetrating its investing membranes and entering its substance. Parts of the parietal frontal and temporal bones were fractured into five or six pieces, making a comminuted depressed space of four inches, which presented a perfectly concave apparance, with a wound in the centre of the depression about one inch in length. With the assistance of my friend, Dr. Pratt, after removing the hair, the wound was enlarged to the extent of one inch and three-quarters, to facilitate the extraction of a portion of the parietal bone completely hidden in the cerebral mass. After the wound was enlarged, I extracted the piece of bone with forceps, and removed about a dessert spoonful of the middle lobe of the brain, which followed its extraction and forced itself out of the wound. This done, the little fellow seemed to arouse up and regain his sensation—so much so as to make a considerable struggle and effort to rise, but was forced to remain quite by assistants. The struggle caused a second protrusion of the brain, which being detached from the cerebral mass, as we supposed, was cut away with surgeons' scissors. I then proceeded to raise with an elevator the depressed pieces of bone to their normal position, which was accomplished with considerable difficulty, being compelled to use a good deal of force. It was, however, accomplished satisfactorily, and the wound dressed with emp. adhæsiv. and a light compress, leaving a small space between the strips to permit the blood, &c., to escape. During the operation the little fellow was perfectly comatose, except for a moment immediately after the extraction of the bone. He was now placed in a well-ventilated and quiet appartment, closely watched, and under the constant surveillance of a doating mother. Although a very tractable and obedient child, yet it was necessary for these around him to watch him closely, as his position was frequently and abruptly changed from side to side with quick and sudden tossings, which made it necessary for his attendants to stand by to retain him in bed and to adjust the cover. He frequently placed his hands on the wounded part, but complained of very little pain. He was very closely watched during the night and next day by Dr. P. and myself; and on the following night, about thirty hours after the operation, reaction took place, which required, for the protection of the brain, three copious bleedings, about an hour apart. This free abstraction of blood had the desired effect of reducing arterial action, and quieting the whole system.

On the following day it was thought best to excite the bowels to action, which was done by enemas, and subsequently by giving quarter minim doses of l. c. tiglii, mixed with bread crumbs, repeated every two hours until some effect was manifested. After this an occasional pill of the same was given, which, by one or two repetitions, always acted pleasantly. No further evidence of excitement manifested themselves during the progress of the case. The head was cleansed and dressed twice a day, for a few days, and subsequently but once a day, and recovery was unexpectedly rapid being only three weeks before he was able to walk in his room, requiring no change of treatment; and the little fellow is now (August 10th) in robust health and fine spirits. As is usual in this character of injury, I feared the occurrence of fungus cerebri, but these unpleasant consequences have not shown themselves, and it is not probable that any thing of the kind will arise, as it is now four months since the accident; and I feel confident his intellectual faculties have not sustained the slightest degree of injury. On the 16th of August, four months after the accident, he had an attack of scarlatina simplex, which passed off without an unplesant symptom, and without any medical treatment other than a tepid bath and confinement to his room.

What is most remarkable in the above case is, that an injury so extensive, involving so much of the skull and a loss of so much of the cerebral mass, should recover so soon, and with so little medical assistance.—*Virginia Med. Gaz.*

CASE OF SPONTANEOUS COMBUSTION.

By W. J. Byrne, M.D.

On the night of the 16th of August, Mrs. S——, residing in Logan County, Kentucky, was left sitting up, by her daughter, who retired at nine o'clock. About ten o'clock she was awakened by a most loathsome stench, and discovered a small flame playing about where her mother should have been sitting. She discovered at once that something strange had occurred, and immediately ran to her brother's, some three or four hundred yards distant, to obtain assistance. By the time she returned, the whole person of her mother, with the exception of the left leg, from about the middle of the femur down, and the right leg from the knee-joint down, was entirely destroyed. At the time of their return, a light, small, blue flame was playing about the femoral end of the left leg; they immediately threw some water upon it, which checked it, though at its application the flame seemed to be momentarily increased. All the clothing upon her was burned up. Of her head, trunk, and upper extremities, nothing was left but a pile of ashes. The lungs, heart, and liver retained their form perfectly, jet black in colour, presenting the appearance of charcoal made from burning cork, and were very light. A small portion of the spine, from about the first lumbar or last dorsal vertebra to the middle of the sacrum, was also left in the same condition, and presented the same appearances. The ilium, pubis, &c., were completely destroyed, not a vestige of bone remaining. The portion of the left leg that was unconsumed was black, heavy, and crepitated under the pressure of the finger; the remains of the right leg (from the knee down) presented the same appearance, with the exception that all the parts comprising the portion between the phalangeal extremity of the metatarsus back to about the middle of the tarsus were reduced to ashes.

Her daughter states that she left her mother smoking, sitting upon the edge of the hearth; that there was no fire of any consequence in the fireplace; that the little that was there was well covered up with ashes, which was found unopened when she made the statement. The chair upon which Mrs. S. was sitting was almost destroyed, nothing being left but about four inches of each post, which small portion was charred and scorched. From the position in which her remains were found, it seems she must have fallen forward upon the hearth, her pipe being found by her side. The odour was strongly empyreumatic, and around her was deposited a fœtid and most fuliginous deposit of a greasy character. The subject was was upwards of 70 years of age, and for the last thirty years had been strongly addicted to the use of ardent spirits, sometimes drinking enormous quantities, and was very fleshy. Her general health was good up to the time of her decease.

A question now arises as to its being a case of pure spontaneous combustion. Now, she had a lighted pipe; could no the origin of the combustion be attributed to it? Or should we rather call in the aid of the calorific powers of the electric fluid? Or was it truly a case of spontaneous combustion, and owed its origin to the disengagement of phosphuretted hydrogen or to the caloric developed by those internal actions which determine a highly combustible state of the body?—*Nashville Jour. Med. and Surg.*

REVIEWS AND NOTICES OF BOOKS.

LECTURES ON THE PHYSICAL DIAGNOSIS OF THE DISEASES OF THE LUNGS AND HEART.

By Herbert Davies, M.D., Senior-Physician to the Royal Infirmary for Diseases of the Chest, Assistant-Physician to the London Hospital, &c. &c. London. 1851. Post 8vo. pp. 288.

These lectures, which were originally delivered at the Royal Infirmary for Diseases of the Chest, appeared, in part, in the *Lancet* for the year 1850. In publishing them, the author states that he has a two-fold object in view; 1st, "to collect and arrange, as concisely as possible, for the use of the student, the facts which relate to the theory and practice of auscultation and percussion; and 2ndly, to direct the attention of his medical brethren to the labours of the distinguished School of Vienna, of which Professor Skoda is the acknowledged head and founder."

The first lecture contains some statistics of diseases of the lungs, followed by an outline of the anatomy and physiology of the organs of respiration. From a table given in this place it appears—

"That at least two-fifths of the deaths from diseases of the lungs occur at and under the age of five years.

That pneumonia is extensively fatal in early life, nearly eighty per cent. of the deaths from that disease occurring at and under the age of five years.

That the deaths from bronchitis are most frequent at and under the age of five years, being nearly in the proportion of thirty-three per cent.; and that above that age and under twenty-five, the mortality is at a minimum, increasing from that period upwards.

That ten per cent. of the deaths from consumption occur at and under the age of five years; that the maximum of mortality is between fifteen and forty years of age, amounting to nearly sixty per cent. of the entire number of fatal cases from this disease—a statement which closely accords with the experience of the medical officers of the hospital at Brompton."

In the second lecture, the author proceeds to the consideration of the special subject of the course, viz., "the means by which thoracic diseases are to be detected;" which are considered in the following order:—

1. Spirometry, 2. Inspection,
3. Mensuration, 4. Palpitation, 5. Succussion,
6. Percussion, 7. Auscultation.

Dr. Davies devotes a lecture to the spirometer, and the indications which it is capable of affording in determining the presence or absence of disease in the chest. He prefers a modification of Mr. Hutchinson's spirometer, introduced by Dr. Pereira. This instrument, which is a model of a gasometer on a small scale, consists of "a large glass cylinder, suspended by means of a cord in a reservoir of water, the cord passing over a pulley, and having a weight attached, so that by proper adjustment the cylinder may balance in any position; a pipe, forming the continuation of the tube through which the patient has to breathe, rises in the bell-glass above the level of the water, and by forcing the air through this tube the vessel will ascend, and indicate, by a graduated scale affixed, the quantity of air passed into it. The principle of the machine is very simple, and its use easily acquired. It will be found, upon experiment, that the number of cubic inches capable of being expelled from the lungs after a full inspiration, by an individual in good health, is liable to such little variation, that the vital capacity may be considered as a constant quantity."

The vital capacity as indicated by the spirometer, is influenced by the following circumstances:—

1. The height of the individual.
2. The age.
3. The weight.
4. The disease.

The *height* of the individual appears to be the chief condition which regulates his vital capacity; "so that, as a general rule (subject to a few corrections), we may determine the height of a healthy individual from a knowledge of the number of cubic inches of air which he is capable of expiring." *Weight* forms, also (the author observes), "an important element in the calculation, although its effect has not yet been fully determined from the circumstance that the standard weight of an individual of a given height and age remains undecided."

Age.—We should naturally expect the inspiratory power to share, with the other functions of the body, in the vigour which characterizes the adult period of life. Experiment confirms this view. The vital capacity is found, *cæteris paribus*, to be at a maximum between the ages of thirty and thirty-five, and to fall gradually after the latter period, at the rate of nearly one and a half cubic inches for every additional year.

Disease.—We have now arrived at the most important element of variation, for the detection of which the spirometer is, of course, intended. It is quite evident that, if it is possible to determine, *à priori*, the standard vital capacity for all heights, weights, and ages, that the instrument puts us in the possession of a means of deciding upon the normal or abnormal condition of the respiratory organs of any person subjected to an examination by it. This is the basis of all our views respecting the spirometer; and the three thousand experiments made by Dr. Hutchinson provide the standard of health in question.

. . . . . .

From the observation of many hundred cases of suspected tubercular disease of the lungs, I have learned that a marked diminution of the vital capacity is an important indication of the disease in question, and that this condition of the inspiratory power is always antecedent to such a manifestation of the local signs as would be sufficient to warrant us in giving a decided opinion upon the existence of the affection."

As an example in point, Dr. Davies quotes the case of Freeman, the American giant, who was at one time an outpatient of the London Hospital, previous to which period he had been examined by Dr. Hutchinson, who found the following to be his measurements:—

"Height 7 feet; weight 19 stone 5 pounds; circumference of chest 47 inches; vital capacity 434 cubic inches. Two years subsequent to this period he was taken ill, and although complaining of some dyspnœa no trace could be found at the time of the deposit of tubercular matter in his lungs. An examination by the spirometer, however, showed that his vital capacity had sunk to 344 cubic inches. In a year from this time he had fallen a victim to consumption. This case fully indicates the value of the spirometer; and by the experience derived from extended series of observations made with it, I have come to the conclusion that a very small amount of tubercular deposit is sufficient to produce a great dimunition in the natural elasticity of the lung, and a corresponding reduction in the vital capacity."

The third lecture is devoted to percussion. The author prefers the fingers to any of the instruments which have been recommended for the purpose. "I have made use (he says) of all kinds of hammers for percuting, and a great variety of plates (bone, metal, leather, gutta percha, and membrane) for receiving the blow, but have abandoned them all for the fingers of the right and left hand, which answer admirably for hammer and plate."

Dr. Davies adopts the division of percussion sounds laid down by Professor Skoda, who arranges them into—1, a full tone and its opposite, an empty tone—2, a clear tone and its opposite, a dull tone. "By fulness is meant (he observes) a considerable volume of sound. Thus a large cathedral bell, even when muffled, and vibrating weakly, conveys the idea of a large mass in motion, while a small hand-bell, however distinct its tinkling tone may be, cannot be mistaken for one of a large size. Our ideas of size, as derived from sound, depend upon the degree of the fulness of tone."

After having considered the varieties of resonance elicited by percussion of the healthy chest, the author devotes a short space to the alterations produced by disease, and quotes here the following summary from Zehetmayer's work:—

"The air of the cavity of the chest may be—

1. Abnormally increased in quantity.
2. Abnormally diminished in quantity.
3. Entirely absent in certain parts.

1. Abnormally increased.

A. Generally. B. Locally.

A. Generally.

1. In vesicular emphysema, the sound being clearer and fuller than natural, and extending beyond the ordinary limit of the healthy lung.

2. In pneumothorax, with or without empyema, the tone is clear, full, and tympanitic, provided the thoracic walls are not too tightly stretched.

B. Locally.

1. In hollow cavities, a clear, empty sound, often metallic or associated with the bruit du pot fêlé.

2. In partial emphysema, particularly at the edges of hepatized or tubercular infiltrated lung, the tone is clear, empty, and sometimes tympanitic.

2. Diminished in quantity.

1. In bronchial catarrh, the sound upon percussion is not altered, unless some alterations in the parenchyma of the lung are coexistent.

2. In the first and third stages of pneumonia the dulness of the sound is proportional to the number of lung-cells filled with secretion.

3. In œdema pulmonum, the same.

4. In small effusions into the pleura, union of the pleura by false membranes &c., the tone is less full and sonorous.

3. Total absence of air from—

1. Deposition of fibrin, tubercular, and encephaloid matter, in the lung-cells and inter-vesicular tissue (apoplexia pulmonum, hepatization, phthisis, cancer, &c.). In these cases, the sound on percussion is dull to an extent proportional to the quantity and completeness of the lung consolidated.

2. On compression of the general parenchyma in consequence of—

1. Effusions into the pleural cavity. { Pleuritis. Hydrothorax.

2. Tumours pressing and encroaching upon the lungs—as aneurism of the aorta, hypertrophy and dilatation of the heart, exudation into the pericardium, morbid (cancerous) masses, ascites, enlargement of the abdominal organs," &c. &c.

The remaining lectures of this part embrace "inspection, palpation, the normal respiratory murmur, bronchophony, œgophony, bronchial respiration, rhoncus crepitans, crepitation, amphoric resonance, metallic tinkling, and the stethoscope." In the tenth lecture, the physical diagnosis of the diseases of the heart is commenced, and is continued through seven lectures; under the heads "position, measurements, innervation, impulse, inspection, palpatation, percussion, and auscultation."

Each of the foregoing subjects is very ably handled, and we must say the author has succeeded in producing an excellent practical manual. The literature of the subject, too, is fully up to the present day, while no improvement of any importance in its bearings upon physical diagnosis has been overlooked.

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DUBLIN: WEDNESDAY, JANUARY 21, 1852.

OPERATION OF THE DISPENSARY ACT.

The capabilities of the Dispensary Act are subjected to severe trial and its powers must speedily be thoroughly tested. The proceedings of the Guardians are still pending and the interference of the Commissioners is only commencing, therefore are we unable to ascertain results; but sufficient transpires to prove that great difficulties have to be surmounted, and that much vigilance must be observed to prevent bad precedents from becoming established. Districts excessive in dimensions and salaries inadequate to the duty, are the questions at issue, and upon them the Commissioners will have to decide, for the Guardians in many places seem bent on resistance to the just claims of both surgeons and patients. In some places the determination to defeat the objects of the bill altogether seems to prevail. The Tralee Union has been divided into four districts, but the Commissioners recommended six, some of the districts already named being twenty miles long; the Guardians, however, still stand out for the rateyayer, one of the minority in favour of a proper division sarcastically remarking, "we have not heard much about the expense of Dispensaries under the old law. Why? Because the greater part of the burden was borne by the occupiers; but now there is great commotion because the landlord must pay half." This is the truth, but both landlords and ratepayers must submit to their fate. They are paying for public works, police, poor-rates, hospitals, lunatic asylums (and the nation at large, for schools) some two millions. They must also pay for the medical relief of the poor, and they may as well do it with a good grace. In other unions, they are revising, rescinding, and curtailing, but it is all in vain, for sooner or later the law must be obeyed, and it will save a world of trouble, wrangling, and mismanagement if the Commissioners will frankly tell them so. In the Mountmelick Union much difference of opinion prevails as to the number and grouping of the districts, and a correspondence with the Commissioners has taken place. The original division into eight districts is, however, retained; but the grouping of the divisions is under consideration, the arrangement as to the large town of Portarlington being faulty. Here, and probably in other places, the town is on the confines of two districts, so that the poor of it and the vicinity, although necessarily numerous, must go a considerable distance for relief. It is obvious that the act never contemplated such an arrangement as that which would leave large towns without Dispensaries, and we conclude that in this case the proposed plan may be modified without prejudice to any one. In Gort—

The guardians first divided the union into two districts, but the inspector, Mr. R. Bourke, remonstrated and said, that three would be little enough. The area in acres is 107,576. The population in 1841 was 39,000—the poor-law valuation is £47,222. A fortnight's notice was given to take Mr. Bourke's suggestion into consideration, and the result in the end was the same; the board persisting in having but two dispensaries, embracing the above area between them, and each ranging a distance of twenty-three English miles by twelve, and for the performance of the duties have fixed on the munificent sum of £50 per annum as the surgeon's salary. The argument adduced in favour of that sum being sufficiently adequate is, the fact of the same duties having been performed by the workhouse medical officer for the last twelve months, who was appointed under the 10th of Victoria to a dispensary at Gort, consisting of ten electoral divisions (half the union), and that *he neither then, nor now, remonstrated against the inadequacy* of the salary, and that when *he* was satisfied with £50, the speaker (Lord Gort) did not see why he should get more; and if the duties of the Gort district would be done for £50, why not Kinvara for the same? Dr. Hynes, who held the Kinvara Dispensary under the Grand Jury Act, and who is a guardian, said, that what had been given by that board under the 10th of Victoria to a gentleman who held two other situations—the workhouse and fever hospital also under it—should not be laid down as a criterion for the salary of a district having no other connexion with the board, particularly when he recollected that the salary alluded to had been reduced from £91 15*s.* to £50 per annum, solely on account of the other appointments held under the board at the time. A very bad principle, he stated, to go by; but still as the board was guided by it, he could not avoid alluding to the real cause of the salaries being hitherto only £50. Dr. Mulville, who is

also a guardian, followed, and proposed (after designating £50 a downright absurdity) £100 as the salary, but without successs.

Our readers will recollect that this is exactly what we predicted would be the effect of one surgeon undertaking the care of two institutions under the same paymasters. We feared that they would never pay double salary for double duty. Local circumstances may, however, require expedients not in conformity with general policy, and we must refrain from pressing a rule for universal application.

DENIAL OF PAYMENT TO MEDICAL WITNESSES.

Dr. Hynes of Kinvara, has addressed the following appropriate note to Dr. Kingsley of Roscrea, in every word of which we cordially concur. This is an old grievance, and now that a regular debtor and creditor account is fairly opened between the medical profession and the public it must be dealt with. The time has arrived for every medical practitioner to assert his right to payment for his services, whatever they may be:—

My Dear Sir,—I enclose a post-office order for 15*s*., which I will thank you to forward to the treasurer of that invaluable institution of which you were the charitable founder—viz., The Medical Benevolent Fund Society; and you will be pleased to have it entered under the name and title of "Barrister Freeman's estimate of the value of a medical man's attendance at his court for two days, and at a distance of fifteen Irish miles from his residence, per D. F. Hynes, the medical man in question." Independent of the anxiety I have always felt for the welfare of that charitable society, I could not think of appropriating to my own private use such a sum for my services, as it would be improper of me to accept it for myself, although I have done so for the Medical Benevolent Fund.

This gentleman, who allows a clerk in a bank £2 for the same time, another clerk £1 10*s*., a corporal of dragoons 15*s*., a common broker, and even a policeman of the district, the same sum, gets into a rage when he is asked what he will allow a doctor, who has travelled fifteen miles to his court, and was delayed two days there, and says, "I will only allow 15*s*.; I can't be robbing the ratepayers"—a consideration never dreamt of by "*his worship*" until my case (who pay more rates than all the witnesses put together) came under his notice.

I have entered thus fully into the case to show you and the rest of our brethren, that the sooner we have the general meeting of the profession, alluded to at our last meeting of committee, and establish a "National Medical Defence Association," whose power and influence will be able to wrest from Mr. William Deane Freeman the authority vested in him of thus insulting the members of our profession, the better.

There are other very important matters besides the insult of Barrister Freeman to be looked to, and immediately. Believe me that the interests of our profession require careful watching just now; and I am sure that you will, as you have ever done, be at any time, and at all times, ready to lead us on to the haven of safety and protection.

Awaiting your call, believe me to be, as ever, faithfully yours, D. F. Hynes.

Kinvara, Jan. 10, 1852.

ACTIONS AGAINST SURGEONS BY PATIENTS.

It appears that the practice of bringing actions against medical practitioners for alleged mal-practice has become a prevalent abuse of legal power in the United States. It seems to be a common practice for patients to attempt to recover the fees paid in sickness, with interest, from the doctor, after recovery, by law persecution, and here is an example of it:—

Prosecution for Mal-practice.—A case has recently been tried in the Court of Common Pleas, in the city of Lowell, of a character similar to those mischievous prosecutions that for some years past have alarmed medical gentlemen, in various parts of the country, to such a degree that many have about concluded to let all surgical patients go unassisted in their afflictions. If by any combination of unforeseen constitutional or other circumstances, a fractured bone or punctured wound is not immediately cured, the surgeon is at once driven to the wall by a prosecution for mal practice, the object and aim of the prosecutors being to make to themselves mammon out of the spoils, even if they rob the practitioner of his honest earnings and ruin his reputation. It seems that, in the case alluded to, a woman cut her right thumb while paring apples. In consequence of the condition of the wound, which pained her, Dr. Leach, of that city, was called in for advice. From a careful analysis of the testimony in regard to the treatment, his course appears to have been perfectly judicious, and this was the opinion of very eminent medical gentlemen who were called before the court. Notwithstanding the weight of evidence would seem to have been strong enough to have sustained Dr. Leach, to our surprise, at least, the jury could not agree. The more we have reflected upon the testimony, the more we are astonished at the result. Of what value is evidence in courts of law, if it is to have no weight? Dr. Charles A. Savory, Dr. Mowe, Dr. Thurston, Dr. Dalton, Dr. Green, Dr. Parkman, and Dr. Balch, if we understand them, sustained Dr. Leach triumphantly. At the Missionary Hospital, in China, in which Dr. P. Parker, the American surgeon, has distinguished himself by the performance of some of the boldest operations in surgery, before the people became enlightened and comprehended the value of his services he refused to operate till a bond had been executed, in which applicants agreed not to claim damages of him, should he be unsuccessful. It would perhaps be the course of prudence for surgeons among us to keep blank bonds on hand, to be filled up before commencing treatment, if the public continue to ask for their best endeavours and then prosecute them for damages should the result be unsuccessful.—*Boston Med. and Sur. Jour.*

CLAIMS OF PRESENT DISPENSARY SURGEONS ON NEW DISPENSARIES.

That the present Surgeons of Dispensaries have a prior claim to new appointments cannot, and we believe, is not denied; but cases may arise in which they may not be able practically to assert that claim successfully. A power is given to the Commissioners to interfere, and to them our correspondent must apply if he entertains no doubt as to the intentions of the committee; but he must make out a strong case to induce the Commissioners to exercise the power given them:—

TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—Having observed your willingness to give every information respecting the Medical Charities' Bill I am induced to bring my case before you. I have been for nearly three years one of the medical officers to a large dispensary district, which the guardians, in severing the union into districts, have so curtailed that one man can now do the duty of it; they at the same time formed a new district, a great part of which new district belongs to the dispensary to which I am attached, and at present doing the duty. Now, as the principal ratepayers likely to be on the committee of management are determined to elect a friend of theirs from an adjoining union, I would wish to know if the law has any way provided for my appointment to this new district; if so, I would be glad to hear how I am to act? By informing me through the medium of the Press you will greatly oblige

January 15, 1852. A Subscriber.

THE "CURE" OF CATARACT BY LOCAL APPLICATIONS.

Dr. Lebert stated, a short time ago, before the Surgical Society of Paris, that he had no faith in certain ammoniacal preparations which had been supposed capable of producing resolution in cases of incipient cataract. He examined crystalline lenses somewhat altered in structure, and found very

important changes. In hard cataract, for instance, there was an opaque, granular substance interposed between the lamellæ of the lens; this substance is beyond the action of the absorbents, as the lamellæ themselves are horny and atrophied. In soft cataract there is seen in the crystalline cells an effusion of a milky fluid, and in this fluid crystals of cholesterine can be distinguished, the lamellæ being at the same time softened and hypertrophied. None but a surgical treatment can in such cases be followed by a successful result. It was shown during the discussion that those cases which were benefited by Gondret's ammoniacal ointment, were not cases of incipient cataract, but instances of an early stage of amaurosis.

To restore the perfect organization of the crystalline lens when destroyed by disease is impossible; to promise to do so is another affair. If a man does this, he had better rub the eye or the temple with something, and take the patient's money; leaving him to see what he shall see in the sequel. "*Si populus vult decipi decipiatur.*"

MALTREATMENT OF NAVY SURGEONS.

Any one conversant with the feeling of the Admiralty towards naval medical men, must admit, that for the assistant-surgeons now afloat to accept the insulting half-measure from the authorities, is in time to relinquish, *in toto*, their right, by vote of parliament of 1850, to ward-room privileges. Every thing now given these officers is not considered by the Admiralty an established and permanent right!—it is doled out to them as a *placebo*, to deceive the public, and to lull public suspicion! The only remedy for this state of things is an immediate campaign through parliament, the press, and the national medical colleges, for justice from the authorities. The late Mr. Butler of her Majesty's brig-of-war Arab, and the late Mr. Duncan of her Majesty's brig-of-war Persian, both naval assistant-surgeons, have died of fever within the last three years, contracted from fever cases of their respective ships—the former officer in China, the latter officer in the West Indies. Mr. Butler had for some time to relinquish his hammock at four a.m., that it might be lashed up and taken on the upper deck. In each of these brigs-of-war there was a spare cabin. It is said Mr. Butler occupied it in the Arab for some time; but at the caprice of Commander Morris he was suddenly deprived of this accommodation. In the case of the Persian, which ship is now in commission, but under another commander—and an agreeable change for all on board—the present assistant-surgeon has a cabin. Commander Bulman, who invalided from the command of the Persian, was not popular with the junior medical department, and did every thing he could to keep the assistant-surgeon from a cabin! Shame!—shame! Your readers will recollect that Admiral Berkeley has stated in the House of Commons, that it "was totally impossible to provide these young men with cabins in brigs-of-war;" and after such a statement from a member of the legislature, a flag officer of the British navy, and a lord of the Admiralty, there is but one opinion of such a man's veracity. To impose on the House of Commons is a breach of the privileges of that house, and wherefore is it tolerated? The last three years have witnessed important changes as respects the feeling of parliament towards army and naval medical men, and an able editorial article appeared in the *Times* of the 23rd of June, 1849, in advocacy of the military Order of the Bath, and of ward-room privileges for naval assistant-surgeons. Since that period, a majority of eight in parliament has decided, on the motion of Captain Boldero—"That the accommodation provided for the assistant-surgeons on board her Majesty's ships-of-war is inadequate and insufficient for securing the full benefit of their professional service;"—which vote is evaded by the Admiralty. The stringent and decided expressions of an order in council of 1805, are violated for more than forty-five years. The conduct of successive Boards of Admiralty has been inconsistent with their duty to their sovereign's commands. They refuse to recognize the sacred obligations of an order in council, or a vote and censure of parliament, and in their circular respecting naval assistant-surgeons they practically and effectually evade the vote of the Commons of 1850. They blow "hot and cold," and thus sanction contradictions and anomalies. Naval assistant-surgeons, be firm without display! Be energetic and untiring in quiet agitation for a cabin, a servant, a seat at the lieutenant's table, two epaulettes, and a higher rate of half and full pay!—*Letter in Lancet.*

MEDICAL INTELLIGENCE FROM ROSCOMMON.

Interesting Case.—The subject of the present memoranda (Maria D——) was, in the early part of last year, married to a young man in the county Roscommon, Ireland; she being at the time resident with a family in the neighbourhood. Two or three months after her marriage she afforded symptoms of gestation About this time a practical joke was played on her by a waggish friend, who by way of working on her fears, threw at her a newly-killed hare. She was of rather a nervous and excitable temperament, and became so firmly impressed with the idea that the yet unborn offspring would be injured by the transaction, that she sunk for a time into a sort of hypochrondriac state. Her temper, which, previous to the event, had been very easily roused, now became particularly combustible, more especially towards the practiser of the experiment. Her monomania also took an extraordinary turn, in the shape of a rooted antipathy towards dogs—in particular, a white terrier and brown spaniel belonging to the house. It was with the greatest difficulty that she could be restrained within bounds whenever these dogs made their appearance. This may be in some degree accounted for by the fact of the animals in question being owned by the author of her present imbecile state. She by degrees calmed down, and in the middle of last month was safely delivered of a female child, which, extraordinary to say, was impressed on the temple by the outline of a *miniature hare*. This remarkable appearance is most distinctly developed, its situation being slightly over the left eye. The *length* of the object is about two inches, but in all probability it will increase as the head of the child becomes more enlarged. Its colour is not very deep, but is quite readily distinguishable from the skin, while the outline of the form is an exact miniature representation of nature, to the minutest particulars. Up to this time, both mother and child are doing well.—*Lancet.*

FATAL CASE OF TETANUS FOLLOWING THE LIGATURE OF HÆMORRHOIDS.

By James Bolton, M.D.

M. C., coloured female, aged 35, married. Has suffered intensely from piles since the birth of her first child, fifteen years since.

October 6th. A mass of about the size of a hen's egg protrudes from the anus, and separates the nates.

Operation.—The patient was fully anæstheticized. The mass was so vascular that merely sponging with cold water caused the loss of about half a pint of blood in a few minutes. It was divided by sulci into three tumours. A needle was passed through the base of each, carrying a double ligature, which was tied on both sides of the tumour. In forty-eight hours nearly the whole had sloughed off. Chlorine wash was applied to correct the fœtor and to promote healthy action. 4th. A moderate dose of sulphur and bitartrate of potash was ordered to remove constipation caused by opium used to allay the pain which was produced by the ligatures. About three or four times the quantity ordered was given, and produced violent hypercatharsis. This was not checked until it had lasted several days, owing to neglect of directions. 11th. The patient felt remarkably well until night, when she suffered from cramps of the hams. 12th. There were symptoms of decided tetanus. Ordered morphiæ sulph. gr. ss.; quinine disulph. gr. x, every second hour. Chloroform to be used as often as necessary to subdue spasm. Direction not attended to until night. Observing some fœtor from the anus, applied injection of strong solution of nitrate of silver. 13th. Spasms continue when free from the influence of chloroform; some tendency to sink; inability to swallow; directed mercurial inunction extensively. After relaxing the patient completely by chloroform, passed a stomach tube and injected morphiæ sulph. gr. i.; quinine sulphate ʒi, and brandy oss. Only one spasm occurred after this, but the patient continued to sink, and died without a struggle in about four hours. A post-mortem examination was not permitted.

Remarks.—Up to the time that hypercatharsis was produced, the patient was doing very well. Pain had ceased and the appetite and spirits were good. From that time pain returned, accompanied by physical and mental depression. It is therefore highly probable that the irritation of the part, together with general exhaustion, which no doubt caused the tetanus, was really due to the improper administration of medicine to the patient, already in a critical condition from the operation.—*Stethoscope, Virginia, United States.*

PARALYSIS OF THE VELUM PALATI IN CHILDREN.

MM. Trouseau and Lasègne, in the *Union Médicale* for 7th October, 1851, refer to an affection, rather frequent in children, which at first gives the idea of fissure of the palate; which deformity, however, is discovered, on inspection, not to exist. The most prominent symptom is, that the child speaks through its nose. The origin of the affection is sometimes referrible to a violent attack of angina, sometimes to an indisposition in which the child has had difficulty in swallowing, and sometimes to an insignificant indisposition, in which no local pain has been complained of. On examination, the mucous membrane of the pharynx is often found to present traces of recent inflammation, and the tonsils are sometimes enlarged. But, especially, the *velum palati is dependent*, and closes the back of the throat; and, in place of moving up and down, it remains fixed, or nearly so. Hence, the voice passes almost entirely through the nose; liquids also, when taken into the mouth, escape in part through the nostrils. The paralysis here spoken of, is not that of muscles in a state of inflammatory engorgement, nor is it voluntary paralysis from pain. Acute rheumatism is sometimes followed by paralysis, after all pain has ceased, and deep-seated inflammation of the limbs is sometimes followed by the same results. We can hence understand how the velum palati may become paralysed after abscesses have been formed in it. The paralysis of the closing muscles of the larynx, often following tracheotomy, performed on account of croup, appears also referrible to the same cause as the paralysis of the velum palati—an attack of inflammation. The affection generally disappears in from a few days to three weeks, without any treatment; if not, it is soon overcome by a few applications of a strong solution of nitrate of silver, or weak ammonia. Sometimes the paralysis will not be of such simple origin; but, from the presence of strabismus, pains in the head, &c., will rather be an indication of cerebral disease. In *L'Union Médicale* for October 23, Dr. Morisseau of La Flèche, communicates some observations confirmatory of the above observations; but he states that he has observed the disease most frequently in adults.—*London Jour. of Med.*

A HORN DEVELOPED UPON THE HEAD OF A WOMAN.

Described by A. L. Sands, M.D., of Cold Spring, N. Y.

In the spring of 1851, I was called to see Mrs. W——, aged 50 years. She had always enjoyed good health, and was naturally of a full habit. She informed me that she had a "horn" on the back of her head, which had caused her much trouble and uneasiness for a long time, owing to which circumstance she desired its removal. On removing the covering, which she kept continually over it, a fine specimen of ichthyosis cornea, of sixteen years' growth, was at once brought into view. On inspection, it was found to arise from, or rather immediately over, the occipital protuberance, and to extend downwards and backwards about four inches, and then curling upon itself, terminating in a rough sulcated extremity. On handling it, it was found to be very hard, solid, and, when struck with the handle of a scalpel, gave a sharp clear sound; its attachments to the occiput did not appear to be very firm, as they allowed slight motion. Seeing no difficulty in the way of its im mediate removal, an eliptical incision was made on each side of it through the integuments down to the periosteum, and then slipping the scalpel between the base of the horn and the bone, it was easily removed. There was little hæmorrhage, and the wound healed kindly by first intention.

On examination after removal, the horn was found to measure *six and three quarter* inches in length, and *three* inches in circumference at the base.

One very interesting point in the process of this case may be found in the history which she gave of the treatment which had been pursued in order to obtain relief. When first perceived, it felt like a shot underneath the integuments; after some time it made its appearance on the surface of the skin, and several times she picked it off, but after awhile it became so firm that she was obliged to allow it to remain. She took no notice of it for some time, but becoming so large as to interfere with the proper adjustment of her cap, and obliging her to raise her head from the pillow at night whenever she wished to turn over in bed, while it also incommoded her from reposing upon her back, she was necessitated to apply to her family physician (a homœopath) for relief, who promised her that in the space of a short time he would be enabled to remove the difficulty by the use of sundry small white pills which he proceeded to furnish her with; while at the same time he assured her that he had treated successfully, to a cure, several similar cases within the past year in his own practice. For five years she continued to use the homœopath's pills, but still the *horn* remained—still the horn continued to grow. In view of this condition of affairs her faith began to falter, but for some time it was supported with the assurance of her physician that the only reason that the cure had not been effected was, "that he had not as yet got hold of the right pills." Reassured by this assertion, which was repeated from time to time, she kept on until the spring of the present year, when she consulted me, and finally submitted to its removal by the knife.—*New York Jour. of Med.*

PARALYSIS TREATED BY ERGOT OF RYE.

The following are three instances, related by M. Gérard, physician to the Hôtel Dieu, Marseilles, in support of the efficacy of ergot of rye in doses of from half a gramme (7¾ grains) to two-and-a-half grammes (38½ grains) in paralysis of the lower limbs.

Case 1.—A miner, aged 39, of strong constitution, after having worked for some time in a damp situation, was attacked with paraplegia. The paralysis was complete during eighteen months, being accompanied with incontinence of urine; but it then diminished so far as to enable the patient to walk a few steps with the aid of a stick, although with dragging of the limbs, and irregular gait. The affection had lasted four years, and the treatment had been various. On January 2, half a gramme of ergot was administered, and the dose was daily increased to two-and-a half grammes. In the course of February there was marked improvement. On March 15, the patient walked to the bath without aid. Towards the end of April, the incontinence of urine had diminished, and on May 31, he was dismissed, cured.

Case 2.—A man, aged 29, addicted to spiritous liquors, had trembling, with incomplete paralysis anæsthesia of the lower limbs. He recovered under the same treatment in two months.

Case 3.—A man, aged 23, had been exposed in Algeria to damp during four days; this was followed by fever and delirium, which lasted for a fortnight. During convalescence, he found that he had paralysis of the right arm; when the limb recovered, the right leg became affected, and then the left. He had paralysis, with incomplete loss of cutaneous sensibility, in both thighs. After various modes of treatment had been tried in vain for three months, ergot was given in the same doses as above-mentioned. In twenty-nine days, there was great improvement, and the cure was complete in three months.—*Bulletin Général de Thérapeutique*, and *London Jour of Med.*

Glandered Horses.—An unfortunate man in the north of Ireland last week purchased, at a low figure, a glandered horse, which he brought home and cleaned down. The following day the man was seized with glanders, of which he died in the greatest agony. This is another proof of the great necessity there is for some act rendering it imperative to destroy instantly all horses affected with that foul and fatal disease.

SUCCESSFUL REMOVAL OF THE PAROTID GLAND.

By A. J. Wedderburn, M.D.,
Professor of Anatomy in the University of Louisiana.

Calvin, a negro man, aged 23, was admitted into the Circus-street Hospital, New Orleans, on the 24th March, 1851, with a large tumour, extending from the zygoma to the inferior border of the lower jaw, with a very considerable elevation, and occupying a space in an anterior direction beyond the border of the masseter muscle, and extending so far backwards as to separate completely the folds of skin forming the lobes of the ear, and by its base to cover a considerable portion of the anterior border of the sterno-mastoid muscle, near its attachment to the mastoid process. This tumour was medullary in its character; had existed near two years; had been punctured about six months before he was brought to the hospital. The puncture soon closed; considerable enlargement was he consequence, and at the time of the operation, the distension was so great as to produce a degree of attenuation of the skin, rendering the removal of a considerable portion of it necessary. The skin and cellular tissue were in fact so completely united over the summit of the tumour as to form the only covering of this part of the gland, which was fluctuating. The signs indicating disease of the parotid were the anatomical relations of the tumour, confirmed by the escape of purulent matter mixed with blood, through the duct, into the mouth, whenever external pressure was made.

Operation.—An ellipsis, including about an inch and a half of integuments, extending from the zygoma to one and a-half inches below the lower jaw. The integuments were then dissected from the entire surface of the tumour, the parotid duct divided, and the gland raised from its position over the masseter muscle. The dissection was then conducted carefully from below upwards. Upon exposing the carotid artery, where it penetrates the gland, a ligature was placed upon it, and its division effected. Continuing the dissection with more rapidity towards the upper part of the deep cavity, the bed of the gland, between the ramus of the jaw and the temporal bone, and the removal entirely completed, bringing clearly into view the styloid process, with its muscles, the stylo-maxillary ligament, and the posterior border of the internal pterygoid muscle. Two ligatures were applied on small arteries—the usual dressings were used, and in the course of seven weeks the case was discharged as entirely cured. The description of the mode of this operation, and the anatomical relations of the diseased part have been entered into more minutely in consequence of the doubts entertained by some distinguished surgeous concerning the entire removal of the parotid artery gland, and again from the gratification of being enabled to add one more case to the many recorded, proving its practicability.—*New Orleans Monthly Med. Regs.*

HYDRASTIS CANADENSIS IN GONORRHŒA.

By D. M. McCann of Ohio.

As it has for its object the diffusion of knowledge advantageous to the medical profession, permit me to call the attention of the profession through the columns of your excellent journal, to the use of Hydrastis Canadensis (yellow or orange root) in gonorrhœa. I am not aware that any of my brethren have used it in this affection, before myself. My experience, however, in the administration of it, though not extensive, is yet sufficient to warrant me in soliciting a trial of it by those having more opportunity of testing its curative powers than I have. I have used it in several cases in various stages of the disroder, and in *every case* with the most satisfactory results; more especially with males than females. I was led to its use by noticing its well-known sanative properties over inflammations of mucus and epithelial structures, such as aphthæ of the mouth, &c. The ardor urinæ, and the discharge of mucus, has been entirely suspended in every case in from twenty-four to seventy-two hours. In some cases I used the balsam copaiba, in others injections of infusion of the hydrastis alone, but without the same results—a perfect and *permanent* eradication of the disorder. I have varied the strength to suit the case in its different stages, but as a general rule I have used about one drachm of the dried root to the pint of infusion—injecting a syringe full three or four times a day. I hope that some of the profession will give this article a fair trial.—*Ohio Med. and Surg. Jour.*

TREPHINING IN CARIES OF BONES.

M. J. Roux of Toulon, has published an article on trephining in cases of caries, in the *Union Médicale*. His object is not to bring forward the operation as novel, but to cause more attention to be paid to it. The two conditions which he considers indispensable to success are:—1, that the trephine, and other instruments employed, should be capable of removing the whole diseased portion, and even going beyond it; 2, that the patient should be placed under such hygienic and therapeutic conditions as are most likely to prevent a return of the disease. He relates cases of the following descriptions, in which he has operated with the trephine: caries of the petrous portion of the temporal bone; of the anterior wall of the right superior maxilla; of the sternum (two cases); of the malar bone; of the left tibia; of the right tibia (two cases); of the os calcis; and of the great trochanter. Of the eleven patients operated on, eight recovered, two died from scrofulous cachexia, and one from the operation not having been perfectly performed. M. Roux considers the proceeding safe, and eminently calculated to preserve the remaining sound part of the bone.—*London Med. Jour.*

TRICKS OF ADVERTISERS.

The following advertisement having appeared in the *Critic*:

"A speedy cure for Stone and Gravel will be sent to any person by inclosing thirteen stamps to Thomas Wilkinson, Land Agent, Gainsborough, Lincolnshire,"

A patient of mine, who is an intelligent gentleman, and one of your subscribers, sent thirteen stamps to Thomas Wilkinson, and received the following reply:—

"Dear Sir,—Your 13 stps are recd beg to say Instead of a Dose of Egyptian Drops, I will send the recipe for 36 stamps more and full directions how to Mix and Take it. Drops will dissolve the Stone and bring it away in Sand Quiet easy speedy cure is certain your respy Thomas Wilkinson, Land Agent."

This reply so much incensed my patient, that he at once intimated to Mr. Wilkinson that he would publicly expose him if he did not give the "speedy cure" *in an available form*, whereupon, in reply, the following evasive epistle was received, which I may state has not induced the invalid to discontinue appropriate treatment:—

"Dr Sir,—Yours is recd. recipe return'd. 1 oz Barbadoes Tar 1 oz Balsom Sulphur 1 oz Linseed oil 1 do. Spirits Turpentine, On receiving the stamps full Directions will be returned. Yours respy Thomas Wilkinson Land Agent."

I need hardly add, that the recipe is nonsense; and even were it a good prescription, the want of directions for its use would render it valueless to a patient. The offer of a cure, therefore, for thirteen stamps cannot arise from a delusion on his part as to the efficacy of his nostrum, and is simply a clever method of obtaining money—*not certainly for value received.*—*Dr. J. R. Cormack, M.D., in Lancet.*

Bleeding by Dispensers.—At the late meeting of the Marylebone Board of Guardians, Mr. Beevor alluded to the dangerous practice of dispensers being allowed to bleed, and suggested to Mr. Guilham, the house-surgeon, the propriety of not allowing the dispenser to perform that operation. Mr. Guilham replied, that although the present dispenser had been many years in the house, and had considerable experience, he (Mr. G.) invariably bled both the in and the out patients, when the cases required it. Mr. Jacob Bell, M.P. (chairman), and several other guardians, highly eulogized the experience and skill of the dispenser, and expressed their conviction that there would be no danger in allowing that gentleman to bleed. Mr. Beevor fully coincided in all the praise given to the dispenser, but in principle objected to a person, not being a surgeon, bleeding, because the slightest deviation might lead to a fatal result, and involve them (the guardians) in a very serious charge. Mr. Guilham assured the board that he himself would attend to the bleeding. What is a dispenser?

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SURGICAL SOCIETY OF IRELAND.—JAN. 10.

Dr. JACOB in the chair.

CASE OF ENLARGEMENT OF THE PROSTATE GLAND, THE POSTERIOR EXTREMITY OF THE LEFT LOBE FORMING A REMARKABLE TUMOUR PROJECTING INTO THE BLADDER, AND GIVING RISE TO RETENTION OF URINE; ACCOMPANIED BY HÆMATURIA, AND COMPLICATED WITH FALSE PASSAGE; WITH OBSERVATIONS.

By JOHN H. POWER, M.D., F.R.C.S.,
One of the Surgeons of Jervis-street Hospital, and Professor of Practical Anatomy in the Royal College of Surgeons.

DR. POWER said he wished to submit, for the consideration of the Society, a specimen of diseased prostate gland, accompanied, during the lifetime of the patient, by retention of urine and hæmaturia. The subject of this affection was a person named Thomas Murray, aged about 63 years; he was admitted into Jervis street Infirmary on the 1st of November, 1851. At the time of his admission he was suffering from retention of urine and distension of the bladder, accompanied by hæmorrhage from the urethra. He also complained of considerable pain in the region of the neck of the bladder, extending forward along the line of the urethra, and which was increased whenever he attempted to make water. On examining the abdomen, a tumour, situated above the pubis, was distinctly perceptible. The pulse was small and rapid, the tongue dry and furred, and the skin hot. The patient stated that, for some years previously, he was tormented by frequent inclinations to void urine, which at last amounted to an incontinence; and for some months prior to his admission he was obliged to pass water as often as ten or twenty times in the twenty-four hours. All the foregoing symptoms were aggravated by sexual indulgence, committed a short time before he presented himself at the hospital. He had long been addicted to the abuse of ardent spirits, and his occupation exposed him to sudden changes of temperature. On various occasions during the preceding year, he passed small quantities of blood from the urethra, but he was not able to recollect having received any injury to which this occurrence might be attributed. The symptoms becoming every day more and more distressing, he sought the advice of a professional gentleman, who, though he afforded him some relief, used a considerable degree of violence in passing the catheter. On that occasion, some urine was drawn off, but the patient stated that he afterwards experienced very severe pain about the region of the neck of the bladder, accompanied with a considerable discharge of blood from the urethra. When he was admitted into hospital, the retention of urine was most distressing; and Mr. Dempster, the resident pupil, attempted, with the greatest caution, to introduce a full-sized prostatic catheter. At first his efforts were attended with some difficulty, but at length, by passing his finger into the rectum, and thus tilting up the point of the instrument, he succeeded in getting it into the bladder. A large quantity of dark bloody urine was thus drawn off, but the relief obtained thereby was only of temporary duration, for the instrument had to be introduced again at the end of about three hours, when urine of the same description was again drawn off. As he appeared a good deal exhausted, and suffered considerable uneasiness after the introduction of the catheter, he was ordered a draught composed of camphor mixture and tincture of opium. In the hope that by the administration of remedies internally, the hæmorrhage might be restrained, he was ordered a mixture composed of tannic acid with the infusion and tincture of buchu. Some degree of improvement appeared to attend this treatment, for the urine which, at the first introduction of the catheter, was of a reddish-brown colour, and of a fœtid odour, became of a much lighter and more natural hue, and acquired a less disagreeable smell. The improvement, however, was but of short duration; the retention again occurred, accompanied with great uneasiness. The catheter was again introduced, but, as usual, with difficulty. The constitutional symptoms underwent no improvement; a low muttering delirium speedily set in; the surface of the body became cold; the tongue appeared loaded with a brown crust; pulse became feeble and intermittent; and finally, the patient died comatose, on the fourth day after his admission.

On examination of the body after death, attention was directed in the first instance to the state of the bladder. The size of this organ was much increased, and its coats considerably thickened; and on examining the interior, the mucous membrane was found greatly corrugated, forming permanent folds throughout its entire extent. The appearance of the membrane closely resembled the "columnæ carneæ" of the heart, both in appearance and in structure; for it might be easily seen that these hypertrophied folds were formed not merely by mucous membrane, but by strong bands of muscular fibre. These remarkable appearances of the bladder had been compared to the ventricles of the heart. Between these columns, several small pouches might be distinctly seen. When an instrument was introduced into these cavities, they were found to lead outwards towards the external surface of the bladder. Some of the pouches were much larger than others, and at the bottom of these cavities the coats of the organ were much thinner than in other situations. Following up the analogy already alluded to, we would say that the abnormal condition of the bladder in this disease might also be considered as bearing a strong resemblance to the diseased condition of the heart to which the term "eccentric hypertrophy" has been applied—an increase in the capacity of the cavities, and, at the same time, a thickening of their coats. The cavity of the bladder was dilated to such an extent as to be capable of containing during the lifetime of the patient at least a quart of urine, though it subsequently contracted to such dimensions after death as to be capable of holding little more than six or eight ounces only. On making further examination, two strong prominent cords were found, running down and terminating at the neck of the bladder. These cords were "Bell's muscles" at the orifice of the ureters, greatly increased in size. Both from the specimen before the Society, and from repeated observation in similar cases, it would appear that, as a general rule, the muscular tunic of the bladder in chronic enlargement of the prostate gland was greatly hypertrophied.

On proceeding with the examination, it was found that an enlargement of both lateral lobes of the prostate gland existed. This enlargement was well marked, both above and below the urethra. When the finger was introduced into the rectum, the lateral lobes of the gland could be easily felt as forming a tumour in that situation. There was also a very remarkable enlargement of the posterior portion of the left lateral lobe, projecting into the bladder, and encroaching on the situation occupied by the third or Home's lobe; this latter lobe, however, was not so much increased in size as to be at all likely to give rise to the retention of urine under which the patient laboured. It appeared quite evident that this distressing symptom depended on the very great enlargement of the posterior extremity of the left lobe. This enlargement of the posterior extremity of one of the lobes of the prostate gland had not escaped the observation of Sir Everard Home, Sir Benjamin Brodie, and Cruveilhier. This peculiar enlargement of the prostate gland would appear to be of rather rare occurrence; and Sir Everard Home in his account of a case which came under his own observation mentions it as such. In the instance which he mentions, the posterior extremity of the left lobe was greatly enlarged, and formed a tumour in the interior of the bladder, by which the middle lobe was thrown over towards the right side. On examining the lining membrane of the bladder, it presented a dark bluish appearance; this alteration in colour he believed was produced by the remarkable turgescence of the veins of the organ; these vessels were swollen to such a degree as to admit of being distinctly traced underneath the mucous membrane. In the intervals between the different columns before mentioned, there was a somewhat reddish or ecchymosed appearance of the lining membrane. This also had been noticed by Cruveilhier. In the case before the Society, he was induced to dwell on the distended condition of the veins of the bladder, from the fact of the patient having suffered from hæmorrhage into the bladder, and having passed from the urethra a quantity of blood before any instrument had been passed into the urethra; so that in the first instance, the hæmorrhage from the bladder must, in all probability, have depended upon an oozing of blood from the distended veins in the interior of the organ. If it were remembered that those veins conveyed the blood from the bladder into the large veins in the interior of the pelvis, through a venous plexus situated close to the prostate between the bladder and the rectum, it was easy to understand how, when this plexus was pressed on by the enlargement of the gland, the veins of the bladder should become enlarged and turgid, as in the present instance. The veins of the bladder were consequently distended. This over-distension of the veins, accompanied by the retention of urine within the bladder, would necessarily give rise to a state of chronic inflammation of the mucous membrane, and thus serve to account for the effusion of blood which took place in similar cases. But doubtless another cause of hæmorrhage, in the case before the Society, arose from the violent manner in which the catheter was introduced before his admission into hospital; for it was worthy of remark that the blood which came away immediately after the instrument had been withdrawn, was of a bright arterial hue, so that the hæmorrhage, in all probability, depended upon the injury which the patient sustained during the introduction of the instrument. According to the patient's own account, the catheter had at that time been introduced in a very forcible manner, and as a matter of course, struck against the most prominent portion of the enlarged prostate gland, and then, instead of being manœuvred into the bladder, in the way subsequently adopted whilst in the hospital, it was pushed onwards with violence, and thus rupturing the lining membrane of the urethra, it found its way by an artificial opening into the substance of the gland.

On making further examination of the parts, it would be observed that the canal of the urethra had undergone a peculiar change of form in consequence of the enlarged condition of the back part of the left lobe of the prostate gland. In this situation it appeared, in fact, to describe a remarkable curve, and to be considerably *larger* in its calibre than it is in the natural condition of the parts. On examining that part of the urethra which was anterior to the prostate gland, no traces of stricture could be detected.

This preparation was, he thought, instructive in more than one point of view. It was interesting, first of all, on account of the hæmorrhage from the bladder which had taken place; 2nd, from the occurrence of the enlargement of the posterior extremity of the left lateral lobe of the prostate gland, and its projection into the bladder, so as to cause retention of urine; and 3rd, in consequence of the false passage made from the urethra into the enlarged portion of the gland.

Dr. Geoghegan had reason to believe that the operation of tapping the bladder above the pubis, and the subsequent maintenance of the artificial opening, might materially prolong life in severe cases of senile enlargement of the prostate, especially when complicated with hæmaturia. This view is supported both by a rational analogy and also by observation. Thus in chronic disease of the larynx, whether syphilitic or otherwise, unequivocal advantage had been derived from the operation of tracheotomy, viewed simply as a means of giving rest to the larynx; and there appears no reason why a similar procedure may not be extended to other organs. In an important case of prostatic enlargement, complicated with hæmorrhage into the bladder, which occurred in his experience two years since, and the subject of which is still alive, the bladder was tapped above the pubis, and he (Dr. G.) directed the patient to wear a straight gum-elastic catheter (about five inches in length) in the fistulous track, and to introduce it into the bladder *only when micturition was required.* By the adoption of this plan, not only have the attacks of bleeding very much diminished in frequency, but also the means have been afforded of applying (as was done in a subsequent hæmorrhage) various astringents directly to

the lining membrane of the bladder without injury to the prostate, and with great ease to the surgeon. Dr. G. had thus introduced Ruspini's styptic and moderately strong solutions of tannic and gallic acids, and iced water; and it is worthy of remark, that none of these produced any irritation. The artificial opening has the additional and important advantage of allowing the bladder to be thoroughly cleansed out at suitable intervals, without pain or inconvenience to the patient, thus averting serious dangers from stagnation of ammoniacal urine in that organ. The accumulation of blood-clots in the bladder by irritating its neck, sometimes gives rise to violent and painful straining. In the case of an old gentleman who induced hæmorrhage into the bladder by an attempt at self-catheterization, Dr. G. succeeded in giving speedy relief by the use of an instrument devised, as he believed, by Sir Philip Crampton, for the extraction of detritus after the operation of lithotrity. This consists of a strong glass bottle well exhausted by a suitable syringe, and connected by a stopcock, with the metallic catheter to be introduced. Amongst various astringents resorted to for the arrest of hæmaturia, Dr. G. was inclined to give a decided preference to Ruspini's styptic, having seen its employment followed by arrest of the bleeding, where gallic acid in full doses appeared to have failed; in some cases, however, astringents of all kinds seem to be inoperative, and the cessation of the bleeding is perhaps spontaneous. Dr. G. had found by examination, that Ruspini's nostrum does not, as alleged, contain gallic acid.

Dr. Benson—What quantity of Ruspini's styptic did you employ?

Dr. Geoghegan—According to my recollection, an ounce every second hour. In one case the bleeding ceased after the second dose.

Dr. Power—My colleague, Mr. James S. Hughes, has employed gallic acid in hæmaturia with favourable results.

Dr. Benson said that he had employed gallic acid in the hæmoptysis of phthisis with advantage, but he had found nothing so valuable as Ruspini's styptic; one of his patients, indeed, was so convinced of its efficacy, that she used when attacked to call for it of her own accord.

CASE IN WHICH THE TRICHINA SPIRALIS EXISTED IN VERY LARGE NUMBER IN THE VOLUNTARY MUSCLES.

By O'B. Bellingham, M.D., F.R.C.S.

Dr. Bellingham said, since the last meeting of the Society he had met with a case where the trichina spiralis existed in very large number in the voluntary muscles, and he would avail himself of there being no more important business before the Society to exhibit specimens to the members, as it was probable that, owing to its rarity, some of those present may not previously have had the opportunity of examining the recent animal. The portions of muscle upon the table contained the cysts *in situ*, and the drawings made by Dr. Carte gave an excellent representation of the cysts and of the animal, magnified 200 diameters. Dr. Carte had likewise kindly prepared some specimens for examination by the microscope in case time permitted.

Bernard McAuley, ætat. 67, a labourer, admitted into St. Vincent's Hospital, December 20, 1851. He had for several years suffered from cough and oppression of his breathing. A fortnight ago he states that he was attacked with severe pain in the left side after exposure to cold. On examination, signs of bronchitis and emphysema of the lungs were evident; in addition, there was dulness over the base of the left lung posteriorly, but not the degree of dulness which indicated much fluid. The breathing was much oppressed, and the patient much debilitated. He gradually became worse, and died on the fifth day after his admission.

On examination, the lungs were emphysematous, the bronchial tubes loaded with mucus, the left pleura was coated with lymph, and about a pint and a half of very fœtid pus was contained in its cavity.

The most remarkable point, however, connected with the case was the presence of an immense number of the cysts of the trichina spiralis in the voluntary muscles, particularly in the pectoralis major and minor upon each side, in the sterno mastoid, sterno-hyoid, sterno-thyroid, and omo-hyoid muscles upon both sides.

When these muscles were exposed, they had the appearance of being dotted over with innumerable minute white specks of an oval or elliptic form, the long diameter corresponding with that of the muscular fibres; these, on examination, proved to be cysts of the trichina spiralis: the cysts were tough, and a single entozoon was coiled up in each. In one instance a cyst contained two of these animals.

This entozoon was first described in the year 1835 by Professor Owen in the Zoological Transactions, under the name "Trichina Spiralis;" subsequently it was very fully examined by Dr. Arthur Farre. Mr. Owen places it in the class Protelmintha, in which it is associated with the spermatozoa and vibrionidæ.

The cyst which encloses the animal is, according to Dr. Farre, double, and he has frequently found two individuals in the same cyst. The entozoon itself is about the 30th of an inch in length, and as the magnified drawings show it has a cylindrical form, and is of a greater diameter at one extremity than the other. Dr. Farre describes an alimentary canal with an orifice at the larger extremity, and an indication of one at the smaller; the latter Mr. Owen regards as the anus.

The usual seat of the cysts containing these entozoa is in the voluntary muscles. Dr. Farre says*: The superficial muscles contain them in far greater numbers than the deeper-seated, especially the broad flat muscles, as the pectoralis major and latissimus dorsi. In a case which he relates, they were present in greater or less numbers, "in all the muscles of the trunk and extremities, in those of the eye and external ear, in the tongue and soft palate, the constrictors of the pharynx, and the œsophagus, both the crura and radiated portion of the diaphragm, in the levator and external sphincter ani, and the muscles of the urethra. The only muscular structures which seemed to be free from them were the heart and muscular envelope of the stomach, intestines, and bladder, together with one or two other exceptions." In the present case these entozoa were not found in either the diaphragm or heart; but they existed in very large numbers in the superficial muscles of the chest and neck.

The presence of these entozoa in the muscles does not appear to have any injurious influence upon the individual who is the subject of them, or to cause any alteration in the muscles themselves. In the subject of this case, the muscles which contained them were remarkably well developed, and had otherwise a very healthy appearance. Their occurrence in the system Mr. Owen states to be unconnected with either age, sex, or any particular disease; they were met with by Mr. Curling† in the muscles of a healthy man whose death was the result of an accident; and they have been found in subjects dying of the most opposite forms of disease.

Dr. Jacob thought the case one of some interest, because it reminded them how very careless they often were in their anatomical and other observations. A good many of those he was addressing could remember that, previous to the discovery of these remarkable animals, they were frequently observed in the dissecting-room, though no one ever had the remotest idea as to their real nature. He could himself recollect seeing some muscles which were very profusely dotted with them; but until Mr. Owen placed them under a microscope, and thus ascertained what they really were, no one had the slightest suspicion about their being living animals.

Dr. Bagot inquired if any theory had been advanced to account for the origin of these entozoa?

Dr. Jacob was inclined to think that their origin was as yet involved in doubt and uncertainty. One thing,

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* Medical Gazette, December, 1835.

† Medical Gazette, February, 1836.

however, was certain—namely, that not only these entozoa, but others of much greater size, and in much greater quantity, might exist in healthy bodies, without disturbing to any considerable extent the functions of the animal economy.

SURGICAL SOCIETY OF PARIS.

ON CONTRACTIONS AND FISSURES OF THE ANUS.

M Maisonneuve made some observations on the thesis of one of his intern pupils, M. Le Pelletier. In this thesis a great number of cases of cure of contractions and fissures of the anus are accurately noted.

M. Recamier, who first proposed forcible dilatation of the anal opening, confined himself to general facts. He recommended dilatation as a means of remedying contraction or retraction of the muscles, but he had not pointed out the manner of applying this process, and he described the same by a name which very imperfectly conveyed the idea of its action. In the memoir read by this learned doctor before the Academy of Medicine, he gave the name of graduated dilatation to the forcible dilatation of the anus.

M. Maisonneuve, who assisted at the operations performed by M. Recamier, was struck by its importance, and was induced to bring the practice into general use. The experiments which he undertook for the accomplishment of this object are related in the thesis of M. Le Pelletier. The author thus divides the cases in which he has seen dilatation applied with success:—1. Simple constipation. Obstinate constipation in females. 2. Simple constipation without fissure. 3. Contraction complicated with fissure. 4. Contraction complicated with hæmorrhoids. 5. Tenesmus of tropical climates, with the complication of dysentery. M. Le Pelletier has observed cases which can be classed under all these categories. M. Maisonneuve, in terminating, offered his thanks to the author, whose work is concisely written and entirely practical.

M. Lenoir then stated that M. Monod, one of the members of the Society, ought not to be forgotten in the history of this method of treatment, to the publishing and bringing into general use of which, among surgeons, he contributed. M. Lenoir added, that he could not sufficiently regret the species of neglect or oblivion into which so precious a method was allowed to fall. For his part, he had frequently employed it, and always, or nearly always, with success. During the last three months he had occasion to make use of it on a magistrate, who, during five years, had been submitted to various plans of treatment. The sufferings endured by the patient were very severe, especially when he remained standing for a few minutes. There existed round the verge of the anus a great number of little hæmorrhoidal tumours. The operation was, as it always is, most simple, and the cure, so to speak, instantaneous, and which still continues permanent. This operation is, it must be confessed, most painful; therefore the patients ought first to be anæsthetized. But it is necessary to mention that the employment of chloroform presents a slight inconvenience. Under its anæsthetic influence, a relaxation of all the muscles comes on, and as the sphincter ceases to resist, that little pathognomonic snap which indicates that some of the muscular fibres are being torn, is no longer heard. The muscle allows itself to be distended, but does not tear. In such a case, the surgeon will take care to make use of a greater dilating force; in a word, to persevere until the sensation of tearing is perceived. The rupture of the fibres is nearly always followed by ecchymosis. Sometimes the effusion of blood is very considerable, and we have a true bloody tumour. M. Guersant saw, in a case of this kind, the bloody swelling take on inflammatory action and suppuration. M. Lenoir thought that such an accident might be easily prevented by introducing a plug into the anus, and keeping it there for twenty-four or forty-eight hours.

M. Demarquay remarked than in an article published in the *Archives Générales de Médécine* on fissures of the anus, relying on the authority of M. Blandin and M. Jules Guerin, he recommended the submucous division of the sphincter ani in the treatment of fissures of the anus; and he brought forward in that paper a number of cases in support of the doctrines which he defended. Since that, MM. Maisonneuve and Monod have correctly recommended forcible dilatation of the anus for the cure, not only of fissures, but even of contraction of the sphincter. I can understand (said M. Demarquay) that in simple cases this operation is to be preferred to that of Boyer or even to that of Blandin. When the contraction of the sphincter is complicated with considerable hæmorrhoids, which are not inflamed, is forcible dilatation still indicated? I conceive it may still be applicable to these cases, although it exposes the patient infinitely more to the sanguineous effusions to which M. Lenoir has so justly called the attention of the Society; but if these tumours are inflamed, and at the same time strangulated by the contraction of the sphincter, may forcible dilatation still be had recourse to? I think not. Dilatation, in this case, is liable to cause phlegmonous inflammation of the cellular tissue surrounding the anus and the neighbouring parts, or even phlebitis, whilst submucous tenotomy is not attended by this inconvenience. I have seen Blandin operate in this manner under various circumstances with great advantage to the patient, and no ill effects ensued. I have on several occasions followed the precept of Blandin, and it has succeeded well. Very lately I was called on by Dr. Roujon to see a lady affected with contraction of the sphincter and anal fissure. A hæmorrhoidal attack coming on, large tumours formed around the margin of the anus; a certain number of the hæmorrhoidal tumours coming from the cavity of the rectum were strongly grasped by the sphincter; they were in part gangrened, and exhaled a putrid odour. The patient complained of fever, nausea, pain in the fundament shooting up through the pelvis. Direct examination of all the parts was impossible, the pains were so severe. I had an idea of chloroformizing the patient and using dilatation, but I was restrained by the fear of phlegmon ensuing as a consequence of the considerable violence that would be done to all the inflamed parts. I determined, therefore, to put the patient under the influence of chloroform as far only as the sensibility would be blunted, but not sufficiently to cause muscular relaxation. I performed the submucous section; the symptoms quickly ceased, and the day after the operation the patient was in a very satisfactory state. For all these reasons, I would prefer submucous tenotomy in cases of contraction of the sphincter complicated with inflamed hæmorrhoids, which, when properly performed, relieves the symptoms and does not expose the patient, as much as the forcible dilatation, to inflammatory consequences.

M. Michon was astonished, like M. Lenoir, at the little attention bestowed by surgeons to forcible dilatation. It is to be wished that this method may become common. M. Michon has performed it at least thirty times; he has kept the patient in view for as long a time as possible, and has seen but one case of relapse, and he is disposed to consider this relapse as a consequence of the inexperience which he had then in the application of this process. Twice he has operated on patients who had been formerly operated on by Blandin, and who had suffered a relapse; he succeeded immediately. With regard to the consecutive ecchymosis, it is slight and diffused. He has never seen it give rise to abscess. Amongst those operated on, M. Michon remarked one suffering from tenesmus and dysentery, acquired in tropical climates. The operation cured both the tenesmus and the dysentery. What cannot be too well remarked with regard to this process, is the rapid manner in which a cure is obtained. The patient awakes cured. M. Michon deprecates the use of the plug proposed by M. Lenoir as a means of completing the treatment. He finds this addition painful and useless. With regard to the remarks made by M. Lenoir, as to the sensations which the surgeon feels during the operation, he thinks the most frequent is the sensation of tearing; but it is by no means constant. There is besides for our guidance a very simple means furnished by the anatomical disposition of the parts. We meet the natural boundaries which regu-

late the dilating force we are to apply. On each side we meet the tuberosities of the ischia, and anteriorly and posteriorly we are stopped by the pubis and coccyx. As to the cases regarded by M. Demarquay as requiring a different method of treatment, they must be divided. If the hæmorrhoids are caused by the contraction of the sphincter, we may dilate fearlessly. The hæmorrhoids will not be contra-indications. But if the hæmorrhoids constitute the principal disease, and there is strangulation and mortification of the hæmorrhoidal tumours, then the contraction is a complication. In these cases we may perhaps resort to submucous tenotomy; but it will be better to wait the subsidence of the inflammatory attack and then operate by dilatation.—*Presse Médicale.*

MEDICAL SOCIETY OF LONDON.

A communication was read from Mr. WARDROP, entitled,

ON THE BENEFITS THAT MAY BE DERIVED FROM PLACING MEDICINAL SUBSTANCES UPON THE TONGUE INSTEAD OF INTO THE STOMACH.

In a practical science like that of medicine, an insulated fact often forms a connecting link with other facts that had appeared equally unimportant. The medical observer does well to collect such facts, and it is one not of the least advantages of societies, that they stimulate members of the profession to record observations which might not have been deemed of sufficient importance to be brought before the public in any other channel. With such an impression, I venture, on the present occasion, to call the attention of my fellow-members to a subject which seems to be worthy of their consideration, and which has not hitherto, as far as I know, claimed much attention. There are many circumstances which might be mentioned, in order to show the influence which some medicinal substances have on the animal economy when they are placed upon the surface of the tongue, these effects being caused by the absorption of the medicine, and its subsequent admixture with the mass of blood. Such phenomena are quite analogous to the effects produced by mercury or arsenic, whether these pass into the blood by the pulmonary, by the cutaneous, or by the absorbents of the alimentary canal. A gentleman, subject to what are usually called bilious headaches, had, during many years, seldom failed to obtain relief by taking sometimes two, and sometimes only one grain of calomel. He repeatedly found that there was a distinct difference in the length of time which the calomel took to relieve the headache, according as it was taken in the form of a powder put upon the tongue, or of a pill taken into the stomach. Another gentleman who had for many years suffered from dyspepsia, and who, for some years before I saw him, was in the habit of regulating his bowels by taking a pill composed of a couple of grains of aloes with myrrh, accidentally discovered that there was a remarkable difference in the effect of the pill when swallowed or when allowed to dissolve in the mouth. When taken into the stomach, it always created a good deal of pain in the whole course of the alimentary canal, and the evacuations were irregular both in number and in quantity; but when the pill was dissolved in the mouth, no other sensible effect was ever produced than one natural evacuation. Further experience convinced me of the difference in the efficacy of medicines placed upon the tongue, or taken into the stomach, and led me to inquire into the cause, and endeavour to explain so important a phenomena. The structure of the tongue pointed out that it possesses an abundant supply of absorbents. "The spirituous parts," observes the illustrious Haller, "more especially of vegetables, are received either into the papillæ themselves, or into the absorbing villa of the tongue; as appears from the speedy renovation of strength by liquors of this kind even when they are not taken into the stomach." This structure satisfactorily explains how medicinal bodies, when placed upon the tongue, are absorbed and carried directly by the absorbent vessels of that organ into the venous circulation; whereas, when the same substances are taken into the stomach they are necessarily mixed with the food and juices contained in the alimentary canal, so that a more lengthened period must be required to separate them, and convey them by the absorbents into the thoracic duct, and thence into the venous system. Or they may pass unchanged, as has often been observed, out of the stomach, and in this unaltered state, they are evacuated along with the excretions from the alimentary canal. This remarkable effect of medicines when placed upon the tongue, is strikingly illustrated in the administration of calomel, and it will be found that placing a very small quantity of it, say the sixth or even the twelfth part of a grain at short intervals, upon the tongue, such as every half hour, the mineral is rapidly absorbed, and ptyalism more quickly produced than by any other mode of employing the calomel. These results of medicines, I may also observe, are well known by the effects which croton oil produces when applied to the tongue; and it is by no means improbable that the good effects of some medicines, when used in the form of lozenges, may be attributed to their absorption by the vessels of the tongue. All the circumstances regarding the difference and the effects of medicinal bodies, when conveyed to the venous system directly by the vessels of the tongue, or when they reach the blood by the more uncertain and circuitous course by the absorbents of the alimentary canal, appear to be worthy of being noticed, and may, it is not too much to hope, lead to some practical improvement in the mode of administering remedies. How far such differences will be found to result from exhibiting chloroform, the hydrocyanic acid, and the sulphates of quinine, iron, copper, and zinc, in the form of lozenges, and the advantages of using these medicines in such a manner, well merits further inquiry.

ULCER OF THE STOMACH.

Dr. ROUTH exhibited the stomach, part of the uterus, and left ovary of a patient, aged 33, unmarried, who had died from profuse hæmatemesis. She had been under his care two years back, but had frequently been an inmate in more than one metropolitan hospital during an illness extending over a period of seven years, off and on. When seen by Dr. Routh, her symptoms were those of marked gastrodynia, only that the acute pain referred to the left sub-mammary region was relieved by *cold*, increased by *warm* drinks. Coupling the last circumstance with the fact, that on two previous occasions she had suffered from hæmatemesis and melæna, he had diagnosed an ulcer of the stomach. There was also copious leucorrhœa, and pain in the back, which had led him to suspect uterine disease, but she had objected to an examination. He had prescribed the usual remedies, but with little amendment. She had subsequently been under Dr. Hare's care, at the Welbeck-street Dispensary, who had confirmed his diagnosis. She continued sometimes better, sometimes worse, till within a week back, when she was seized with profuse hæmatemesis. Mr. Adams then attended her, but she died within a few days. The post-mortem examination was made two days after death by Dr. Taylor. The heart was healthy; the lungs also, except the apex of the right lung, where there was evidence of an old tubercular affection, the apex being puckered; on cutting into which a small, perfectly healthy-looking cavity, lined by mucous membrane, about the size of a pea, was exposed. The lining membrane of the stomach towards the pylorus was much congested and stained. In the lesser cul de sac, about two inches from the cardiac orifice, was a small aperture, about the size of a shilling, excavated, looking as if a piece of mucous membrane had been punched out, in the centre of which was a small aperture about the size of a pin's head, opening directly in the artery. The stomach was half full of grumous, black blood. The uterine cavity was rather larger than natural, with a small clot within it; and attached to the left side of it by a pedicle, close to the Fallopian aperture, was a small polypus, about the size of a haricot bean, very red and firm. Both the ovaries were diseased. Several Graafian vesicles were enlarged, and there were several cysts.

In the left ovary, near the surface, there was a dark, gangrenous-looking cavity (free from odour, however), large enough to contain a pea; it was bounded by a firm capsule. The kidneys were large; the other viscera healthy. At different times in her illness this patient had been much emaciated, so as to lead to the suspicion that phthisis coexisted; but at the period of her death, excepting in the size of the breasts, which were shrivelled up, she was tolerably *embonpoint*. The catamenia had been occasionally profuse, but she had been regular up to a fortnight before death.

Mr. Hancock read a paper

ON THE EXCISION OF DISEASED JOINTS.

He commenced by giving the account of three cases in which he had performed the operation of excision—one at the shoulder, a second at the elbow, and the third at the ankle joint—abstracts of which have already appeared in our "Mirror of Surgery." He next alluded to the objections which have been urged against the operation for excision of joints—viz., extreme suppuration—the formation of sinuses, and consequent difficulty of healing, with constitutional disturbance—the shock to the patient—and, lastly, those recently adduced by Mr. Gay—the inutility of the operation, and its unphilosophical character as a mode of operation for diseased joints. Mr. Hancock alleges that the degree of suppuration does not influence the patient so much as the character of the discharge. A patient with diseased joint, discharging but little, but that little of a morbid and unhealthy character, will suffer from extreme constitutional disturbance: he will become emaciated, lose strength, and be reduced almost to the verge of the grave. Operate upon this joint, remove the diseased parts, and let the subsequent discharge be ever so profuse, so long as it is not actually of a morbid character, and the constitutional symptoms will subside, the patient will gradually acquire strength and flesh, whilst the improvement in the character of the discharge marks the gradual progress towards recovery: that this is accounted for when we consider, that in the one instance there is a morbid action going on in diseased structures, producing unhealthy discharge, whilst in the other the process is one of reparation, proceeding in healthy parts, and giving rise to healthy though profuse discharge; that sinuses do not form so readily after these operations as has been imagined; and that when they do occur, they are more attributable to bad management and dressing, than to the actual necessities and nature of the case; that, as a general rule, they may always be prevented, if reasonable attention be paid to the preservation of a free and depending opening for the exit of matter throughout the progress of the case, such opening to be preserved in the dressing and splint, if any be used, as well as in the wound, which at this part should be left entirely uncovered; whilst he denies that the shock is greater than that attending an ordinary case of amputation. That with regard to Mr. Gay's objections, "that the operation for excision of joints is useless and unphilosophical, that primary disease is generally limited to one of the articular extremities of the joint, and that therefore it is a useless mutilation to remove more than that disease, and that, moreover, dissections show, that disease originating in bone, when arrived at that stage at which the operation of resection is generally employed, has extended itself far beneath the surface, and frequently along the shaft, for a third of its whole length, so that resection cannot accomplish its purpose, which must be manifestly the removal of all disease,"—Mr. Hancock observes, that the operation of resection is not an useless operation, is proved by the cases just related, as well as by those published from time to time by Messrs Syme, Fergusson, and others; and that it is not unphilosophical, is also amply proved by the fact of its being an operation of preservation, and a substitute for amputation; that a surgeon is not compelled to remove sound parts; neither is an operation less one of resection of a joint, because one of the articulating surfaces of such joint may be found healthy, and it may be deemed advisable to preserve it. As regards the condition of parts disclosed by dissection, Mr. Hancock would inquire whether such dissections were made upon parts removed by this operation? or were they made upon cases selected by the author, and decided upon by him as those upon which the operation would be performed? He was not aware that surgeons were in the habit of operating, with the almost certainty of leaving a large portion of disease behind them; and he would submit, that this very objection to the operation is a convincing proof of its efficacy; for if it has proved so successful when performed in so bungling a manner, and under such disadvantageous circumstances, how much more certain and beneficial will be its results when properly done, and performed at the right time; but he denied that the parts were usually in the condition asserted by Mr. Gay, when the operation for resection was performed. Cases did occasionally occur, in which the disease has progressed to such an extent, or even beyond; but these were exceptions, and he would refer to three of the preparations upon the table, which clearly demonstrate, that although the disease shall be sufficient to destroy the patient, the state of parts will admit of the entire removal of the morbid structures by the operation of resection, without any undue difficulty or mutilation of parts. If the question at issue rested simply between incising and excising joints, he would not for one instant deny the superiority of the former over the latter proceeding; but in those cases justifying excision of the joints, the selection is not between that operation and making free incisions into the joint, but between amputation of the limb and excision of the joint, or leaving the patient to die. Mr. Gay limits his method to those cases where the articulations are completely destroyed; and whilst Mr. Hancock admits that Mr. Gay has done good service in directing attention to this plan, he would observe, that when reduced to this condition, the parts can scarcely be regarded as joints, since they no longer possess the constituent structures of joints; whilst in a large proportion of cases requiring amputation or excision, the destruction of parts has not attained this state; that the necessity for such operations does not depend so much upon the extent of destruction or disorganization, as upon the degree of constitutional disturbance attending the progress of such disorganization; for in many instances the severity of the constitutional symptoms has necessitated amputation where the degree of disorganization has been comparatively slight, proving that the urgency of cases depends upon the powers of endurance in the patient, rather than upon the actual extent of disease or destruction of parts; so that whilst he readily admitted, that when completely disorganized—when the cartilages were entirely denuded and destroyed—incisions into the joint might prove of avail, he would urge, that in an equal, if not in a more numerous class of cases, the irritation produced by the progressing morbid changes is so excessive, that we cannot depend upon such simple means, but are forced to have recourse to the more decided plan of either amputation or excision.

Mr. Gay spoke at some length. He remarked that his paper had related to the incision and not to the excision of joints, which latter was touched upon rather incidentally than in detail; and if his views had been more fully given, they would probably have been somewhat modified. He still, however, supported the views which he had advanced in the paper, and regarded the operation of excision as unphilosophical, and one which rather improved the art than the science of surgery. He denied that the success of an operation was *per se* to be taken as evidence of its utility or its soundness, and said, if such were the case, amputation for aneurism might be said to be good, because it effectually removed the disease. Excision was a sort of amputation, and therefore a mutilation, and he objected to it as a substitute for an operation founded on the established principles of pathology. He contended, by reference to cases, that excision of the joint had been practised without reference to the origin of the disease or of the condition of the parts, and hence in some cases the opera-

tion had been unnecessarily performed. He objected also to excision, on the ground that no sufficient distinction was drawn between the primary and secondary diseases of joints, and he showed the difficulty that there would be in know ing when you had removed the diseased parts to a sufficient extent to determine that a cure would follow. He did not think that the result of excision had been so favourable as some had said, and believed that bad cases had been suppressed. He then referred to the statistics of Blackburn, Norman, Walton, Syme, and others, to show that, with the exception of cases of the elbow-joint, excision had not been even a moderately successful operation. He then proceeded to express his opinion that disease of the joints should be treated on the same principles as disease of the shaft of a bone—necrosis, for instance—and only such portion removed as was necessary to the recovery of the parts. He thought excision had been performed indiscriminately, and without sufficient reference to the structure in which the disease originated. He then made reference to his paper lately read before the Society, and published in the *Lancet*, and enforced his views with respect to incision, advocated in that essay.

Mr. Hird defended excision in proper cases as a safe and successful operation; it could not be otherwise than good, if after operation it was shown that the parts could not have been repaired, and that the patient was enabled to get his living in consequence of the removal of the disease. The cases laid before the Society that evening would show its value. It did not, he thought, matter in what structure the disease commenced in the joint, if the disease must be removed. With respect to operations on the hip being less successful than on the elbow, in the former, it must be recollected, we removed only the head of the bone, and not the entire joint. He thought sufficient time had not been given to show the value of Mr. Gay's plan of incision, "an intermediate proceeding between poultices, &c., and excision;" but the profession would give him credit if it was found by future experience to be successful. In Mr. Hancock's cases such a proceeding would have been useless. Of course, if a joint were unnecessarily removed, it would be unphilosophical.—*Lancet*.

TRANSACTIONS OF THE PHARMACEUTICAL SOCIETY.

SPECIMEN OF DECOMPOSED CHLOROFORM.

By Jonathan Pereira, M.D., F.R.S.

In July last I received from Mr. Grattan, apothecary, of Belfast, a specimen of chloroform, accompanied by a note, from which the following is an extract:—

Some weeks prior to October 25, 1851, I received from my friend Dr. McKillen a small bottle of chloroform which he had had of me two or three months previously, and which he stated was subject to very singular changes of colour, despite the stopper never having been removed. At the time he handed it to me the fluid exhibited a delicate pink tint, as though coloured with cochineal, and was put aside in a glass case in my shop, of which I kept the key myself. The case was exposed to the diffused light of a large shop window, but not to the direct rays of the sun. Conceiving that the chloroform had by some unobserved means or other become accidentally coloured, I took very little interest in the matter, and was not surprised to find it fade gradually, and in a short time become perfectly colourless—and I made a note to that effect upon the 25th October, concluding that there must have been some error of observation on the part of Dr. McKillen. On the 16th of November, however, it again began to change, and the enclosed notes were made from time to time, as I happened to have opportunity of noticing it. I tried it under different conditions of light and temperature, without their exerting apparent influence upon it, and being unable to form the slightest conjecture as to the cause or nature of the molecular disturbance which produces these chromatic changes, have taken the liberty of forwarding it to you, should you consider it worthy of attention.

The specimen of chloroform sent me by Mr. Grattan was, in July, quite colourless, and on the sides of the bottle a few minute crystals were observed. The stopper of the bottle was, however, so firmly fixed in, that I could not remove it, and I therefore placed the bottle on the mantel shelf in my library exposed to diffused light, for the purpose of observing the changes which its contents would undergo. In the course of a few weeks it began to acquire a pinkish or amethystine tint, as described by Mr. Grattan. This slightly augmented in intensity for a few days, and then became somewhat paler. But for several weeks, during which it remained in the same situation, it never became colourless, though the intensity of the colour was frequently changing. The colour of the liquid was precisely that of a weak solution of permanganate of potash. Some weeks ago I placed the bottle in a dark cupboard, and at the expiration of about three weeks found that the liquid had become quite colourless. As the stopper was still immoveable, I was obliged to cut off the neck of the bottle to get at the contents. I then found that the chloroform had undergone decomposition, and had acquired a powerful and irritating odour, somewhat allied to, but distinct from, that of hypochlorous acid. The vapour yielded white fumes when a rod moistened with solution of ammonia was brought in contact with it, blue litmus paper was reddened but not bleached by it. A few drops of the liquid were placed on a watch-glass and volatilised by a spirit-lamp; they left scarcely any appreciable residue. The crystals which lined the bottle were then examined. They were few in number, and not larger than pins' points. They were white, and when examined by the microscope, were found to be six-sided pyramids, like the crystals of sulphate of potash. Some of them were heated to dull redness in a test-tube without undergoing any appreciable change. When heated on the point of a moistened thread in the outer cone of the flame of a candle, they communicated a violet white tinge to the flame, characteristic of a potash salt. They readily dissolved in water, and the solution did not yield any precipitate on the addition of a solution of nitrate of baryta, showing that the salt was not a sulphate. The solution was boiled with nitric acid, and then treated with a solution of nitrate of baryta, but no precipitate was observed. Nitrate of silver produced in the aqueous solution of the crystals a white precipitate, soluble in ammonia, but insoluble in nitric acid. Whether these crystals were in any way connected with the change of colour which this sample of chloroform underwent, I am unable to determine; but I suspect not. I am anxious, however, to draw the attention of others to the subject in the hope that larger specimens of the salt may be obtained for examination. For at present the circumstances under which chloroform frequently undergoes decomposition are very obscure. Except in this instance, I have never met with, nor heard of, any sample of chloroform which underwent these remarkable changes of colour. The chloroform was transferred into another bottle, on the sides of which a few minute crystals are now formed. But since the removal of the stopper the pink colour has not reappeared. I suspect that the pink colour of the chloroform must have been due to the presence of manganese. If so, was this metal derived from the chloride of lime used in the manufacture of chloroform? Mr. Squire informs me that he has occasionally found the solution of chlorinated soda to become of a pinkish hue after being prepared a few days (not immediately), and that he has attributed it to some manganese carried over with the chlorine gas, as he does not remember to have observed this change when the gas has been passed through water before entering the solution of carbonate of soda. If this suspicion should prove well founded, it is obvious that the purity of the chloride of lime employed in the preparation of chloroform deserves the attention of the manufacturer.—P.S. Subsequently to the reading of this paper before the Pharmaceutical Society, I have received from Mr. William Huskisson, jun., a specimen of pink chloroform, which, he informs me, owes its remarkable colour to the presence of manganese, derived from peroxide of manganese employed in the purification of chloroform, as recommended by Dr. Gregory. Mr. W. Huskisson, jun., tells me, that he has observed in his

specimen neither the alterations of colour nor the crystals met with in the specimen sent me by Mr. Grattan.

The CHAIRMAN stated that he had never, in the various specimens of chloroform, of which his firm had always a large quantity in stock, observed the pink colour described by Dr. Pereira, nor had he ever seen any crystals deposited in the bottles, but he would have a more minute examination made with the view of ascertaining whether such existed. When the chloroform was first drawn over, and before it was purified, it frequently possessed more or less of a brown colour, but this was quite distinct from the character described in the paper which had just been read.

Mr. D. HANBURY observed, that the use of manganese had been suggested in the process for purifying chloroform, and its presence in this way might be accounted for.

Mr. BARNES thought it desirable that the decomposed chloroform should be examined for formic acid. Although constantly subject to decomposition, no satisfactory explanation of the nature of the change had yet been afforded.

ON THE PREPARATION OF SYRUP OF POPPIES.

By Mr. STOCKEN.

The author, in this communication, directed attention to a process for the preparation for the syrup of poppies, originally suggested by Mr. Thomas Southall, and published in the second volume of the *Pharmaceutical Journal*. He states:—The principal feature in the process consists in the use of cold water, instead of boiling, to extract the medicinal virtues of the poppies. Mr. Southall's process is conducted as follows:—The capsules, from which the seeds have been separated, are weighed, and then dried, by which they lose from ten to fifteen per cent. They are then bruised and passed through a sieve of three-eighths inch mesh. They are next macerated in a mashtub, several portions of cold water being added and stirred with them, to ensure the whole being uniformly moistened. About an hour afterwards, the infusion is drawn off from the bottom of the vessel, more water being poured on the surface; after which the infusion is allowed to run off during the day. The quantity of water used is about the same as that which is directed in the Pharmacopœia. The infusion is evaporated, as it is drawn off, to nearly the consistence requisite for making the syrup, and allowed to stand during the night. The clear portion is poured off the following morning, the remainder strained through a calico bag, and the sugar is dissolved in the clear liquor, with as much heat as is requisite for the purpose.

I have ventured to deviate from the instructions of Mr. Southall in some points.

1st. As regards the time specified for the poppies to macerate prior to the infusion being drawn off. He occupies a period of about thirteen hours—one hour for maceration, and twelve hours, or a day, for the required quantity to run off. I have extended the time occupied for maceration, from one to twelve hours, and another twelve hours for the infusion to run off.

2nd. As regards the quantity of water to be used, and the period at which the sugar is added to the concentrated infusion. I find that about two-thirds of the quantity of water ordered in the Pharmacopœia is sufficient to ensure the exhaustion of the poppies in operating as I have described. In converting the infusion into syrup, I add the sugar before the concentration has been completed, and then evaporate the solution until it indicates a density of 32 deg. by the saccharometer. The advantage of this mode of operating arises from the fact that a quantity of scum is thrown off during the evaporation with the sugar, which would not otherwise be separated, and the syrup is rendered brighter in consequence. Syrup of poppies thus prepared is not only better in appearance than that made according to the instructions of the Pharmacopœia, but it is not so liable to undergo fermentation.

In conclusion I may state, that the foregoing experiments have been made with Messrs. Tuffy and Smith's steam apparatus, which, for operations on the small scale, has been found to be economical, and to answer exceedingly well.

The CHAIRMAN was glad to find pharmaceutical subjects, such as this, of a practical nature, brought before the meeting, and had no doubt it would be the means of conveying information, not only to the members of the Society, but also to the authors of Pharmacopœias, which would tend to the improvement of our processes. With regard to the observations of Mr. Stocken, he confessed that he did not agree with him on all points. He thought the resulting syrup was better when the poppy capsules were boiled, and not previously bruised, than when they were treated as had been described, with cold water. The boiling water extracts more of the true characteristic flavour of the poppy, and if the syrup be made of sufficient density it will not undergo fermentation.

Mr. DEANE had, for the last twelve years, adopted a process for the preparation of syrup of poppies, almost identical with that described by Mr. Stocken, and had always obtained a good result. He found that cold water extracted the whole of the active matter of the poppy, and that the product was less liable to undergo fermentation than when the capsules were boiled. In his process he was accustomed to evaporate the infusion in a vacuum pan. He might further observe, that he had found the addition of a little spirit, as directed in the Pharmacopœia, promote the preservation of syrups.

The CHAIRMAN said his experience was not favourable to the use of spirit in the preparation of syrups. He thought they kept better without it.—*Phar. Jour.*

ORIGINAL COMMUNICATIONS.

CASE OF CANCER IN THE LIP.

By J. M. BARRY, L.R.C.S.I.

THOMAS BYRNE, aged 60, applied for advice for a tumour on the lower lip, projecting midway between the middle line and angle of the lip on the right side. The tumour was very hard, and admitted of being lifted up and isolated from the healthy structures surrounding it. It extended about half an inch superficially, but was not very deeply connected with the substance of the lip. He suffered frequently from pain, which he described as darting through the tumour. He was always a healthy man until this disease made its appearance, about two years ago. Previously to his noticing it, he suffered from excoriated lips, owing to a cold he was labouring under.

The disease appeared in the form of a pimple, about the size of a pin's head, so hard, he thought some foreign body must have lodged in the lip. He paid but little attention to it until about six months since, when he applied for advice to a medical gentleman in the country, who apparently destroyed the morbid growth by the free application of nitrate of silver. The disease after a short time reappeared, larger and more painful; increasing more rapidly in six months than it had in the year and half previously. Finding his health becoming indifferent, and his mind most anxious, he came to me for advice. I at once recommended its removal by excision, which he consented to, and I performed the operation in the following manner:—Perceiving, as I have already stated, that the disease did not extend very deeply—in fact not more than to half the thickness of the lip—I therefore removed the diseased part by a semilunar incision, extending in depth half way through the lip, and superficially rather more than half an inch in length. I now, however, in bringing the opposite sides in conjunction, previous to passing the pins, found the portion of the lip I had left anything but an advantage, as it bulged inwards, forming a receptacle for blood or matter that might be suffused, and preventing the sides of the wound from lying as neatly in apposition as I could wish, so as to render union by the first intention more probable. I, therefore, before going further, removed this objectionable portion, when, having brought

the sides of the wound together, passed the pins, and applied the twisted suture in the usual manner, I found every thing as neat and satisfactory as I could desire, and the case progressed most favourably. On the fourth morning I removed the pins, when union had completely taken place, and in a week the man had perfectly recovered, without the slightest mark or deformity. The only point in the above case which I conceive worthy of making public is, the fact of my having, in the first instance, left the deep portion of the lip that was healthy untouched, and finding, as I have related, the disadvantage thereof.

HOSPITAL REPORTS.

ST. BARTHOLOMEW'S.

Strangulation of Intestine.

John W——, aged 23, was admitted into John ward, October 1, 1851, under the care of Dr. Burrows. The patient was suffering intense pain in the abdomen when he entered the hospital, calling out with extreme agony, during the paroxysms of which the intestines were raised in knots beneath the abdominal walls. The pain seemed relieved by gentle friction on the surface of the abdomen, but much increased by pressure. The man's countenance is expressive of much suffering and exhaustion, his cheeks drawn in, his eyes sunken, lips pale, tartar on the teeth, &c. He vomits after everything he takes, the matter ejected being copious, yellowish-green, sour, and emitting a suspiciously fæcal odour. The skin is cold; pulse small, slow, and feeble; the tongue moist, covered with a brownish fur, a bluish margin being distinguishable on the gums. There has been obstinate constipation for the three last days.

The patient is by occupation a shoemaker, and generally enjoyed good health. Five years since he had fever, and leeches were at that time applied to the left side of the abdomen, the marks of which are still visible. About a fortnight before admission, he suffered from pain in the abdomen, and diarrhœa; the symptoms were, however, not severe; he took some brandy, and was well in two days, remaining so until four days before admission, when the pain returned. Three days previous to his reception into the hospital, the patient ate a great deal of suet pudding, and took much cold water before and after the meal. On the morning of the next day, he was awoke by severe pain in the abdomen, and diarrhœa, which lasted about four hours, and has not had any evacuation since that time.

Mr. Wood, the resident medical officer, ordered a warm bath, sinapisms to the abdomen, and an injection of compound senna infusion. The enema having had no effect, a second was administered in a few hours, and brought away a little fæcal matter. The patient took, at the same time, tartrate of soda, with small doses of Battley's solution.

In the afternoon of the next day, the patient was seen by Dr. Baly. No relief had followed from the medicine; the suffering was very great, the man frequently jumping out of bed with pain, and his knees being drawn up to the abdomen. He was now given three grains of calomel, with fifteen of jalap, which doses were to be repeated six hours afterwards, if found necessary. He likewise took draughts of tartrate of potash, with sulphate of magnesia and laudanum, every fourth hour; and was allowed two ounces of brandy.

Dr. Burrows saw the patient in the evening. The pain was then extreme, causing him to be constantly calling out, throwing himself about, and begging for something to give him relief. Now and then cramp in the leg came on, and the same kind of fluid as above described was frequently ejected from the stomach. The appearance of the abdomen was irregular and knotted, and there was dulness on percussion over its lower portion. About one hour previously, the patient had taken thirty drops of Battley's solution, and had been given a soap injection, which had brought away some fæcal-looking fluid

Dr. Burrows ordered inhalations of chloroform; two grains of opium to be given immediately; and one grain every other hour, if found necessary; fomentations to the abdomen, and two ounces of brandy. The patient after having taken the opium, was kept under the influence of chloroform for about a quarter of an hour, when he awoke in considerable pain, but subsequently fell asleep again till three in the morning, when he took another pill, and slept till five At eight a.m., he took the sixth pill, since which they were discontinued. During the morning, the patient was almost free from pain; the countenance was expressive of exhaustion, but had now become calm. He now took a considerable quantity of gruel without sickness; the pulse was 96, and very soft; the tongue dry, the dorsum covered with a grayish white fur; the urine scanty, and passed with difficulty; and the bowels still confined. But vomiting came on again in the course of the morning, the matter ejected looking bilious, and emitting a fæcal odour; the abdomen was very tense, and dull on percussion in the hypogastric and inguinal regions; and the patient conscious of vomiting fæcal matter. One grain of opium was now ordered to be taken every hour, if the pain were very severe; and a warm bath, in which an enema was to be given. It was found, on the third day, that the injection given in the bath had come away slightly coloured, but unaccompanied by fæcal matter. There had been but little sleep in the night, the pain not being, however, of the former violent character. A small quantity of urine was withdrawn by the catheter. The pain was decidedly less when the patient lay still, and the vomiting was now replaced by occasional slight retching. The symptoms were about the same as on the previous day. The acute pain was, however, now referred to the left side and a little below the umbilicus, and a fæcal taste in the mouth complained of.

Mr. Wood passed the elastic tube into the rectum towards the evening of this day, but could not get it higher than four or five inches, probably owing to obstacles offered by folds of mucous membrane, as there was no difficulty in throwing up an injection; but the latter did not bring away any fæcal fluid. The night was pretty good, though the patient was frequently disturbed by pain.

In the course of the fourth day he became very weak, the abdomen bore pressure better than before, and the superficial veins became now very prominent. He was ordered a common enema, and opium pills every sixth hour, with alkaline draught every fourth hour. The injection came away without any fæcal matter, though it was reported by the sister to have been very slightly coloured and very offensive.

The patient passed the night in great pain, the exhaustion increased, nothing was evacuated from his bowels, and he vomited occasionally, the matters ejected being of light colour, and very sour. During the morning of the fifth day, the symptoms of collapse increased still more, and the patient sank at two in the afternoon.

The post-mortem examination was conducted by Dr. Kirkes, demonstrator of morbid anatomy to the hospital. On opening the abdomen, a band was seen passing between the internal surface of the abdominal walls and the intestine, at a point two or three inches below the umbilicus. Mr. Paget and Dr. Kirkes, after examining this band, found that it consisted of the obliterated omphalo-mesenteric duct. The latter ended in a diverticulum about two inches long, which joined the small intestine one foot and a half above the ileo-cæcal valve. The duct was impervious, and the diverticulum not quite so wide as the intestine. This diverticulum was twisted around the two ends of a large knuckle of intestine about half a foot long, and compressed these ends together. Between the constriction and the junction of the ilium with the cæcum were two inches of intestine, pale in colour, and quite empty. Above the constriction the intestine was distended by liquid fæcal matter. The portion of intestine constricted was of a very dark colour, and slightly distended by fluid stained with blood; the surface was smooth, but the coats thickened, and the mesenteric glands much enlarged.—*Lancet.*

PRACTICAL RULES ON THE SUPPRESSION OF ARTERIAL HÆMORRHAGE.

By Professor Syme.

In the first place, you should hold it established, that it is always desirable, if possible, to arrest bleeding from arteries by means applied at the seat of injury. Secondly, you may be assured that bleeding at and below the wrist, and at and below the ankle, is always under the control of pressure, provided it be properly employed,—that is, not superficially, but from lint, or some other suitable substance being introduced into the wound, and made to press directly upon the orifice of the vessel. Thirdly, in wounds of all arteries, accessible between the limits just mentioned and the heart, the vessel should be exposed at the seat of injury, and tied on both sides of the wound it has sustained. This principle has been so loudly maintained by Mr. Guthrie, that I believe some people have given him the credit of its origin; but it has been long established as a sound principle of practice by surgeons of the highest eminence both at home and abroad, and more especially by Mr. John Bell, of Edinburgh, in whose Principles of Surgery you will find many graphic and impressive lessons of the effects resulting from attention to it, and also from its regard.

One evening I received a message from the Northern Railway, that there was a steamboat waiting at Granton to carry me across the Firth to Burntisland, where a special train would be ready to proceed onwards, but whither, or for what purpose, there was no information. Having travelled a considerable distance, I met several practitioners, of great experience and intelligence, who were suffering much anxiety in regard to a youth, in whose forearm an incision for an abscess had bled profusely. As it was quite away from the radial artery, the ulnar was concluded to be the source of hæmorrhage, and had been sought for by dissection upwards towards the elbow, along the course of the muscles, between which it is wont to run, but without success; and, as the patient seemed little able to bear any further loss of blood, it was deemed desirable to have a consultation as to the most efficient measure of relief, even though it might involve ligature of the humeral artery, or removal of the limb. Acting upon the principle above mentioned, I scratched away the clot at the bleeding point, from which a copious stream instantly issued, but arresting this with my thumb, pressure being at the same time made upon the humeral, I dissected a little through the adjacent texture, and brought into view a large artery, under which a double ligature was passed, and tied on both sides of an aperture distinctly visible in its coats. In less time than I have taken to describe the process, the patient was thus transferred from a state of extreme danger to one of perfect safety. The artery was obviously the ulnar, which had come off higher than usual from the humeral, and pursued an irregular course externally to the fascia of the forearm, thus explaining how it had been wounded by the superficial incision, and how it had escaped the deep dissection.

The fourth rule I have to offer is, that when an aneurism forms after the wound of an artery, the same means should be employed as in the first instance, unless the vessel concerned be of a large size, and admits of having a ligature applied to it, without the intervention of any large branch between the seat of obstruction and the wound. The formerly not uncommon case of aneurism at the bend of the arm, as a consequence of the humeral artery being wounded in venesection, affords a good illustration of the advantage resulting from attention to this rule, since relief was thus afforded much more easily, safely, and securely, than by ligature of the humeral farther up the arm.

To illustrate the exception mentioned, I may relate the case of a young man, who, in one of the most remote of the Orkney Islands, accidentally thrust the blade of a knife into the middle of his thigh, so as to wound the femoral artery. The blood gushed forth with great violence, but was restrained by a compress, formed of eight half-crowns, wrapped in a piece of cloth. The wound healed, and an aneurism soon afterwards appearing, he was sent here to my care. Respect for the general principle, and suspicion, from the purring sound, that there was a communication between the artery and vein, suggested considerations which were opposed to ligature of the femoral, but I nevertheless preferred this operation, as the ligature could be applied without the intervention of any considerable branch; and I accordingly performed it, with the happiest result.

The following case will show the danger of not strictly limiting exceptions to the rule within the limits which have been mentioned. A middle-aged woman, in a country town, while walking up a steep and slippery ascent, and carrying a knife, with which she had just killed a pig, fell, and thrust the sharp point of the blade completely through her leg, a little below the knee, entering between the tibia and fibula, and issuing at the lower part of the popliteal space. Blood gushed from both openings, but when she was laid in bed ceased, and did not return. At the end of a fortnight, the wounds having healed, she attempted to walk, and found that a swelling had taken place at the seat of injury, on account of which, by the advice of her medical attendant, she came here to be under my care. On examination, I found a large pulsating tumour in the fore part of the leg, immediately below the knee, and another of equal size in the popliteal cavity. Feeling unable to determine whether the anterior or posterior tibial, or the popliteal artery itself, was the vessel wounded, and, on the whole, being inclined to think that the one last mentioned was most probably concerned, in which case ligature of the femoral would be the proper course, I adopted this measure. No bad consequence followed the operation, the tumours ceased to pulsate, and favourable expectations were entertained of the result for two or three weeks, when the anterior wound below the knee opened and bled profusely. I dilated it freely, evacuated the cavity of its fluid and coagulated contents, and applied firm pressure between the tibia and fibula, whence the blood was found to issue. Mortification followed, and I performed amputation, without saving the patient's life. There can be no doubt that, in this case, if the true state of matters could have been ascertained, and a ligature applied to the anterior tibial, which was divided just before it passed through the interosseous ligament, both the limb and life of the patient would have been preserved.—*Monthly Journal of Medical Science.*

TUMOUR COMPRESSING THE RIGHT SIDE OF THE MEDULLA OBLONGATA AND THE NERVES PROCEEDING FROM IT.

The following case was related to the Society of Biology in Paris by M. Charcot:—The patient, a woman aged 48, was admitted into the Charity Hospital on Feb. 28. She had been ill three months; and at first was under the care of M. Gubler. He was called to her a fortnight after the appearance of violent pain in the occipito-temporal region. The neck was slightly tender on pressure; the organs of sense were very susceptible; and every movement of the body brought on attempts to vomit, sometimes followed by a discharge. The pupil was much contracted; and there was obstinate constipation; but no distension or tenderness of the abdomen; the tongue was rather white, but moist; the pulse was not frequent; the skin was not hot; there was no pain in the trunk or limbs, nor paralysis, vertigo, or convulsions. M. Gubler diagnosed a superficial circumscribed softening of the gray matter, or rather an intracranial tumour. He applied leeches behind each ear, gave a calomel purgative, and ordered chloroform to be applied locally to calm the cephalalgia. Considerable relief ensued: but the patient was removed by her son two days after. She soon began to manifest great hebetude, and weakness in all her limbs, without pain; and at last her speech became very remarkably impaired. The cephalalgia soon became as severe as before. A seton was applied to the neck, and blisters to the thighs, but without effect; and she was admitted into hospital.

On admission, she answered questions pretty readily, but soon showed how much her intellect was weakened and perverted. She complained of very severe pains in the cerebellar region: the head was constantly turned towards the right shoulder, but there was no rigidity or contraction of the muscles of the neck. All her limbs were relaxed; but she moved her legs and arms without much difficulty, when desired to do so. When pinched, she felt it readily. There was no strabismus, ptosis, or deafness. The pupils were equally dilated. She had never vertigo, muscæ volitantes, or noises in the ears. There were no signs of paralysis of the facial nerve. She protruded her tongue readily; but the point was immediately carried to the right. She could, however, easily turn it in her mouth, and could turn the point to the left when desired to do so. The movements of deglutition were perfect. The vomiting and constipation continued as long as the patient was in the hospital. A kind of coma supervened, and the patient died on March 9th: she never had convulsions.

From the symptoms it seemed probable that there was a tumour compressing the ninth nerve; but there were no symptoms of syphilis, tubercles, or cancer. On post-mortem examination, a tumour, of the size and shape of a large pigeon's egg, was found on the front of the right lobe of the cerebellum, where it had formed a hollow. It also compressed the right peduncle of the brain, and pushed the medulla oblongata towards the left side. It had flattened the auditory, facial, pneumogastric, glosso-pharyngeal, and especially the hypoglossal nerves on the right side. The fifth pair was also much flattened. The third and sixth nerves were untouched. The tumour was very feebly adherent, and was easily removed by tearing some very loose cellular tissue. It was hard and dry, and grated under the scalpel: it was somewhat mammillated. Examined with the microscope, it presented fibro-plastic tissue, with a predominance of the fibrous tissue.—*Lond. Journ. of Med.*

CASE OF MOLLITIES OSSIUM.

By Mr. Mason of Holloway.

The subject was a well-formed female, æt. 30, of extremely healthy appearance, having light hair and blue eyes; her features were good, and the expression of her countenance exceedingly intelligent. She is stated to have enjoyed good health up to the age of 21, at which time she experienced a fall down a dozen stone steps, hurting the lower part of her back rather severely. At 24, she began to grow weak, and felt very much exhausted after ordinary fatigue of any kind. A short time after this she was treated for rheumatism, and bled, leeched, &c.; but continuing to get worse, she was advised to go to Bath, and avail herself of the benefit of the waters. She sojourned here for five months, without improvement, her strength becoming more impaired daily. This impairment of her strength, however general, was felt most in the right lower extremity, and was accompanied by a pain proceeding downwards from the spine towards the limb; and it was at this period that the first palpable indication of the disease under consideration presented itself, in the limb becoming bent. Soon afterwards, she began to suffer from violent spasms in the same limb, which became now quite incapacitated from its office, either as a member of progression, or support for the weight of her body. She was now compelled, therefore, to lie in bed, taking nourishing diet, and the vinum ferri as medicine.

The next important circumstance that happened in regard to the disease, was in the metacarpal bones of both hands becoming bent, and caused by the force used in grasping the bed-posts while getting in and out of bed. During this period her health generally was good. About this time she first came under observation, and the examination of her limbs gave the following appearances:—The metacarpal bones of either hand would seem to indicate as having been broken in their middle, or of there being a double row of knuckles; the left arm presented, just above the elbow, on the outer side, a hard lump, giving the idea of callus. This arm was quite useless, she being obliged to support and move it with her other one. On the radius of this same arm there existed another similar lump, as also on the radius of the opposite side. The right thigh presented a largish projection about its middle, or more intelligibly speaking, the limb appeared bent. Although both lower extremities were equally weak, there existed no such deformity in the left. There was slight lateral curvature of the spine, The treatment pursued consisted in nourishing diet, in the shape of meat and porter, with occasionally fish, and rest in bed, together with the administration of the cod liver oil, in doses of half an ounce three times a day; and this mode appeared to have a most beneficial effect, for at the expiration of several months, not only was the general health improved, but also the condition of her limbs. The metacarpal bones of either hand projected much less, and were firmer to the feel. The swellings on either arm were much reduced in size, and the use of the left arm was gained to a great extent.

This case presents, in its outline, the same train of symptoms and phenomena as recorded by those authors who have written on this disease,—the general debility and muscular pains, and phosphatic deposits in the urine, preceding, in this case, as in all those on record, the softening of the bones. There are a great many cases of this peculiar disease related; and what is very remarkable, the subjects of it have been almost without exception females, and in some instances of a very advanced age. Mr. Curling mentions an instance, where the patient had attained the age of 71; and Otto, the celebrated pathologist of Breslau, notices a preparation in the anatomical museum at Bonn, the subject of which was nearly 80. The disease does not appear to be confined to the human species, for it has been observed in quadrupeds, as the lion, ox, &c.; and Mr. Solly mentions as having heard of its occurrence in dogs; and in all these instances, it has precisely simulated, in morbid respects, the softening characteristic of the complaint in man, the bones after death, as in the case of Madame Supiot (related in Cooper's Practical Surgery), having been easily divided by a common scalpel. The analyzation of the bones, in this disease, has proved the great disproportion of the calcareous and organic substances, the phosphatic elements not being more than one-fifth or one-eighth of the total weight of the bone; as also the almost constant presence of a peculiar red grumous matter, seeming to usurp the place of the phosphate of lime, which is considered by Mr. Solly as an adventitious morbid product, and not, as some have supposed, simply the fatty matter of the bone, altered by the effusion of blood into it.—*Lancet.*

CORRESPONDENCE.

TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—I need not assure you that nothing but a painful sense of duty, and a feeling of what I owe to myself and friends, could lead me to ask a place in your columns for the following statement of facts, which I have given, nearly in the order of time, as they have occurred.

As a medical man I am exposed to the shafts of calumny, and could, like others, bear up under the attacks of envy or ill-will, but as my calumniators seem resolved to carry on their secret arts against me for the purpose of shaking public confidence in my professional abilities, I am compelled to have recourse to an appeal to public opinion as the best means of self-protection at present in my power. Could I have traced the slander up to its real author I might have easily dealt with him in another way; for the present, therefore, I must be content to publish the facts of the case, and leave my calumniators to answer for themselves at the bar of public opinion.

In the month of October, 1850, I was in attendance on the late Mr. Joshua Wauhope of Drumcarrow, during his last severe illness, which terminated fatally in less than forty-eight hours; finding his case extremely serious I suggested to his afflicted family the propriety of having a second advice. Dr. Roe of Cavan was immediately sent for; but as the distance was great and time precious, Dr. Moore of this place was, in the meantime, at the request of the patient, written for by me, and desired to bring with him some leeches and other requisites which I considered might be necessary.

On the arrival of Dr. Roe (nine hours after that of Dr. Moore), and when met in consultation both medical gentlemen fully concurred with me as to the propriety and necessity of the previous treatment.

Shortly after the death of Mr. Wauhope it came to my knowledge that it was currently reported that I had maltreated him; when, in vindication of my character, I wrote to Dr. Roe for an expression of his opinion, which he gave me in the following letter:—

"Cavan, 3rd January, 1851.

"My Dear Sir,—I regret it was not in my power to reply to your letter yesterday, the purport of which I must say greatly surprises me, as I never for a moment thought there was the least supposition of any *misunderstanding* or of *maltreatment* on your part of the late Mr. Wauhope's case; and I can also say that I have seldom met in any case more general uniformity of coincidence of opinion than there appeared to be on it, as well as a feeling that every thing had been done which art or science could suggest or advise for the relief or recovery of our very interesting patient, the terrible rapidity of whose fatal disease bade

defiance to any and all remedies; and the melancholy result appeared to be too plainly seen and felt, almost at the very outset, by the poor sufferer himself. I do fully feel with you that 'the person or persons who can feel a pleasure in vilifying or slandering their neighbour's character are truly to be pitied; but it is a sad reflection that there are too many in the world who really do so; but you may console yourself in the thought that you are not a solitary example of such base practices, and be assured such slander will ultimately recoil, and perhaps deeply wound its author.—Yours most truly, "GEORGE ROE.

"To Dr. Taylor."

On receipt of the above letter I called on the nearest relatives of the deceased and placed it in their hands, and was assured by each of them that such report had not reached their ears, nor would they give credit to it.

Feeling anxious to trace the author of the calumny, and finding it gaining ground principally in the *parish of Killenkere*, I was led on the 21st of July last to inquire of some of my patients in that neighbourhood if they had heard of it, when I was informed of the conversation quoted in my first note to Miss Winder, which had occurred about the month of January last, and which was corroborated by an equally respectable parishioner, who believed it to be true until convinced by reading the foregoing letter of Dr. Roe.

The absence of a particular friend, whom I was most anxious to consult, led me to postpone writing to Miss Winder until 6th September, when I addressed the following note:—

"Bailieborough, 6th Sept., 1851.

"MADAM,—I regret that I am obliged to address you on a subject which has been and is painful to me, and which ultimately must be so to you.

"Having been in conversation with a respectable parishioner of your father's, I learned that about the latter end of January last a conversation had occurred between the individual alluded to and you, in the course of which you made use of statements to the following effect—viz., that Dr. Taylor, being in attendance on the late Mr. J. Wauhope, had maltreated him by taking away blood generally when he should have used leeches. Dr. Moore being sent for brought leeches in his pocket, which Dr. Taylor refused to have applied, and at the same time said that Dr. Roe should be sent for; who, on his arrival, asked Dr. Moore if leeches or bleeding had been used; his reply was that leeches had not, but bleeding had, at which Dr. Roe shook his head and said it was all over.

"I now, Madam, request that you will, at your earliest convenience, allow me to have from your pen the *name* of the *author* of so minute a detail of circumstances.—With much respect, I am your obedient servant,

"JAMES TAYLOR.

"To Miss Winder, Killenkere Glebe, Virginia."

Miss Winder declining to answer my note, I received the following from her father:—

"September 8, 1851.

"DEAR SIR,—In answer to your note, my daughter requests of me to state that she has no recollection of having had a conversation such as you allude to.—I am, sir, yours faithfully, "H. M. WINDER."

Feeling dissatisfied at not receiving an answer from Miss Winder, I again addressed her in the same respectful manner, giving her the name of my informant, and the place where the conversation occurred, to which I received no answer, but a visit from Mr. Winder on the following Monday, when he distinctly told me that Miss Winder would not answer my letters, not having any recollection of the circumstance; but when pressed by me, his reply was that "it was the common report of the country, and that he had heard it." This assertion appeared to me rather strange, he having previously pledged his word and honour that he had never heard it. In order to shake my confidence in my informant's statements, he proposed to tell me a circumstance that would lessen that individual in my estimation, provided I would promise to keep it a secret, the idea of which I spurned at.

I can trace the work of malevolence from stage to stage; commencing with my treatment of my esteemed friend, the late Mr. J. Wauhope, who was endeared to me by a friendly intercourse of many years, and whom, after all, *the secret assassin of my character* blames me for hurrying off the stage in his last illness. After these outrages committed on my feelings and character, I am still exposed to the tale of slander; and I find that in a respectable circle my secret enemy has been making false statements, which I believe are calculated not merely to destroy my personal reputation, but my professional usefulness. It is painful for me to find that there is a disposition to screen my calumniator, and a strange unwillingness to aid me in punishing or even tracing out my slanderer. This whispering away of my character behind backs has led me to take this means to vindicate myself, and if in so doing I have been obliged to mention the name of one who was my patient and friend, I trust his friends will believe me when I say, that his memory is as dear to me as ever it was, and nothing but the necessity of the case would have induced me to enter on this course of self-defence, in following out which I am compelled to state facts as they have occurred.

The public have now before them the facts of only one of several attacks of envy and malevolence against me. The *Anglo-Celt* of the 12th of June, and the MEDICAL PRESS of 9th July last, contain the facts of another abortive attempt to injure my professional character; nor are the circumstances of the false and injurious representations made against me to the board of guardians, nor the exposure of my calumniator in the presence of same board, yet forgotten. My letter on that subject, published in the *Anglo-Celt* of the 24th of October, 1850, yet remains unanswered by Dr. Moore; whether want of time or want of courage has been the cause, let those who know best say. Thus I have felt it to be an imperative duty to place the conduct of my calumniators before the public in its true light, that they may be rendered powerless for future evil, and that others may be deterred from following their example. I am not conscious of having ever given any of my medical friends grounds of offence, and if my peace of mind and happiness have been of late wantonly assailed and trifled with, I hope this exposure will end the quarrel, and teach my very enemy to feel the meaning of the motto—"Nemo me impune lacessit."—I am, sir, your obedient servant, JAMES TAYLOR.

Bailieborough, Nov. 11, 1851.

We reluctantly devote so much of our space to the above, because we fear that the matter may not be of general interest to our subscribers, and because we are satisfied that Dr. TAYLOR required no such aid to relieve him from any such imputations as those he complains of. The affair, however, teaches a lesson. It reminds the practitioner of what he has to encounter and prepares him for it. Every one is liable to such attacks, and Dr. TAYLOR takes this too much to heart. An old practitioner we knew once comforted his son, a young practitioner, making similar complaint, by reminding him that if he was now condemned for doing wrong when he did what was right, he was often praised for doing right when he was wrong.

PRESENT DIFFICULTIES OF DISPENSARY SURGEONS.

THE following remonstrance is a most reasonable one. The homely saying "live horse till you get grass," seems applicable to our brethren, and the sooner it is otherwise the better. No time should now be lost in putting the machinery of the act into practical operation for the sake of both surgeons and patients:—

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—In your comments on the dispensaries act, I do not find that you have alluded to the great hardship several of the medical officers of dispensaries labour under since the new act became law. Those dispensaries which were presented for at the spring assizes generally ended their year in October or November, and from the falling off in subscriptions for some years back, they seldom had any funds at the end of the year. From the great delay in the appointment of the medical commissioner and inspectors, several medical attendants of dispensaries have been for the last three months without any remuneration for their arduous services. Should the commissioners not be empowered to allow any remuneration in such cases, I would suggest that an addition to the salary be made for the first year, as some compensation to those men who daily risk their lives in the public service.—I remain, sir, your obedient servant,

JAMES P. SHEEHAN, M.D.

Buttevant, January 22, 1852.

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—I read with considerable surprise, in the leading article of your journal of the 21st inst., a paragraph which purports to be a report of certain proceedings of the Gort Board of Guardians with reference to the formation of dispensary districts and the salaries of the medical officers attached thereto, under the late Medical Charities' Act. I beg to state I have been most unnecessarily and unjustly referred to in that report. *It is not the fact* that I did not remonstrate against the reduction of my dispensary salary to £50 per annum. I have to inform you that on that occasion I handed in a written remonstrance, which was read by the clerk of the union to a very full board of guardians (*some* were absent, of course *unavoidably*), and that this document still remains in the hands of that officer.

With respect to the observation that my salary was reduced from £91 5*s.* to £50 per annum, solely on account of the other appointments held by me under the board at the time. This is a complete fallacy. I believe I am correct in stating that the *sole* cause of this reduction in my salary was to relieve the pressure of taxation; for previous to its occurrence, there was not a single officer connected with the union (with perhaps one solitary exception) whose salary the guardians did not reduce. And this feeling was not confined to the guardians of Gort union: it prevailed generally at the time, and was extensively carried out in most of the western and southern unions. I believe the guardians of Gort union are as ready as any other to acknowledge the just principle that each duty should be paid for in regard to itself, and that if a medical man should happen to be in possession of two or more situations, and was found to discharge his duties efficiently and satisfactorily in each, this circumstance should not take from or lessen the value of his services in each respectively.

With regard to the future dispensary arrangements, *which are still under consideration*, I consider it would be highly improper of me to interfere. It might, to be sure, suit the views and speculations of certain parties to force me into an unseemly contest with the board of guardians, or place me in a false position with my professional brethren; but I must claim the privilege in this instance of using my own discretion and of being permitted to pursue that course which I deem to be my duty. Indeed, I feel fully satisfied if this matter be left, as I think it ought, in the hands of the board of guardians and the poor-law commissioners, it will be equitably arranged, and finally prove alike satisfactory to the ratepayers, the sick poor, and the medical gentlemen employed. Hoping you will excuse this trespass on your space which I have been forced to commit, I have the honour to be, sir, your obedient servant, MARTIN D. NOLAN, M.D.

Gort, January 23, 1852.

We can assure Dr. NOLAN that in alluding to this matter, we had no idea that it would cause any personal annoyance to him or any one else. We are most anxious to steer clear of all local differences of opinion.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, JANUARY 28, 1852.

THE RISING GENERATION.

WE cut the following paragraph, some time ago, from the columns of the *Times* newspaper, where it formed part of an article "On the state of the Ministry," thinking it a good text upon which to found a few observations "On the state of our Profession":—

"It so happens that at this moment it is a general complaint in the political world, as it is elsewhere, that there are no young men of talent coming out. The rising generation, we are assured by those who have the best opportunity of judging, and the best reasons to be impartial, are particularly dull. There appears to be a blight in the crop, and sagacious observers look forward with apprehension to the time when the state of the world, the protection of order, the sustentation of virtue, and the propagation of genius, will have to devolve on those who are now young."

Is this true? and if true, is the observation applicable to young surgeons? We dare not answer the question in the affirmative, and we are not quite prepared to answer it in the negative; but perhaps the parties referred to may answer it themselves. Doubtless many will say it is but too true ("the present company always excepted"), it cannot be denied that "no young men of talent are coming out;" that is obvious enough, for if there are, where are they? The "rising generation," all must admit, are "particularly dull;" there is no gainsaying it. With the exception of BROWN of our hospital, JONES of Do-the-boys college, or ROBINSON of the Greenhorn's Journal, we cannot find a young man of talent in the whole list. It is all a blank. In this we cannot agree, because we are of opinion that, as regards "talents," young men are now as young men have been before; and because we think that the "rising generation," although dull enough, are not "particularly dull:" when we look at some of the passing generation who have feathered their nests, we cannot perceive that the rising one loses by the contrast. No, it is not that the rising generation are destitute of talents, or that they are particularly dull, it is that they want what in slang parlance is called pluck—more politely, self-reliance; or perhaps that they want the self-respect which leads to independence of character. They cannot go without some one to lean upon, or to hold by the tail. This, however, they say is a national failing, and is not to be laid to the door of one class of Irishmen more than another; but constitutional or not, it will account for the "rising generation" not "coming out." In some cases it amounts to a delusion, the unlucky subject of which becomes the slave of any one who fosters it. He selects some heartless old fox for a patron, and in the vain hope of being promoted, devotes himself to his service, to the neglect of his own interests, until he finds, when too late, that he has been a tool, when he thought he was a companion; or astounded by the display of house and equipage exhibited by a quondam master, fondly imagines that one so favoured by fortune can help him to some of the good things in his gift, and is disposed of accordingly. He is honoured with an arm in the street, gets share of a family dinner with a poor relation or country customer, or is even entrusted with an occasional visit to a thank-ye job; but there the matter ends. Such young men never "come out." Paralyzed, subdued, and bewildered by apparent kindness, they lose all independence of character, and in the sequel all their prospects in life; content to become agents to obstruct the advancement of any who tread on the heels of their patron, or to carry into effect his intrigues for the subversion of institutions in which he has no interest. "Young men" of another temper start with an exaggerated estimate of their talents and acquirements, with brains intoxicated by those shallow draughts of which the poet speaks; and they, too, must have a patron, and they find him in a senior of their own stamp. The dreaming *exaltado*, inflated by the applause of the ignorant, or the approbation of confederates who inwardly despise him, wants a successor to replace a used-up herald of his astounding exploits, and finds one amongst these "young men" of precocious powers. Congenial parties meet and exchange good offices, but the junior pays the penalty; he "comes out," it is true, but it is as a bubble which bursts as it falls: reversing the law of nature, he returns from butterfly to grub, and rests contented with offals as a reward for his services. It is not, we repeat it, that the rising generation want talent, or that they are particularly dull; it is that they want

intrepidity and that self-confidence which is the first requisite to great undertakings; that they are timorous and quail before shadows when they should face real difficulties. They fear to "come out," and leave public duties to those that come after them, never recollecting that a coming generation follows on their heels, and will speedily be found occupying the positions which they refuse to fill. We have no patience when we see the youth of our profession, as we may call them, skulking and sneaking into holes and corners, nursing their discontent and brooding over their embarrassments, instead of joining in common efforts for the attainment of common objects. Still less have we when we see them absenting themselves from meetings of the College which owns them, or from the Surgical Society, which, if they be really Surgeons, they should support, and all to display their desire to pay court to pompous doctors, surgical dummies, and rampant apothecaries. Our provincial readers will perceive that we address ourselves more to metropolitan short-comings than to rural delinquencies; but there, too, there is much room for improvement. Our country brethren have been and are now subjected to deplorable difficulties, but that is the very reason why they should prepare to meet them. The necessity of self reliance is as great, if not greater, than in the city, and the sooner they begin to organize with a view to coöperation the better. Let them not for one moment suppose that reliance can be placed on aid from this part of the world; on the contrary, it is perhaps from hence they have to expect additional embarrassment. The falling off of country consultations is matter of conversation in certain quarters, and the necessity for a new race less capable of dispensing with them is openly spoken of. Before ten years pass the Surgeons of Ireland may be thrust from their positions by a class which must send their difficult cases to town.

ADVERTISEMENT EXTRAORDINARY.

Ready-money Practice or Down with the Dust.—Dr. Williams, the Resident Physician of the South-Eastern Lying-in Hospital, Cumberland-street, Merrion-square, begs to inform the inhabitants of Dublin, that he has commenced the following mode of practice, viz.:—2*s.* 6*d.*, 3*s.* 6*d.*, or 5*s.* per visit, depending upon the means, whim, or inclination of the patient. Lowest midwifery fee, £1. Dr. Williams is author of the following works: Calomel in Abdominal Inflammation; the Pulse, an Important Guide in the Treatment of Disease; a Few Remarks on the Diseases of Children.

Some may think that we are called on to comment on this; but tolerated, if not tacitly sanctioned, as such have long been by both branches of the profession in Dublin, we must be excused. The advertisement is copied from the *General Advertiser* where similar advertisements are of weekly occurrence, notwithstanding the boast of the proprietors that such are rejected. By another advertisement we are informed that the author of the above has resigned his office in this hospital. As there are many of the name of Williams on the list of the College of Surgeons, it is only right to say that this is not one of them.

Extraordinary Extraction of a Foreign Body.—Three years ago, Mr. Greensmith of Halifax, swallowed a large needle, the extraction of which baffled all medical skill. During the above period, the needle caused Mr. Greensmith not the slightest uneasiness, until one morning last week, when, feeling a pain at the top of the head, he put up his hand, and feeling something sharp protrude, he pulled it out, and to his astonishment found it was the needle he had swallowed three years previously.

HISTORY OF COURT FOOLS.

The "History of Court Fools, by H. F. Flögel, Professor in the Ritter Academie, at Liegnitz," is the subject of the following essay.

The history of fools and of buffoons can be traced back to the dark days of antiquity; princes and commoners, high and low, delighted in them; the part was played by pedantic men of talent, rather than by real madmen, and there were towns and whole districts which had the unenviable repute of being the natural soil of fools. Thus the town of Troyes enjoyed the peculiar privilege of providing court fools for the kings of France. In Troyes, is still preserved a letter from Charles V. of France, in which he announces the death of his fool, and requires the Burgomaster of Troyes to send him another, according to ancient custom. The German Emperor, Charles V., son of the imbecile Jane of Spain, said of the Germans, that they did not seem to be clever, and really were not so.

The Emperor Rudolf II. could not bear a jester in his presence; probably because he was much inclined to melancholy. Richardson brings the origin of fools from Eastern countries, on account of the particular esteem in which the deranged were there held. The sayings of fools were reverenced as inspirations, and it was from this cause that they were allowed the freedom of carrying their satires so far. Owing to this circumstance, cunning and designing persons took the opportunity of "playing the fool,"—they could speak out the truth without fear of punishment.

Those who translate the word "morio" by court fool, make a great mistake, for morio meant, by the Romans, a man who was deformed. The morio had a humped back, bandied legs, a great shapeless head, a long pendulous nose, or remarkable features; in a word, the morio (morris dancer) was a mis-shaped being; and probably, besides, either weak-minded or an absolute fool. The morio was so constituted, both bodily and mentally, as to excite laughter, and was on that account taken advantage of and misused as a fool. The tasteless pleasure taken by the degenerated Romans in such unfortunates went so far, that there was held in Rome an express market for fools—Forum Morionum—at which the dealers publicly exposed for sale the morios, whom they had gathered from all parts of the world, and obtained for them large prices. A thoroughly deformed morio often fetched a thousand florins. Martial, viii. 13; "Morio dictus erat; viginti millibus emi." Further, "Plutarchus de Curiositate." Pliny and Martial both say that the morions were stupid and imbecile. Plinius, lib. ix. ep. 17; Martial, xiv. 210; Martial, viii. 13; xii. 95.

Court fools are mentioned in the East as early as the eighth century. Such a being is found to have existed at the court of King Attila. At the court of the Khalifh Harun-al-Raschid there lived a man whom the Mahomedans used to regard as one inspired or insane. The Sultans of Turkey have, or used to have, such persons about their court, whereof there can be seen a full account in a work by Nicholas Höniger—"Die Hofhaltung der türkishen Kaiser," Bazel, 1596, tom. i., s. 39.

The jester (Lustigmacher) at the courts of the German princes does not seem at all times to have been able to bear with sufficient patience the tricks which were so often played upon him; probably because the difference between a madman and a mountebank was not sufficiently well understood. As the Duke Lewis of Bavaria, September 16, 1231, was taking a walk after dinner to Kehlheim, over the Danube bridge, he provoked his court fool, Stich or Stichius, to such a degree, that the man became mad, and murdered the duke with a bread-knife. The murderer was destroyed on the spot by the attendants. (Aventinus Annal. Bojor. lib. vii., c. 3, p. 634, Ex. Editione Gundlingii.) Some relate this murder in a different way; but Aventinus's view seems the simplest and the most probable. The Baron (Freiherr) Jacob Paul Von Gundling acted the part of fool at the court of King Frederick William I., the name Gundling being given to him from the unlimited inclination forward of the trunk, which gave a creeping aspect to his gait. Thus came his stiff comic look, which he himself produced, to render himself an object of mirth. He could never be satisfied in drinking wine, and his constant complaint was thirst. That Gundling was a clever scholar and contributed something to history is well known. A psychological delineation of this extraordinary man would be of interest both in theory and practice. Gundling died 1731; at the examination after death there was found a perforating ulcer of the stomach.

A certain Kornemann from Halberstadt appeared about

the time of Gundling; he called himself Cron-Kornemann, was completely deranged, but nevertheless enjoyed himself. Subsequently, being in want of money, he cut his throat, but the wound was not fatal; he recovered, and was put into confinement.

The last fool that we shall mention here was one at Schweidnitz. Boteslaus II., the Little, Duke of Schweidnitz, died 1368, and with him ended that line of the house, his son having been murdered by a fool. In an old manuscript we read that "Duke Boteslaus and his wife Agnes had a son, whom the fool, before the father's death, killed with a tile at the castle of Bolkenhayn, in consequence of the Prince having vexed him and excited his anger. The fool was beheaded. We see that in the thirteenth and fourteenth centuries the doctrine of irresponsibility of action was not in vogue; this was certainly an omission in the law. In the present day we are inclined to pronounce the malefactor "irresponsible" upon very insufficient grounds; not, forsooth, as a manifestation of Christian love, but that advocates may show their sharpness and learning, and that writers may glorify themselves in the journals. The false humanity of the present age may bring Corsican vengeance into the land. As regards France, where matters are usually driven into extravagance, it is remarked that court fools were formerly attached to the court as "fous en titre d'office."

In the *American Journal of Insanity*, there is related a case of "pyromania," which bears somewhat upon the preceding remarks. A youth, of fifteen, who had abstracted money from several letters, set fire to some sheds, having been instigated to the act by another. The reporter of this case makes the concluding remark, that most "pyromaniacs" observed by him had manifested other insane and dangerous tendencies; they had stolen or murdered; and he concludes that the passion to set fire to objects cannot be regarded as so distinct a form of insanity as to require a special name. If such a young rogue were to escape punishment on the grounds of insanity, and the decision were to be taken as a precedent, it would be wise for us in all consistency to shut up the courts of justice, and to employ the judges' salaries in enlarging lunatic asylums over the whole land.—*Winslow's Psychological Journal.*

ARSENIC EATERS.

A TRIAL for murder took place lately in Austria, in which the prisoner, Anna Alexander, was acquitted by the jury, who, in the questions put to the witnesses, in order to ascertain whether the murdered man, Lieutenant Mathew Wurzel, was a poison-eater or not, educed some curious evidence relating to this class of persons. As it is not generally known that eating poison is actually practised in more countries than one, the following account of the custom, given by a physician, Dr. T. Von Tschudi, will not be without interest. In some districts of Lower Austria and in Styria, especially in those mountainous parts bordering on Hungary, there prevails the habit of eating arsenic. The peasantry in particular are given to it. They obtain it under the name of *hedri* from the travelling hucksters and gatherers of herbs, who, on their side, get it from the glass-blowers, or purchase it from the cow-doctors, quacks, or mountebanks. The poison-eaters have a two-fold aim in their dangerous enjoyment: one to obtain a fresh, healthy appearance, and acquire a certain degree of *embonpoint*. The number of deaths in consequence of the immoderate enjoyment of arsenic, is not inconsiderable, especially among the young. Every priest who has the cure of souls in those districts where the abuse prevails could tell of such tragedies; and the inquiries made by Dr. Tschudi on the subject have opened out very singular details. The second object the poison-eaters have in view is to make them, as they repeat it, "better winded!"—that is, to make their respiration easier when ascending the mountains. Whenever they have far to go, and to mount a considerable height, they take a minute morsel of arsenic, and allow it gradually to dissolve. The effect is surprising; and they ascend with ease heights which otherwise they could climb only with effort. The dose of arsenic with which the poison-eaters begin, consists, according to the confession of some of them, of a piece the size of a lentil, which in weight would be rather less than half a grain. To this quantity, which they take fasting several mornings in the week, they confine themselves for a considerable time; and then gradually, and very carefully, increase the dose according to the effect produced. A strong, hale man, upwards of sixty, takes at present at a dose a piece of about the weight of four grains. For more than forty years he has practised this habit, which he inherited from his father, and which he in his turn will bequeath to his children. It is well to observe, that neither in these nor in other poison-eaters is there the least trace of an arsenic cachexy discernible; that the symptoms of a chronic arsenical poisoning never show themselves in individuals who adapt the dose to their constitution, even although that dose should be considerable. It is not less worthy of remark, however, that when, either from inability to obtain the acid, or from any other cause, the perilous indulgence is stopped, symptoms of illness are sure to appear, which have the closest resemblance to those produced by poisoning from arsenic. These symptoms consist principally in a feeling of general discomfort, attended by a perfect indifference to all surrounding persons and things, great personal anxiety, and various distressing sensations arising from the digestive organs, want of appetite, a constant feeling of the stomach being overloaded at early morning, an unusual degree of salivation, a burning from the pylorus to the throat, a cramp-like movement in the pharynx, pains in the stomach, and especially difficulty of breathing. For all these symptoms there is but one remedy—a return to the enjoyment of arsenic. According to inquiries made on the subject, it would seem that the habit of eating poison among the inhabitants of Lower Austria has not grown into a passion, as is the case with the opium-eaters in the East, the chewers of the betel-nut in India and Polynesia, and of the cocoa-tree among the natives of Peru. When once commenced, however, it becomes a necessity. In some districts sublimate of quicksilver is used in the same way. One case in particular is mentioned by Dr. Von Tschudi, a case authenticated by the English ambassador at Constantinople, of a great opium-eater at Brussa, who daily consumed the enormous quantity of forty grains of corrosive sublimate with his opium. In the mountainous parts of Peru the doctor met very frequently with eaters of corrosive sublimate: and in Bolivia the practice is still more frequent, where this poison is openly sold in the market to the Indians. In Vienna the use of arsenic is of every day occurrence among horse-dealers, and especially with the coachmen of the nobility. They either shake it in a pulverized state among the corn, or they tie a bit the size of a pea in a piece of linen, which they fasten to the curb when the horse is harnessed, and the saliva of the animal soon dissolves it. The sleek, round, shining appearance of the carriage horses, and especially the much admired foaming at the mouth, is the result of this arsenic feeding. It is a common practice with the farm-servants in the mountainous parts, to strew a pinch of arsenic on the last feed of hay before going up a steep road. This is done for years without the least unfavourable result; but should the horse fall into the hands of another owner who withholds the arsenic, he loses flesh immediately, is no longer lively, and even with the best feeding there is no possibility of restoring him to his former sleek appearance. [The preceding extraordinary statement is abbreviated from a recent number of *Chambers's Edinburgh Journal*, in which it is given as authentic. The use of arsenic in improving the condition of horses is not unfrequent in this country, and its value in the cutaneous diseases of man is established. Such facts, in some degree, confirm these statements; but we entertain grave doubts that an agent of such uniform power as arsenic, could be commenced and habitually continued, in the large doses here mentioned, without producing effects the converse of those described.]—*Lancet.*

TREATMENT OF PROLAPSUS ANI.—The person on whom this operation had been performed had suffered severely from intermittent fever, and was much debilitated from its effects. While a convalescent, he was attacked with acute dysentery; and, during the efforts to relieve the bowels, a prolapse of the rectum occurred, when, experiencing insuperable difficulty in its reduction, he requested a non-professional friend who had called upon him, to be *so obliging as to cut it off*. This request was complied with, to the satisfaction and present relief of the sufferer. The bowel removed, when examined subsequently, was found to have been cut off by an irregular and oblique incision, so that it was of the extent of three inches on one side, and only an inch and a quarter on the other. On a close examination it was found that the specimen was composed of all the tissues of the gut. Urgent symptoms set in on the second day after the removal, when more of the rectum was extruded, and subsequently removed by operation, in consequence of the impossibility of treating it by any other method. The patient subsequently recovered.—*Med. Gaz.*

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

1852.		Max. T.	Min. T.	Barom.	Rain.
Sunday,	Jan. 11th,	43.5	27	28.850	.340
Monday,	12th,	46	38	29.100	.025
Tuesday,	13th,	43.5	29	29.550	
Wednesday,	14th,	47	33	29.564	
Thursday,	15th,	49	42	29.400	.235
Friday,	16th,	47	37	29.720	.120
Saturday,	17th,	46	33	30.150	.070
Sunday,	18th,	43	34	30.230	
Monday,	19th,	48.5	38	29.850	
Tuesday,	20th,	51.5	41	29.600	.100
Wednesday,	21st,	49	33	29.300	.008
Thursday,	22nd,	53	32.5	29.000	.560
Friday,	23rd,	40	31	29.500	
Saturday,	24th,	50	33	29.200	.245

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Jan. 11th,	42	35	28.649	40.4	39.2	37.2		WNW
12th,	46	36	28.818	41.5	39	37.7	.050	WNW
13th,	43.5	27	29.257	39.2	37.6	35 4	.002	NW
14th,	43	28	29.303	39.7	39	38.1	.016	W
15th,	49	42	29.055	45.2	44.4	43.5	.256	SW
16th,	47	37	29.410	43	41.8	38	.184	NW
17th,	46.5	33	29.882	42.3	40.5	38.2	.244	NW
18th,	44	30.5	29.955	40.1	38.6	36.6	.004	NW
19th,	49	39	29.555	48.1	46.9	45.7	.001	SW
20th,	51	40.5	29.332	44	41.9	39.4	.722	Calm
21st,	46	32	29.073	46	45.1	44.2	.066	SW
22nd,	54	34	28.752	43.5	42.4	41.1	.152	SSW
23rd,	44	32	29.215	39.8	38.3	36.2	.071	NW
24th,	51	32.5	28.941	42.4	41.3	40	.222	SW

M. W. HANLON, M.B.

REGISTRATION OF BIRTHS IN FRANCE.—The Municipal Council of Lille have just decided that new-born children need not, as heretofore, be actually brought to the Town-hall to be registered, as such custom may, with weak children, and in the winter season, be extremely detrimental to health. It will now be sufficient for parents to make a declaration of birth, and medical practitioners will be appointed to verify the same at their residence.

Just published, 8vo, pp. 96, price 2s. 6*d*.,

A TREATISE ON CATARACT;

Including the Structure of the Crystalline Lens, the Nature of its Opacities, and the Operation for its Removal by Absorption, with the Fine Needle through the Cornea.

By ARTHUR JACOB, M.D., F R.C.S.,
Professor of Anatomy and Physiology in the Royal College of Surgeons, and one of the Surgeons of the City of Dublin Hospital.

Also, lately, by the same Author, 12mo, price 5s.,

THE INFLAMMATIONS OF THE EYEBALL:

Being a Treatise on all the Species and Varieties of Iritis.

Dublin: Fannin and Co , 41, Grafton-street, or the Office of the MEDICAL PRESS, 15, Molesworth-street. London: John Churchill, Princes-street, Soho.

UNIVERSITY OF LONDON.

The following Works have been selected by the Examiners for the Examination in Logic and in Moral and Intellectual Philosophy, for the Degree of Doctor of Medicine, in the year 1852:—

Logic.—Bacon's Novum Organum, Part 1.

Philosophy of the Mind.—Cousin's Analysis of Locke's Essay (being the third volume of his Cours de Philosophie).

Moral Philosophy.—Butler's Analogy, Part 1. Stewart's Outlines of Moral Philosophy.

By order of the Senate,
R. W. ROTHMAN, Registrar.

Somerset House, December, 1851.

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By WILLIAM HENRY PORTER, M.D.,
Surgeon to the Meath Hospital and County Dublin Infirmary, Consulting-Surgeon to the City of Dublin Hospital, and Professor of the Theory and Practice of Surgery in the Royal College of Surgeons in Ireland, &c. &c.

Dublin: Fannin and Co., Grafton-street.

Mr. Porter is preparing for publication his Lectures on VENEREAL DISEASES, with additional Notes and Illustrations.

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Wednesday, January 28, 1852.

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"SALUS POPULI SUPREMA LEX"

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PROCEEDINGS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND.—JAN. 24.

Dr. JACOB in the chair.

IRREDUCIBLE HERNIA OF THE OMENTUM.

By Dr. BANON.

DR. BANON exhibited a preparation illustrative of the above disease. The subject of the case was a man, aged 84. He was admitted to the Jervis-street Hospital on the 28th of November last, labouring under the symptoms of strangulated hernia, together with those of acute bronchitis. He stated on admission, that he had suffered from hernia for nearly thirty years, which, until within the last few years, he had been always able completely to reduce with much ease. Two days before his admission, he was attacked with the symptoms of strangulation, and applied to several medical men without relief. He had also been subject to severe attacks of bronchitis, and was now suffering much dyspnœa. His general appearance was most unpromising; the pulse was rapid and flagging, so much so, that Dr. Banon at once came to the conclusion that should he fail in reducing the hernia by the taxis, an operation could not be had recourse to under the circumstances. After repeated efforts, a portion of the contents of the sac passed into the abdomen, but no impression could be made on the portion of the tumour which remained. A complete remission of the symptoms followed this partial reduction of the hernia; the vomiting and all the other distressing symptoms of strangulation immediately ceased; the bowels acted copiously; the dyspnœa and bronchitis, however, still continued, and increased in intensity; and on the day after his admission it was evident that the powers of life were fast failing. He continued in this state for some days, and at length sank under the bronchitic affection. From the period of the partial reduction, this patient had no return of any of the symptoms of strangulated hernia. It struck Dr. Banon that the tumour which remained was an irreducible epiplocele, in which view he was borne out by the post-mortem examination. On opening the abdomen, twelve hours after death, the peritoneum and intestines were found to be quite free from any inflammatory appearances; the hernia, which, as may be observed, is of very large size, is altogether composed of degenerated omentum; the neck of the sac will admit the little finger to pass into it by the side of the omentum, which no doubt allowed of the reduction of the intestinal portion of the hernia during life; no portion of intestine was now contained in the sac. Dr. Banon begged to draw the particular attention of the meeting to the extraordinary degeneration undergone by the omentum. An enormous deposition of fat had taken place between its layers; so much so, as to render the epiplocele totally irreducible—in fact, to convert it into a large fatty tumour. Dr. Banon thought the case worth bringing forward as affording a good specimen of fatty degeneration of the omentum.

ON THE ANATOMY OF THE GENERATIVE ORGANS OF THE HALICHÆRUS GRISEUS.

By Dr. CARTE.

An apology may seem necessary on my part for bringing before your notice a subject not strictly of a medical or surgical character, and I would hesitate ere doing so, but that you are aware this Society has always afforded free access to the collateral sciences, anatomy and physiology. I therefore trust I may be excused for occupying a short portion of your time this evening with a few observations upon the anatomy of the generative organs of the female seal.

I am induced to do so in consequence of a very favourable opportunity, which enabled me some time since to examine these organs in a fine specimen, the *Halichærus griseus*, and which on dissection I found to be in calf, and on the table you have one of the results of my investigations, that rare preparation, a fœtal seal in its membranes. It is, I believe, the first instance of the kind which has ever been so preserved in this city, and may therefore prove interesting to some of the members of the Society.

The natural history of the Phocidæ or seals, I shall not dwell upon, but merely state that Cuvier places them in the third order of the class mammalia, named by him *Carnassiers*, and which he has divided into three great sub-

orders:—1st. The Cheiroptera. Bats. 2nd. The Insectivora. Hedgehog, shrew, mole, &c. 3rd. The Carnivora. Bears, &c. This last family being further subdivided into three sub-families: 1st. The Plantigrade. 2nd. The Digitigrade. 3rd. The Amphibeæ.

Now, in this classification, the seals are placed at the head of the last sub-family, *the amphibeæ*, but of course inferior to the terrestrial carnivora.

These useful and interesting animals have often from time to time furnished materials for the study of the anatomist and physiologist; such, for instance, as the great venous sinuses, first described, I believe in this very room, by my talented predecessor, the late Dr. Houston.

The peculiar arrangement of the sclerotic coat of the eye, as recorded by Blumenbach, in the Greenland or harp variety, and upon which he based his theory to account for the adaptation of the eye, as an optical instrument, to different media and distances.

Also the circular disposition of the tapetum and spherical lens; the valve in the fauces; the great extent of the olfactory mucous membrane; the distribution and size of the nerves supplying the lips, &c.; but as these are all irrelevant to the immediate subject before us, I shall pass them over, and proceed to that which is the object of the present communication.

On looking at the external parts of generation, we find the orifice of the *urethro-sexual* canal very capacious, in close connexion, but anterior to the anus: one muscle encircling both outlets, and forming a common sphincter; deeper seated these canals are merely separated by some loose cellular membrane, fat, &c.

Immediately within the verge of the *urethro-sexual* canal, and on its anterior wall, the *clitoris* lies in a small semilunar depression, *the preputium*. This organ, like its analogue, the penis of the male, is capable of erection during sexual excitement. In shape it resembles a diminutive tongue; it is denticulated on its free edge (the glans), but in this instance is destitute of that bony support which exists in the penis of the male. This, then, is another exception to the rule—namely, that when the *intromittent* organ of the male is provided with a bony support, we also find one, or the rudiments of one, in the clitoris of the female. For instance, it exists in both sexes in the bear, the cat, the lion, racoon, marmot, and otter, &c.; yet though present in the penis of the dog and civet, it is not found in the female civet or bitch. In this particular, then, the seal resembles the dog, and another proof of this resemblance may be drawn from the fact that the penis of the seal (*P. vitulina*) is furnished with the *musculi compressones venæ dorsalis* like the dog (also first described by the late Dr. Houston); they are long and thick, and meet in a tendon over the dorsal vein, where that vessel runs under the arch of the pubes. (*Vide* Prep. R.C.S.I. Fb. 207.)

Proceeding from the clitoris a median raphe extends a short distance along the *urethro-sexual* canal, having two small eminences separated by a shallow groove or furrow. These eminences appear to be the rudiments of the *labia minores* or nymphæ. In other respects the mucous membrane of this canal is smooth except at its verge, where it is thrown into circular folds by the action of the sphincter muscle.

At its upper or distal extremity there is a well-defined circle of *fimbriated* mucous membrane which is particularly prominent on the anterior wall, where it forms a soft fleshy eminence, and which, to a superficial observer, might be mistaken for the os tincæ. On the right side of this protuberance the *urethra* opens by a slit-like orifice which leads to a pyriform bladder by a straight *urethra* about three inches and a half in length, and is situated in the median line of the anterior wall of the vagina.

From the apex of the bladder the urachus is continued towards the umbilicus, and its peritoneal reflections or false ligaments pass off on each side as far as the round ligaments of the uterus.

The mucous membrane of the *vagina proper*, though smooth on its surface, is nevertheless disposed in longitudinal rugæ. This part of the canal may be said to commence at the fleshy eminence just described, on which is situated the orifice of the urethra; and in the young or immature female, this circular constriction separates the *uro-sexual* canal from the true vagina, but which in the adult, after impregnation, is broken by numerous fissures into prominent folds, resembling the *corpora myrtiformes*, the remains of the hymen.

The distal end of the vagina proper is terminated by the *os uteri*, and its lips project considerably into this canal, the posterior being much the longest.

The body of the *uterus* extends for the distance of about three inches, and then divides into its two *cornua*, which pass off in the direction of each iliac region. But the cornua are united to each other in the median line for some distance before they open into the body of the uterus; and consequently appear *externally* to give a greater length to the uterus than really exists internally.

Each *cornu* is terminated by the ovary of its own side, and these bodies are each enclosed in a duplicature of the peritoneum, somewhat similar to the disposition of the same organs in some of the ruminantia, as, for instance, the *Camelus Bactrianus*. (*Vide* Prep. Fc. 403, Anat. Coll., R.C.S.I.)

These capsules strongly resemble the tunica vaginalis testis of the male. They are formed by reflections of the peritoneum, and contain within them glands analogous to testicles. At the same time, I need scarcely say, anatomically speaking, that ovaries differ in a very remarkable manner from testicles, and in fact from most other glands, in that they are quite separate from their efferent ducts; and this may be considered as one of the most striking differences in the anatomy of the generative organs of the two sexes in the higher classes of animals.

To account for this separation of a gland from its duct, some physiologists ascribe as the reason the *greater distance* which exists between the two branches of the spermatic vessels in the embryo of the female than in the male.

It is in such questions as the present, that comparative anatomy becomes useful; for if we trace the development of the genital organs in both sexes through the lower animals, we find much light upon this otherwise most difficult problem.

The testicles or ovaries originate from two long fusiform deciduous bodies, first described by Wolff, and hence called *Corpora Wolffiana*, or false kidneys of Rathke; these bodies in birds, reptiles, fishes, and in the embryonic stage of quadrupeds and man, lie along each side of the spine, extending nearly the whole length of the abdomen. In fact, the long parallel testicles and kidneys of osseous fishes retain this embryonic shape through life, much in the same form as when first they were developed from the inner sides of the corpora Wolffiana.

But in quadrupeds the testicles or ovaries very soon change their form, becoming shorter and rounder, and are detached in or about the period of the closing of the last branchial openings in the neck.

The penis and clitoris are developed about the same period as the testes and ovaries, but both these glands prior to the kidneys.

The later and more extended inquiries of Müller and Valentin go to prove that the *genital organs proper* in both sexes are developed in two distinct parts—viz., 1st, that for the secretion or elimination of the generative substance, the testicle or ovary; and 2ndly, the duct for the conveyance of this fluid to its destination, the vas deferens, in the male or oviduct of the female.

When, then, we consider that the testicle or ovary, as the case may be, is formed on the *inner* or *concave* side of the corpora Wolffiana, and the vas deferens or oviduct (each of which at first is quite an isolated tube) is developed along its outer or convex border, from whence it extends to the common cloaca or sinus of the uro-genital and digestive tube below, we can readily understand that the sexual distinction of the male is stamped by the development of another series of tubes, constituting the *epididymis* which serve to connect the *formative* to the

conducting parts; whereas, in the female, there is an arrest of development, no epididymis is formed, and consequently no junction takes place, and the tube of the oviduct remains separated from the ovary, with its open extremity, though in close proximity, still not united to the formative organ.

In both sexes the lower extremities of the conducting tubes terminate in a common cloaca; but afterwards, when these parts are separated into bladder and rectum in the male, or into bladder, vagina, and rectum, in the female, they make their appropriate connexions; in the male forming the *vasa deferentia*, and in the female the *Fallopian tube and uterus*.

Both cornua are laid open to expose their mucous surfaces; that on the right or impregnated side is of an ovoid form and considerable size; when compared with the left, its walls are thinned by distension, and its mucous surface has completely lost the longitudinal rugæ, so well marked in the left or unimpregnated one.

At the upper and posterior surface of each ovarian capsule, there is a large round opening, at the upper and ovarian surface of which the fimbriated extremities of each Fallopian tube commences; above and behind each ovary in close relation, but not joined to these organs, except during fecundation, when they grasp the ovaries and allow the passage of the ovum along to the uterus. To facilitate this operation, the orifice of each Fallopian tube is situated in the centre of the fimbriæ, their trumpet-shaped extremities rather suddenly contracting into very fine tubes, which run in a diagonal direction from the upper and outer border of each capsule to the lower and inner angle, and in their course each Fallopian tube lies between the layers of the peritoneal capsules, and in front of the ovaries, and terminate by a very small orifice near the apex of each cornua.

The *ovaries* are somewhat *reneform*, and about the size of small walnuts; a section of the impregnated one discloses a well-marked *corpus luteum*.

From the upper and posterior part of each capsule, a long flat band extends as far as the diaphragm, to which it is connected merely by the peritoneum. These bands consist of a peculiar semi-elastic tissue, intermingled with *non-striated* fibre, and differing in both these respects from voluntary muscular fibre. These bands are inserted into the ribs nearly at right angles to the fibres of the diaphragm.

I conceive the use of these bands is, in the first place, to give support to the uterus, for it appears as it were slung between them, like a hammock; and secondly, when we consider their relative position to the round ligaments, being external and opposed to them, we find that the whole uterus is placed in the centre of four forces; two acting from the ribs, and two from the pelvis. In this manner the organ is kept in a quiescent state, and as those bands have in their composition more or less of the elastic tissue, when the uterus ascends, this enables them to contract, and when it descends, to elongate. And all this is necessary, when we consider the peculiar habits of the seal, at one time in water, at another basking on some rock. In the former element its motions are easy, but on land it is ludicrously awkward; a kind of shambling gait. They throw themselves forward by saltations or leaps; and under such circumstances, if the uterus were only supported in the ordinary way, it would be liable to violent shocks, and of course the fœtus injured.

Dr. Jacob, in reference to Dr. Carte's communication, observed, that although the subject to which he had called the attention of the Society was not likely to elicit a lengthened discussion, it must nevertheless be regarded as one of considerable interest; and he was convinced that the present paper would prove valuable hereafter as a contribution towards a department of comparative anatomy in which a large amount of fresh information was required. If any gentleman in the room wished to make observations or inquiries calculated to afford or elicit information, upon a subject of so much interest, an excellent opportunity was then offered to him; for it often happened, when a matter of this kind was brought forward, that remarks of very great value were thrown out, or questions propounded, to which the author of the communication would be glad to reply, or upon which to impart information.

Dr. Carte said, that about twelve months ago (15th April, 1850), a paper was read before the Royal Society by Mr. Rainey, in which that gentleman stated that the round ligament of the uterus consisted of striated fibre; and cited as a particular example the round ligament of the uterus of the cow. Now, he (Dr. Carte) had carefully examined the round ligament of a cow, and he was not quite satisfied that it consisted of striated fibre. As far as he was able to judge, it was striated, but by no means the well-marked striation which was to be found in a voluntary muscle. Mr. Rainey had also assigned to the round ligament of the uterus a very different function from that usually attributed to it, and one which, if it really had an existence, should be borne in mind by every accoucheur—namely, that this ligament was of use at the time of impregnation, and not at the period when the contents of the uterus were discharged.

Dr. Jacob was of opinion that the observations which had led to the present inquiries respecting striated and non-striated muscular fibre, must be carefully repeated, and the investigation of the whole subject be followed up for some time longer, before they could feel satisfied with the results.

ABSCESSES CONSEQUENT UPON THE BITE OF A CAT.

Dr. Bagot read a short communication on the formation of a series of small abscesses on the hand and arm of a girl of five years old, consequent on the bite of a cat. The formation of the first abscess commenced on the third day after the infliction of the bite, and was followed by others at short intervals, on the forearm and arm; some inflammation having been also produced in a circumscribed spot over the shoulder-joint, and again in the neck; no pus, however, being formed in those latter situations. There were not any symptoms of inflammation of the absorbents, and Dr. Bagot believed that the abscesses (which he remarked were ushered in by rigors and accompanied by fever) were the result of the absorption of a poison with which the child had been inoculated when bitten by the cat. He concluded by observing, that in many parts of Ireland a popular opinion prevailed that the bite of this animal was likely to be followed by bad consequences.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

REMARKABLE CASE OF FOREIGN BODIES IN THE STOMACH AND DUODENUM, COMPLETE OBSTRUCTION OF THE BOWELS, AND MECHANICAL DISPLACEMENT OF ORGANS.

By John Marshall, Esq., of Wallingford.

A tradesman's wife, aged 41 at the time of her death, who had borne six children—the last in 1844—a tall, well-formed woman, had suffered from the following symptoms:—In December, 1842, fourteen days after the birth of her fifth child, she vomited a washhand-basinful of blood. For forty-eight hours subsequently she was unconscious, the pupils were dilated, and the pulse hardly to be felt. She recovered slowly, and her complexion always retained a sallow hue afterwards. The last labour, in 1844, was unattended by any similar or other ailment, and she recovered quickly. In the autumn of 1845, she suffered from pain at the epigastrium and in the left groin, accompanied with frequent vomiting. A hard tumour, size and shape of an ordinary placenta, was found in the left groin, moveable in a transverse direction when the patient turned from side to side. This had been felt by the patient for many months; when it moved, it caused nausea, but no pain, nor was it tender to the touch. She had pain between the shoulders, shooting into the left breast, and suffered much from flatulence. The catamenia had not appeared for three months, and she thought she was pregnant. The bowels were constipated, the vomiting continued, with occasional mixture of blood in the matters thrown up, she became much ema-

ciated, and so feeble that her death was expected. She recovered, however, after taking nothing but small quantities of brandy at short intervals for two days. She gradually regained strength, and looked almost as well as usual. During the five following years, she continued in tolerable health: the pain and occasional sickness, constipated state of bowels, and occasional œdema of face and ankles, were the principal indications of impaired health. The catamenia had never returned since 1845. In October, 1850, after a return of the old symptoms of incessant vomiting, &c., she sank after an illness of three weeks.

Post-mortem examination eighteen hours after death.—The stomach was found reaching, at its pyloric end, the arch of the pubes, its form resembling that of a champagne bottle; the duodenum lay partly under the sigmoid flexure of the colon; the pancreas was also drawn out of its natural position; the liver was large and pale, and the gall-bladder full of bile. Nothing remarkable was observed in the other organs of the abdomen and pelvis, except that the cæcum and colon were small, and had lost the character of small intestines. No ulceration was to be found throughout the whole length of the intestinal canal, nor any adhesion or other sign of peritoneal inflammation. The stomach contained in its lower half nine ounces of pins of a purple-black colour, not corroded, all bent or broken, many very pointed. The contents of the stomach were much thickened; the duodenum contained a mass of pins very tightly packed, of various shapes similar to those found in the stomach, and wholly obstructing the tube. Their weight was about a pound. The husband of the patient had never seen her put pins into her mouth, but her son said that he had observed his mother biting pins, and believed that she swallowed them; and stated, moreover, that he had occasionally taunted her with the fact when she corrected him. It appeared that her appetite was always capricious, occasionally very keen; and her sister informed the author that when a child she was in the habit of eating starch and slate-pencil, and that she had seen her biting pins. At seventeen years of age, she had vomited blood, and was ill for some time afterwards.

Mr. Pollock had related a case to the members of the Pathological Society, which he might now briefly allude to, as many of the fellows might not have heard of it. It was a case of a girl, aged 18, who died at one of the lodges in the park, and who had been under the care of Dr. Blakely Brown, and he (Mr. Pollock) had examined the body. For some months she had been suffering from a slightly moveable tumour in the epigastric region, which projected slightly, but was not painful on gentle pressure. She had been always delicate, sickly, and childish in appearance. The bowels were usually relaxed, but irregular. She had menstruated once about ten months before she died. Her appetite was variable, and she often vomited her food. The tumour was gradually increasing in size. She suffered chiefly from weakness, and an occasional pain in the tumour. She seemed to rally under treatment at first, but severe pain came on in the tumour, and she died after a severe attack of vomiting. On examination, the cavity of the abdomen was found half-filled with semi-purulent fluid, and the stomach, duodenum, and part of the jejunum, were found distended with two hardened tumours, which turned out to be two masses of hair and string, weighing from eight to ten pounds, and matted together by the ingesta. The lower tumour, situated in the duodenum and commencement of the jejunum, consisted chiefly of string. No solid food could pass the obstruction, and the passage of fluid was almost obliterated. The girl had never been observed to eat string or hair, except when a child three or four years of age, but the habit had not attracted much attention. The obstruction had been going on for three or four years.

Dr. Seth Thompson briefly mentioned the case of a girl, who, during three weeks, had been passing portions of hair from the bowels. She was admitted for obstinate constipation, which had existed for eight or ten days. An operation was at one time meditated; but as there was no tumour present, and the seat of the obstruction could not be determined upon, it was abandoned. Three or four days afterwards, a quantity of hair passed away by the bowels in the evacuations, and this continued for three weeks. She said that she had not swallowed any hair for years before, but when thirteen years of age, had been in the habit of so doing. She made a tolerable quantity of urine. There was a tumour, of the size of the fist, situated about half-way between the umbilicus and ribs on the right side. She was now convalescent.

ANEURISM BY ANASTOMOSIS IN THE ORBIT. LIGATURE OF THE COMMON CAROTID ARTERY.

By H. Haynes Walton, Esq., F.R.C.S.

The author showed that Mr. Bell, who first described and named the disease, included under that head other vascular tumours, and several unallied growths. He then passed on to the true nature of aneurism by anastomosis, its characteristic of pulsation, when sufficiently superficial, and arterial *souffle*; and gave the particulars of a dissection of one, which consisted of tortuous arteries, communicating freely, and dilated into sinuses or canals, and the walls of which were thin. Allusion was made to want of knowledge of the accompanying veins, and the imperfect method of determining the question by injection alone. The particulars of his case were these. A girl, aged two months old, was brought to the Ophthalmic Hospital, with a prominent globe, without any indication of the true nature of the disease; but when four months old, the eye was more prominent, the conjunctiva was studded with large bloodvessels, and an arterial *souffle* was audible. Pressure lessened the protrusion for a few seconds. These symptoms increased rapidly, and the author tied the carotid artery. Not a single bad symptom followed, and in three days the reduction was so marked, that the lids were closed over the globe during sleep. Now, after several months, the child is well, and the eye very nearly like the other. The author dwelt on the fact, that the free anastomosis at such early life was no objection to the operation, because, although coagulation might not occur, there was a partially empty state of the vessels till the collateral circulation was fully established; and that the tone of the vessels not being lost, they adapted themselves to their reduced contents, and became confirmed in their diminished bulk. The usual cause of failure of tying the vessels going directly into such tumours, was pointed out; the seeming desideratum, when the ligature is to be useful, being, that the entire region should be influenced, and its vitality reduced. The author objected to the recorded cases of Mr. Travers and the late Mr. Dalrymple, being true aneurism by anastomosis, considering them to be common aneurism pointing out the difference; and concluded by showing, that when the ligature of the carotid is not in itself sufficient for a cure, it may be subservient to the success of other means, which, alone, would have been inapplicable or useless. A sketch of the patient was exhibited.

After the reading of the paper, a pause having ensued,

Mr. Hodgson rose and said that it was to be regretted that a paper of so great importance as that just read, should pass without discussion. There were one or two points connected with it, respecting which he should be glad of a little more information. He would inquire whether the tumour pulsated perceptibly without the aid of the stethoscope, what kind of ligature was used, and when it separated? He believed that no case was on record, in which so large an artery had been ligatured at so early an age for aneurism, as in the present instance. It was important to know that such an operation could be so early undertaken with safety. There did not appear to have been any ill effects produced on the brain in this instance; this was sometimes the case when the carotid was tied in older persons, but in other instances softening of the brain was the result. He had seen such cases occurring after the middle period of life.

Mr. Walton had not been satisfied that there was any perceptible pulsation in the tumour. Dr. Taylor had, however, distinguished a *bruit* in it on the application of the stethoscope, and one gentleman who had examined it, believed that he could detect pulsation in it. He was not aware of the exact time the ligature came away, for as the child kept pulling it about, it was cut quite close, and the wound kept partially open; but the mother had stated that it came away three weeks after the operation. He had not seen the child since. The ligature he had employed was that introduced into practice by Mr. Fergusson: it was composed of hemp.

Mr. Hodgson said, that in the paper a doubt had been expressed whether the cases related by Mr. Travers and Mr. Dalrymple were really instances of aneurism by anastomosis. He (Mr. Hodgson) had attended the case operated upon by Mr. Travers, both before and after the operation, and he did not think there was a doubt but that it was aneurism by anastomosis; consisting of many cells, some pulsating, some not, and made up partly of dilated arteries, and partly of sacculated veins. He did not see Mr. Dalrymple's case, but he had seen others similar to that of Mr. Travers, and of the same formation.

Dr. Snow remarked that there were facts connected with Mr. Walton's case which he thought were peculiar. He had expected that on the application of the ligature, the tumour would immediately have diminished in size. But this was not the case. When under the influence of chloroform, however, the tumour was materially lessened, but returned to its usual bulk directly the effects of the chloroform went off.

Mr. Hodgson showed that in Mr. Travers's case the tumour did not subside immediately on the application of the ligature, but gradually and slowly became smaller.

Mr. Barlow said that he had been struck by the observation made by the President, that most of the cases of softening of the brain which had come within his great experience, as results of tying the carotid artery, had happened after the middle period of life. This fact seemed to point at the existence of more or less arterial disease at the time of the operation. It would be of great interest to examine with proper minuteness not only the large, but also the small vessels of the brain, in cases of softening from this proceeding. With regard to the changes of the latter vessels, it seemed clear that their fatty degeneration led commonly to softening and apoplexy. He might particularly refer to the researches of Mr. Paget, in proof of the reasonableness of this view. Should the nutrition of the brain be impaired to the extent which a manifest and extensive degeneration of its small bloodvessels would imply, he could not help thinking that the organ would be in a most unfavourable state for so grave an interference with its circulation as the tying of the carotid would occasion.

Mr. Hodgson thought that the softening could scarcely be considered as the result of the deposit of fatty matter, as described by Mr. Paget. He had known a case in which, after the carotid artery had been tied, the brain softened and suppurated. There was no reason to think that the disease in the arteries, such as described by Mr. Paget, had taken place. Might not the ligature of the carotid so much interfere with the circulation in the brain as to produce softening, which, as Dr. Abercrombie had said, resembled the gangrene of other parts.

Mr. Streeter inquired what interval of time there was between the application of the ligature and the softening. He asked this question because he recollected Sir A. Cooper exhibiting the brain of the man on whom he first successfully performed the operation of tying the carotid. This man lived ten years after the operation, and then died of apoplexy, consequent upon an aneurism of the communicating branch which went to form the circle of Willis. It would be useful to watch the child whose case had been related that evening, to observe in what way the supply of blood to the brain was carried on.

Mr. Hodgson did not know how long, in the case he had mentioned, the softening took place after the operation.

After the discussion on Mr. Walton's paper, a communication from Mr. Pollock, "On the Morbid Appearances of nearly 600 Uteri," was commenced. The time of the Society having expired before the paper was half concluded, it was moved and seconded that the further reading should be adjourned until the following meeting. This proposition gave rise to some discussion. Mr. Pollock's paper had been posted in the library as the first to be read, and the result was that a great number of the more prominent fellows who practised obstetricy were present to hear and discuss it. Complaints were made that the papers had not been read according to the list published in the library: many gentlemen had come down at some inconvenience to hear it, and many who might have wished to be present at the reading of Mr. Walton's paper had stopped away under the idea that Mr. Pollock's paper would occupy the whole evening. The proposition for adjournment was carried *nem. con.*, thus affording a precedent for adjournments, which may be of advantage at some of the future sittings of the Society.—*Lancet.*

ORIGINAL COMMUNICATIONS.

CASES OF PULMONARY DISEASE.

By Edmund Sharkey, A.B., M.B., T.C.D., of Ballinasloe.

(Continued from p. 403.)

Case 12.—Jersey, June 5, 1845.—Mrs. Frend, ætat. 42, widow, has been long delicate; during last winter, while attending on her husband, who was dying of phthisis, she laboured under dyspnœa, pain of side, with racking cough, emaciation, and debility, with a very high pulse. Since then she has slightly improved. Yesterday I was called to see her, and found her spitting blood freely; pulse above 100, with a reverberation; pain of side. VS. ad deliquium. Blood is not inflammatory in appearance.

Present state.—Her chest exhibits the following *physical signs*:—Percüssion gives a generally clear sound, except over left supra-scapular region. Respiration exhibits the bronchial character chiefly in superior anterior right, where uneasiness is felt: puerile in superior anterior left. No bronchophony or râle discerned. In anterior inferior left there is a small circumscribed spot, very tender to the touch; heart seems normal.

6th. A blister, which was applied after the bleeding, has risen well; no blood in sputa; pulse continues quick. Tr. digital. gtt. xii. ter die.

9th. Pulse 108. Pergat c. tr. digital. sumat quaque, potass. nit. gr. xv., camphor. gr. v. ter.

10th. Feels easier; pulse 104; sputa now consist of white frothy saliva mixed with colourless mucus.

16th. Pulse 94; *urine* scanty, red; feet somewhat anasarcous; appetite improved.

℞ Ext. sarzæ c. liquoris potass. āā. ʒi.
Spt. junip. c. ʒss. in mist. ʒviii. cujus sumat ʒi. ter.

21st. Hæmoptysis has returned; pulse 108, full and strong. VS. ad ʒx. caused deliquium. Rept. potass. nit. and camph., and tr. digital.

22nd. Pulse 116, full; sputa still contain some blood; blood last drawn not buffed; clot soft.

23rd. Pulse 92, soft; sputa free from blood.

28th. Continues to improve; dose of tr. digital. increased to twenty-six drops; some giddiness and occasional drowsiness felt. Directed ung. ant. tart. to be rubbed to chest.

July 1st. Pulse 100, soft; a crop of pustules produced by ointment; expectoration difficult in the morning.

℞ Tinct. digital., liquoris potass. āā. ʒss. M. st. gtt. xxvi. ter die, ex decoct. fol. uvæ ursi.

5th. Better; pulse slightly irregular (94.) Pergat.

Oct. 21st. Has been pretty well since, but she has never lost her cough, which has been soft, till within a few days.

December. Cough rather more troublesome. M. pector cum ant. tart. gr. i., tr. op. camph. ʒi. ad ʒviii.

I shall not pursue the treatment of this case further.

The history of it shows the power which the combination of nitrate of potash and camphor exercises over hæmoptysis of this form, as I have before stated. This patient was alive in 1848, when I left the island.

Case 13.—St. Helier's, Jersey, May, 1845.—Foley, an Irish boy, ætat. 15, has been for four months ill, labouring under the alleged effects of a cold. *Present state.*—Considerable emaciation, dyspnœa, cough, anorexia, debility, and very anæmic appearance. *Physical signs.*—Percussion does not elicit any dull sound, but there are extensive bronchitic râles.

℞ Sapon. moll. g. ammoniac āā. ʒi.
Ol. junip. gtt. v.
Potass. hydriod. gr. xxiv.
Syr. zingib. q. s. M. Ft. pil. xxiv. st. i ter die.
Liniment. ac. acet. et terebinth. (Stokes's formula) to the chest.

No benefit having accrued from the treatment last prescribed, I ordered calom. gr. ss., ipecac. gr. i. bis die, fric. ung. iodinii sub axilla o. n., and vesic. inter scapulas. Stokes's embrocation was continued, and he took a decoction of fol. uvæ ursi.

June. Considerable improvement. On the 28th of this month, on making a more accurate examination, I found a decided comparative dulness on superior right side anteriorly and posteriorly, with corresponding feeble respiration, while the left presented the puerile character; no râle; action of the heart very strong, and felt over a large space, and heard all over right side; a distinct bruit de soufflet heard between the shoulders and along the course of the spinal column (though not heard in the proper cardiac region), accompanying a single sound, hence probably existing in the aorta; cough gone; complains chiefly of short breath on any exertion; general health and appetite improved. Tinct. digital. gtt. xii., ex decoct. uvæ ursi ter die.

October 25th. Improved greatly; cough and dyspnœa continue, also palpitation, to which he had been liable; there remains considerable debility with occasional swelling of ankles; his parents being very poor, are unable to procure him proper nourishment.

December 11th. On inquiry to-day, I have heard that his health has been so far established that he has this day gone to sea.

February, 1848. Is at home for some months, and has grown very tall, but is still short-breathed.

Case 14.—St. Helier's, Jersey, August 12, 1847.—Miss R——, ætat. 30, a Scoto-Indian, of consumptive family, has been for many years—indeed ever since childhood—in delicate health. Has lately returned from Madeira, where she spent three years. She has had cough, pain of side, hæmoptysis, and all the symptoms of consumption, together with increased action of heart, tendency to syncope, and suffocative sensation, and is obliged to sleep with head and shoulders elevated. She has passed through the hands of many eminent physicians, had a variety of treatment, of which the principal has been, topical bleeding, blistering, stimulating liniments, with the internal use of anodynes—viz., morphia, hyoscyamus, and hydrocyanic acid, and digitalis, variously combined with expectorants in minute doses. Says she did not find Madeira to agree with her latterly, and during her last winter there had a severe chest attack, from the effects of which she has never since quite rallied. She has since resided for a short time in the Isle of Wight. *Present state.*—Nervous excitability excessive; acute pain of chest with palpitation (respirations sometimes amounting to 84 in the minute); irregular hectic; loss of rest; digestion and uterine functions regular; appetite very bad; pulse 104, variable. *Physical signs.*—Dull percussion extensively in cardiac region; respiration feeble over every part of chest without any accompanying râle, and percussion is clear except in the situation above indicated; the left subclavicular region seems sunk in; cardiac sounds heard with excessive clearness over nearly entire chest anterior and posterior. Three points at which there is such exquisite tenderness as scarcely to admit the lightest pressure of the stethoscope—namely, upper end of sternum, below the margin of left ribs near xiphoid cartilage, and under clavicle. Prescribed a mixture containing vin ipecac. and muriate of morphia (i. gr. ad ʒviii.), and a blister to the side, with milk diet.

15th. No relief. Appl. hirud. iii. 16th. No relief; cough harassing; copious perspiration; pulse 92; respirations 76.

17th. Applied a large blister between the shoulders with some benefit, respirations having fallen to 60, but the respite was short; the respirations rose again in the evening.

℞ Camph gr. v.
Potass. nit. gr. x.
Tinct. hyos. gtt. xxx.
Digital. gtt. xx.
Mucilag. aq. m. pip. āā. ʒiiiss. st. haust. h. s.

18th. But little relief; pulse 104; respirations 84; debility great. Appl. emplast. belladon. ampl. p. d.

℞ Ext. belladon. gr. vi.
Conii gr. xii.
Hyos. gr. xii.
Pulv. ipecac. gr. vi. M in pil. xii. divide.

19th. An attack of dysentery. 20th. Dysentery checked by m. cretæ c. tr. op.; dyspnœa and pain of side severe. Appl. empl. vesicat. p. d. 21st. Pulse 106; respirations 60. Linim. acid. hydrocyan. gtt. i. 22nd. Pulse 100; respirations 60. Linim. acid. hydrocyan. gtt. iii. 24th. Slight return of appetite; pulse 100; respirations 52. 25th. Return of dysentery. Pills of plumb. acet. and op. m. cretæ c. tr. op. 27th. Pulse 98; respirations 44. 28th. Pulse 84; respirations 52; spinal tenderness. Ap. empl. belladon. spinæ dorsi. 30th. Uneasiness of chest followed by slight hæmoptysis.

September 3rd. Hæmoptysis continuing, three leeches were applied to the dorsum of foot. 4th. Intense headache causing great prostration. This continued during two following days. Hæmoptysis checked. 23rd. Return of hæmoptysis.

October 6th. Rather better since last report, but to-day hæmoptysis has returned. To take tr. digital. gtt. xii. three times a day, and pills containing plumb. acet. and opium.

14th. Has been for some time troubled by distressing nausea, which to day brought on discharge of some florid blood from the lungs.

January, 1848. She continued to suffer a series of alternations like the preceding, till this month, when she was brought to death's door by violent cough, so incessant as almost entirely to preclude sleep, and occasionally make suffocation even imminent, compelling her to remain nearly erect; the paroxysms being evidently accompanied by spasm of the glottis. She suffered from hectic fever, with very profuse perspirations. The paroxysms were relieved in some measure by morph. acet. et spirit. æth. sulph. The only nourishment she took was a little tea and broth.

It is needless to pursue this embarrassing case through its labyrinth of alternating symptoms, ever varying, and compelling an incessant change of remedies; the pectoral symptoms, when somewhat relieved, giving place to gastric and intestinal; these again to colliquative sweats, and all being complicated by a strong admixture of hysteria, evidenced by the distressing headaches and the otherwise unaccountable disproportion between the number of the pulse and that of the respirations. The case has, indeed, been detailed thus minutely, partly with a view to give the younger portion of the profession a specimen of the sort of cases they may occasionally expect to meet, and partly for the purpose of showing the joint effect of medical treatment and change of climate on an amount of thoracic disease which, but for the latter, would probably long ago have terminated fatally. This lady had the temerity again to try an Edinburgh winter, but has, I am since informed, made her escape to the south of France.

THE DISEASES AND PHYSICAL PECULIARITIES OF THE NEGRO RACE.

By S. A. Cartwright, M.D., of New Orleans.

In the report on the diseases and physical peculiarities of the negro race, read before the Louisiana State Medical Society, and published in the *New Orleans Medical and Surgical Journal* of May last, I briefly enumerated some of the more striking anatomical and physiological differences, separating the negro from the white man. Attention was also called to the fact, that the same medical treatment which would benefit or cure a white man, would often injure or kill a negro, because of the differences in the organic or physical characters imprinted by the hand of Nature on the two races. It was not deemed necessary in that brief paper to refer to authorities to prove the facts enumerated, which are just as well known and established in that branch of medicine, embracing comparative anatomy and physiology, as the size and motion of the planets in astronomy.

The report was not drawn up to meet objections coming from those persons who have never made comparative anatomy and physiology a special study. But as they have made objections to it, and are inclined to look upon the facts it sets forth as a farrago of nonsense, or at least as very questionable assertions needing proof, the object of this paper is to give them proof. This trouble might have been spared, if the comparative anatomy and physiology of the different races of mankind had not been strangely neglected in the course of instruction in the medical schools of the present day. In Europe, where there is but one race of mankind to treat, comparative anatomy and physiology are of no great practical importance. Nevertheless those branches have been extensively cultivated, particularly in Germany and France, by the greatest men that have ever adorned the medical profession. In this country comparative anatomy has been very much neglected, and comparative physiology and therapeutics more so. Our northern states, like Europe, contain but one race of men (excepting a few free negroes), and all the medical instruction of the books and schools is confined to that one race. But here in the south we have two distinct races of people, living in juxtaposition in nearly equal numbers, differing widely in their anatomy and physiology, and consequently requiring a corresponding difference in their medical treatment. Yet when it was asserted in the report, that the Queen of England's medical advisers, without a knowledge of the physical difference between the Ethiopian and Caucasian, would not be qualified to prescribe for a negro, great exceptions were taken to the remark by those who are aware that different temperaments, as the sanguine and phlegmatic, require important modifications in medical treatment, but were not aware that Cuvier, Ebel, Sœmmering, Malpighi, Pechlin, Mecklin, Albinus, Stubner, Virey, and many other illustrious men, have long ago demonstrated, by dissections, so great a difference in the organization of the negro from that of the white man, as to induce the majority of naturalists to refer him to a different species having a different origin.

So great is the difference in the medical treatment demanded by the peculiar organization, physiology, and habits of our black population, that very learned physicians from Europe and the northern states, on first coming south, have felt and acknowledged their incompetency to treat their diseases successfully, until they have had time to make themselves acquainted with their peculiarities. The owners of slaves consider it safer, in most cases, to trust to the empiricism of overseers, rather than to the regular doctors who are new comers, practising on the false abolition theory that the negro is only a lamp-blacked white man. There is nothing to prevent young physicians, new comers to the south, from treating negroes successfully, if they were to study their diseases, their anatomy, physiology, and pathology, with half the care they devote to the white paupers in the northern and European hospitals and almshouses.

On coming south, they find no such class of persons as those whom they have mostly studied to treat. They not only find no complaints arising from want of food, fire, clothing, and the common comforts of life, such as those they have been accustomed to see in the hospitals, but they find one half of the population composed of a people whose anatomy and physiology is a sealed book to them. Although the every-day experience of the southern people proves that Nature has made so great a difference between the white and black races, as to make it absolutely necessary for the safety of the state and the well-being of society, that the latter should be subjected to different laws and institutions from the former, yet the text books of the northern medical schools contain not a syllable to show what that difference is, but advise the same rules and principles and the same therapeutic agents, as if there was no other race of mankind than that inhabiting the northern states. The popular error prevalent at the north, that the negro is a white man, but by some accident of climate or locality, painted black, requiring nothing but liberty and equality, social and political, to wash him white, is permitted to go uncorrected by the northern medical schools. This error can be and should be corrected at the dissecting table, by reviving comparative anatomy and making it an essential part of a medical education. If the northern schools will not correct it, the southern schools, instead of being, as they now are, northern institutions located in the south, using the same text books and echoing the same doctrines, should take upon themselves its correction, and have their own text books, containing not only the anatomy, physiology, and therapeutics applicable to the white race of people, but the anatomy, physiology, and therapeutics of the black race also.

As soon as they do this, the empire of medical learning will come south, where the study of two races of people will give students better opportunities of acquiring knowledge than the one race at the north. Physicians will also reclaim the practice among three millions of people that the overseers have mostly got. It will be for the interest of the planters to employ physicians, instead of overseers, to treat the diseases of their negroes, as soon as they properly qualify themselves for this branch of southern practice. A southern country physician never wants practice, who is properly qualified to treat the diseases of negroes. It is only those medical men whose knowledge is confined to the diseases, the anatomy, and physiology of only one race of men, as contained in the northern horn-books of medicine, who are superseded by overseers and empirical practitioners. So little attention has been paid to the anatomy and physiology of the negro race, that when it was mentioned, among other peculiarities of the negro, that his blood was *blacker* than the white man's, it was supposed by those physicians who have paid no attention to comparative anatomy and physiology, that I was making random assertions requiring proof, instead of reiterating truths that have been known for centuries, needing no other proof than the perusal of works of the highest authority in medicine. Thus Malpighi, the celebrated anatomist of *rete mucosum* memory, says—"La couleur noire reside non seulment dans le fluide qui colore le tissu muqueux mais encore *le sang*, la part corticale du cerveau et plusieurs autres parties internes du corps impregnées d'une teinte noire, et ce qui a été remarqué également par d'autres observateurs." Here is not only the authority of Malpighi in proof of the darker colour of the negro's blood and the impregnation of the brain, membranes, and other internal parts of the body with a darker hue, but likewise his testimony that other observers had remarked the same thing.

J. F. Meckel (see vol. xiii., p. 69, Mem. Acad., Berlin) says that not only the blood, but the bile and cortical part of the brain, are of a darker colour in the negro than the white man. According to his authority, the negro is not only a negro on the skin, but under the skin. The words of that great comparative anatomist are:—"Le nègre n'est donc seulment nègre à l'exterieur mais dans toutes ses parties et jusque dans les plus profondement situées."

N. Pechlin, in a work entitled "De Cute Athiopum," and Albinus, "Diss. de sede æt causa coloris Athiop.," have remarked, that not only the blood but the muscles of the negro are of a darker red than the white man's. These authors also state, that the membranes, tendons, and aponeuroses, so brilliantly white in the Caucasian race, have a livid cloudiness in the African. J. J. Virey, one of the authors of the great Dictionary of the Medical Sciences, Paris, says (vol. xxxv., p. 388) that the flesh of the negro differs in colour from the white man's, as the flesh of the hare differs from the rabbit. This author confirms everything said in the report about the darker colour of the blood, membranes, smaller size of the brain, and larger size of the nerves in the negro than in the white man.

The celebrated anatomists, Sœmmering and Ebel, also speak of the darker colour of the blood, muscles, &c. These anatomists confirm every word in the report about the brain being smaller and the nerves larger in the black than in the white race. MM. Cuvier, Gall, and Spurzheim, also found the capacity of the brain about a ninth less in the negro than in the European. Samuel George Morton (see "Observations on the size of the brain in various races and families of man," Philadelphia, 1849) has ascertained that the negro's brain is nine cubic inches less than the white man's. Lately some attempts have been made by British abolitionists to distort the facts of science by representing the African brain as equal to the European, and the mind of the former equal to the latter. A certain Dr. Robert Bently Todd of King's College, London, in a work on the "Anatomy of the Brain, Spinal Cord, and Ganglions," 1845, London, endeavours to throw some doubt and uncertainty on the received and well-established facts in regard to the inferiority of the negro's intellect, the comparative smallness of the brain, and the larger size of his nerves. Also, James Cowles Prichard, another British writer, author of "Researches on the Physical History of Mankind," in five volumes, London, 1844 and 1850—an abolition work, disguised under the pretence that the authority of the Bible would be impeached if the great differences that natural historians and comparative anatomists professed to have discovered in mankind, were not called in question. Prichard, in the preface of his work, admits that the weight of authority in the learned world is altogether against his conclusions. His conclusions, not following from the premises, prove that scientific truth was not the object of his work; that it was not written for learned men, but to cast dust in the eyes of sophomores and the vulgar, to prevent them from seeing the truth on the slavery question. He pretends to be very fearful that the learned anatomists and naturalists, unless held in check, will bring the scriptures into disrepute. He does not seem to be aware of what Cardinal Wiseman justly observes, that "it is only half-way science and half-way truths that militate against the authority of the Bible." The whole truth, when brought out, and perfect freedom of science to pursue its investigations untrammelled to its terminus, have, in every instance, demonstrated the truth of the Bible, while imperfect investigations and the omission of the truth, or the tying science down to the narrow interpretations of Biblical commentators, have generally led to scepticism and infidelity.

Prichard seems to be so much afraid, that if the physical differences which Malpighi, Sœmmering, Cuvier, and other comparative anatomists, have discovered in the negro's organization, approximating him to the monkey tribes, be admitted, the Bible will be invalidated; and he has taken much pains to try to overturn their general truths and principles by partial exceptions. He adduces instances to prove that white persons have turned black in whole or in part, and that the negro's skin has in some instances turned white; but he ought to know that the change of colour in all such cases is the effect of disease. Dr. Rush was so much afraid that the black skin, thick lips, and flat nose of the negro would invalidate the Mo aic account of the creation of man, and the unity of the human family, that he published in the Medical Repository (vol. iv., p. 409) some suggestions, attributing the black colour, thick lip, and flat nose to a disease resembling leprosy. But observation proved, that so far from the black colour being caused by disease, the blackest negroes were always the healthiest, and the thicker the lips and the flatter the nose the sounder the constitution. Both Prichard and Todd labour to prove, by a few cases, exceptions to the general rule, that the brain of the negro and his mental capacity are equal to the white man, lest the scriptures be invalidated, if an inferior slave race be admitted. They overlook the fact, that the Mosaic history distinctly specifies an inferior slave race of people called Canaanites, Gibeonites, &c., and that these people were reduced to slavery and their country taken from them by Divine command. In aiming to overthrow Cuvier's specific characteristic traits of the negro's organization, Prichard did not seem to be aware that Cuvier and Moses agree exactly in their definitions, both defining the negro as the "knee-bender." (See Cuvier Mem. du Museum d'Hist. Nat., tome iii., p. 159.) Where the anatomical structure of the negro's knees is brought forward by the greatest naturalist the world ever saw as a specific mark of difference between him and the white man, and also the inferiority of intellect from the diminished quantity of brain. Exactly the same things are set forth in the inspired writings, by the name given to the Canaanite or Ethiopian race; the Hebrew word *Canah*, from which the word Canaan is derived, literally meaning "knee-bender, crushed or broken in mind," tantamount to Cuvier's race of men with weak and timid mind, and "les genoux à demi-flechés." Hence it would not appear that the Bible does not stand in need of Todd, Prichard, and other British abolitionists, to support its truth by special pleading, or by dodging the truths of science. Both Todd and Prichard are compelled to admit that the negro's blood is darker than the white man's, but they deny that the brain is of a darker hue, as Meckel, Pechlin, Albinus, Malpighi, and many other comparative anatomists, have asserted. They quote three dissections made by Sœmmering, where the difference in colour was not apparent, but rather unnaturally white. They concealed the fact, or did not know it, that disease tends to obliterate the dark colour that pervades the negro's organization, giving the deeper seated parts an unnatural whiteness. Thus, as the report sets forth, in negro consumption the mucous membranes, instead of being dark, are paler and whiter than in the Caucasian race. It would be very unfair to adduce those cases of whiteness of the gums and mucous surfaces in diseased or consumptive negroes, to disprove the fact of darkness being the general rule. Todd and Prichard labour much to call in question the facts heretofore observed by comparative anatomists, that the nerves leading from the brain are larger in proportion than in the white man. Yet they are forced to admit that the negro's sense of smell and hearing is more acute.

The auditory and olfactory nerves must therefore be larger, or the physiological law of nervous development being proportional to activity of function, must be denied. Those, likewise, who deny that the nerves of the stomach are no larger in the negro than the white man, are compelled to admit that his digestive and assimilating powers are stronger, which is the same thing as to admit that the nerves of organic life are larger. Everything asserted in the report in regard to the negro's eye, and his bearing sunlight without a covering on his head, will be fully confirmed by reference to Sœmmering's work entitled "Icones Oculi Humani," where it is distictly stated that the plica lunaris, in the inner canthus of the negro's eye, is anatomically constructed like that of the ourang outang, and not like that of the white man. Virey confirms every word stated in the report about the small size of infant negroes' heads, and the sutures being closed. (See Dict. des Sci. Méd., vol. xxxv., p. 401.)

In regard to the bones of the negro being harder, whiter, and containing more phosphate of lime than those of the

white man, naturalists universally agree. Herodotus mentions the greater hardness of the Ethiopian skulls; proving in that respect, at least, that the negro is the same now that he was two thousand years ago. The Crania Ægyptiaca prove, as Morton justly observes, and has placed on the titlepage of his catalogue of skulls, that "the physical organic characters which distinguish the several races of men are as old as the earliest records of our species." Abolitionism is founded in ignorance of those physical differences that science proves.

A radical reformation is greatly needed in our system of education, medical and political, which is so defective as to lead to the fatal error that there are no physical or organic characters in the Ethiopian organization different from that of the European.

In medicine, a blundering practice, in ignorance of the negro's anatomy and physiology, is not the only evil of this defective system of education. The peculiar phenomena, indicating debasement of mind, necessarily springing from this difference in organization, are attributed by the ignorant and mischievous political demagogues of the north to the effects of southern slavery. But it could easily be shown by anatomy, physiology, and ethnographical investigations, that the debasement of mind falsely attributed to southern slavery arises from causes imprinted by the hand of Nature on the sons of Ham, so far back as the time when the catacombs of Egypt were constructed. The vulgar error, that there is no difference in the organization, physiology, or psychology of the African, and that all the apparent difference arises from southern slavery, is the cause of all those political agitations which are now threatening to dissolve our Union. The knowledge to correct this most mischievous error, which has already split nearly every denomination of Christians in the United States, is to be found by cultivating comparative anatomy, physiology, history, and ethnography,—*Charleston Med. Jour.*

ON SPONTANEOUS SMALL-POX.

By Dr. Purple of Greene, United States.

What the combination of causes is, on which the spontaneous appearance of the small-pox depends, it is impossible definitely to determine. The subtlety of all the phenomena of this disease lies hidden in the recesses of nature. and far beyond the ken of human vision. The physical condition of the system *before* its advent, that renders it susceptible to its invasion—the change that takes place *after* it has presented itself, that renders the system nearly or quite exempt from future attack—as well as the *modus operandi* of the contagion itself, are all topics that the human senses cannot grasp, nor finite reason clearly elucidate. Hence the extreme difficulty of proving a negative, and showing conclusively that the disease in a given case did not proceed from contagion. It is only by a faithful examination of all the circumstances in a series of cases that we can arrive at reasonable deductions on this subject, and form rational conclusions for our practical advantage. To this end I venture to enter this hitherto untrodden field, and relate a few instances of the spontaneous manifestation of the small-pox that have fallen under my own observation, in the hope that others, whose field is more extensive, will take up the subject and more thoroughly investigate the phenomena on which its truth or falsity depends.

The first case to which I shall allude occurred in the town of Greene, near Coventry, in the month of January, 1831, in the person of Mr. Horton, aged 40. He had enjoyed uninterrupted health, with the exception of an ulcer on the tibial side of one of his limbs, which had annoyed him for some years. At the period of the advent of the disease, he was at work, with no other company than a young lad, in a small factory for the manufacture of rakes, some quarter of a mile from the highway. His wares were carried away in the summer, and no stranger had been at the shop. He had not been from home in many months, and his taciturn temperament led him little into society, at least with strangers. In this case the premonitory symptoms were well marked, and of the ordinary duration; indeed, all the symptoms were perfect, and such as indicated unusual severity. They ran on until the 12th day of the eruption, and terminated fatally. Every exposed person who was subject to the disease received the contagion; and many who had had the variolæ vaccinæ, or the vaccine disease, were more or less afflicted by it. There were about forty well-marked cases that arose from exposure to this patient, three of which proved fatal. Public attention was early called to the subject, and in the end, became very much excited in relation to its origin. Professional inquiry was had in requisition to fathom the mystery—the populace raised high its voice, and in entire confidence that it could not appear except by contagion, every one had a cause, Imagination was on tiptoe—fear expanded wide the ears of credulity—and malignity, with its criminating tongue, lent its aid to investigate the origin of the disease. Nor was this all. Courts of justice, with their talented advocates, were called in to unravel the mystery; but all in vain. After a patient investigation for two years, with the attrition of conflicting opinions, all parties were forced to the conclusion that its spontaneous manifestation was the only rational mode of accounting for its appearance, and that contagion could have had nothing to do with its origin.

Case 2.—The next case to which I shall call your attention, occurred at the same time with the foregoing. It presented itself on the height of land between the Chenango and Unadilla rivers, in the town of Norwich, and fell under the care of my friend Dr. Royal Ross of New Berlin. The patient was a child that lived in a very secluded place, and so far as the most scrutinizing investigation could determine, was entirely independent of a foreign source. The symptoms were severe, following each other in regular succession, and gave unmistakable evidence of the diagnostic character of small-pox. Contagion followed, and a number of individuals had the disease before sanitary regulations could be brought to bear to arrest its progress. It is proper to remark, that quite a number of cases of varicella had shown themselves for some miles around; they appeared in a mild form, were not traceable to each other, nor did the variola and varicella mutually produce each other. It appeared as though they were concurrent, manifesting an endemic atmospheric influence.

Case 3.—The next case to which I shall refer presented itself in the town of Pitcher, at the extreme western bounds of our county, and fell under the eye of Dr. D. McWhorter. It occurred the same winter, and within three days of the two foregoing cases. The patient was an adult, and lived in a retired part of a rural country. It presented all the characteristics of a spontaneous case of small-pox. Thorough investigation was had at the time to demonstrate its foreign origin, but in vain. It resulted in an entire conviction on the part of all, that it did not arise from contagion. The diagnostic manifestations were perfect, the symptoms ran the usual course, and when the secondary fever appeared it proved fatal. Quite a number of persons contracted the disease by direct exposure, and although no evidences of the minor exanthemata had *preceded* it, a number of cases of varicella *followed* it. They appeared in an epidemic form, and could in no instance be traced to exposure to the variola. These three cases came to my knowledge at the time they existed, and were subsequently duly investigated in reference to a legal inquiry. The facts, so far as they involve their spontaneous character, were amply sustained by medical and other testimony, and living witnesses, both in and out of the profession, could now be obtained to substantiate them. It may be thought that the advent of these three cases, so near each other, and at the same time, would indicate that they had a common contagious origin. But it should be borne in mind that they occurred some thirty miles from each other; that they appeared in midwinter, when the snow was deep and drifted; that they all presented themselves in the most sequestered locations; while in our thoroughfares and villages the inhabitants were entirely exempt from the disease.

Case 4.—The next and last case to which I shall allude occurred at Chenango Forks, seven miles from our village, the first week in January of the present year. The disease attacked a child about four years of age, without the slightest evidence of exposure. I saw it, in company with my friend and neighbour Dr. A. Willard, about the fourth day of the eruption, and although the premonitory symptoms, with the attendant fever, were mild, and the eruption in consequence rather imperfectly developed, yet to the experienced eye, there was not the least difficulty in distinguishing its diagnostic character. One who had seen and been familiar with the small-pox, could not but see all its essential characteristics in the case before us. This was clearly and unequivocally declared. But the attending physician and many of the relatives of the patient could not, or would not, believe it to be such. Their reason was, that the child had not been exposed to contagion. They were under the shadow of that delusion which I am endeavouring to disperse, and could not believe in opposition to popular opinion that the small-pox could spontaneously appear in the human family, and particularly that this loathsome disease should appear in a member of their own household. They were all ready to declare that if there was a possibility for it to have been *exposed*, or if it had occurred in a city, they could believe it to have been a mild case of small-pox; but as it had neither of these advantages, and had presented itself without legitimate parentage, they heeded not our admonition, stoutly denied its character, ridiculed our diagnostic opinions, and governed themselves accordingly. The child died about the tenth day of the eruption, and was buried with all the formalities of a country funeral, even to the exposure of the body to the gaze of a sympathizing populace. A few days after, and before contagion had appeared, I announced in my place at the annual meeting of this Society the nature of the disease, and the evidence of its being of a spontaneous character. On my return, the seed that had been sown and scattered to the four winds of heaven, had taken root and exhibited signs of germination. It spread extensively. Some twenty-four cases arose from the first subject; some of them were mild, others assumed the most appalling forms; four proved fatal, including the first, and the balance are living evidences of the spontaneous appearance of small-pox, and bear the marks of the disease indelibly engraven on their foreheads.

The attention I have been able to give this subject, with the uncontrovertible facts that have fallen under my own observation, have clearly established to my mind the following positions:—1st. That small pox, as well as all other contagious diseases, does occasionally present itself among us without specific contagion. 2nd. That the physical system is so constituted that it is obedient to certain organic laws, and among these is the generation and development of every disease to which each particular animal is subject. 3rd. That there are seasons when atmospheric causes render the system more obnoxious to the invasion of these diseases, either by spontaneous development, or increased susceptibility to contagious influences. This was particularly the case in 1831, when there was a wide-spread exanthematous tendency, and very many instances of spontaneous appearance. 4th. As the higher latitudes are more subject to small-pox than tropical regions, the coldest seasons of the year are the most favourable for the generation of this disease; and in every instance where we have known a well-marked case of spontaneous appearance, it has occurred in the coldest weather, when the thermometer was nearly or quite to zero. 5th. That when small-pox appears without contageon it is usually severe, or at least it is apt to attack those who lack recuperative energy, or are illy qualified to develop the disease in perfection, and conduct it to a favourable issue; hence, independently of the treatment they receive, they are very liable to prove fatal. 6th. That when it thus appears, owing to the epidemic or endemic cause that produced it, the whole populace, including those that have been protected, are more liable to be affected by it, than when it has been received by contagion. Indeed, the exanthematic tendency renders the vaccine disease more severe than at other times. 7th. That there is a constant and progressive change manifest in the human family in relation to susceptibility to small-pox. This is apparent in the fact that the disease is more mild than it was some centuries since, and independent of treatment, the mortality in a given number of cases is much less than formerly. It is manifest by the appearance of varioloid after vaccination, which seldom or never appeared in the early experiments with this preventive; and there is no doubt but that it appears spontaneous more frequently than in the early recorded history of the disease. 8th. That vaccination is the only safe prophylactic, and independent of any deterioration in the vaccine matter, the change above referred to renders a second vaccination more necessary than formerly. 9th and lastly. That small-pox is not always attended by the minor exanthemata, and when they do appear together, it is as apt to *precede* as to *succeed* them, as was manifest in three of the above-mentioned cases.—*New York Jour. of Med.*

VICARIOUS MENSTRUATION.

Dr. Lecomte, of Eu, in France, has published, in *l'Union Médicale*, a case of an extraordinary description, of which we shall offer a short outline. The subject is a servant girl, aged 29, of apparently good health; she had never menstruated, and for the last seven years had experienced flushings and heat in the face, these symptoms recurring every four or five weeks. At these periods she likewise complained of severe lancinating pain in the right thigh, and sometimes in the leg and foot, the whole leg then becoming extremely tender to the touch.

Towards June, 1842, these phenomena increased in intensity, the patient became very weak, the abdomen felt tense, tympanitic, and tender, and she could no longer pass urine. Dr. Lecomte prescribed leeches to the hypogastrium, and prolonged hip-baths. The urine flowed a little; but at last the girl was persuaded to submit to the catheter, and a large quantity of dull and fœtid urine was drawn off.

Now began a series of strange phenomena. The bladder, uterus, stomach, and rectum began to throw off what the patient called *balls*; these were pieces of membrane, or rather membranous casts, white, dense, and covered on one side with gelatinous matter. The vesical casts were somewhat large, as she was obliged to extract them with her fingers. On a former examination the internal organs of generation could hardly be properly explored, as the hymen was unbroken and rather tense, but the casts now came per vaginam, and the patient being obliged to dilate the parts herself, in order to give passage to the membranous formations, it was found on examination that the os was pervious, and the cervix of the normal size, though tilted backwards. Here the casts assumed a tubular shape.

The stomach now became very irritable, and a great abundance of glairy matter, mixed with pseudo-membranes, was thrown up. The vomiting now and then was of a purely sanguineous character, and in the coagula ejected an ascaris lumbricoides was noticed. The patient stated that she had likewise seen such parasites in the matters which had been expelled from the vagina. Diarrhœa supervened a little time afterwards, and in the dejections the same pseudo-membranous products were observed.

After a few weeks' respite, the symptoms recurred with renewed intensity; all the above-named organs secreted the same membranous products, but the uterus was evidently the most active. In one day Dr. Lecomte extracted ten casts, of a red colour, from the vagina; they were rolled up, and exhibited now for the first time. One of these presented on one side an infundibular shape, which made the medical attendant suspect that the membrane must have been formed in close vicinity to the Fallopian tube.

The ejection of the casts was always accompanied by much pain, the latter being sometimes so intense as to cause the patient, who was far from being pusillanimous, to roll about in the bed with agony. The sanguineous

flux was now suddenly transferred to the ears; these organs discharged each about a tumblerful of blood; vomiting of the same fluid came on a few days afterwards, and the casts were again ejected from the stomach, intestines, bladder, and uterus. When these symptoms had ceased a great improvement was noticed; the patient gradually became stronger, and from 1842 to the present time, the girl has experienced no uneasiness but dysuria every two or three months, except in July, 1843, when the most complete relapse occurred. The author does not say whether any amount of regular menstruation has appeared since the casts are no longer secreted. This is a great omission. The pseudo-membranous products were examined by M. Mialhe, and were found to be composed principally of albumen.—*Prov. Jour.*

REMOVAL OF SIXTY-FIVE TUMOURS IN ONE OPERATION.

By W. H. Reynale, M.D., of Dansville, United States.

Fourteen months ago, I was desired to see a son of Mr. Murray, aged 10, of Ossian, Allegany county, eight miles from this place. I found the boy small of stature, very pale, with a large tumour on the left side of the neck. He looked like a child with two heads, only the tumour was the largest. It occupied the whole space from the root of the ear to the acromion process of the scapula; filled up everything from the spinous processes of the cervical vertebra to the clavicle, run from the ear along the lower side of the cheek and jaw bone, to beyond the trachea on the opposite side of the neck; so that in fact it filled up and occupied a little more than the entire space on the left side of the neck, and threw the head on the opposite shoulder. I removed the entire mass, with the assistance of Drs. Endress and Patchin: we took out sixty-five distinct tumours, attached together by a cellular substance, from the size of a goose egg and larger, down to that of a marrowfat pea; *they were of a fatty substance I think.* They filled a half gallon jar after their removal. The patient recovered so as to enjoy tolerably good health for eight months, when a number of small tubercles began to form around the margin of the old extirpated tumour—most were on the shoulder, some near the ear, and a few near the clavicle and spine; all were on the circumference, and none on the cicatrix. He soon after this began to complain of a pain in his left side, just below and beneath the false ribs. His father fetched him to my house; upon an examination I found a tumour of a large size under and coming out from beneath the ribs, and quite painful to the touch. I told the father I could do nothing for his son, the disease was of a malignant nature, and that he would die. He lived twelve months from the time of the operation, and died. His father sent me word at the time of his death, according to agreement; but in consequence of my being from home at the time, I did not get the information, and no post-mortem examination was made, which I much regretted.

We kept our little patient fully under the influence of chloroform during the whole of the operation, which lasted nearly two hours, but fully one half of the time we desisted from cutting, and applied restoratives, as the patient sunk low. You may probably think we used the chloroform too long; but we weighed the chances of the patient in our own minds, for and against the influence of chloroform on his nervous system, before the operation. We believed he would sink under the influence of the operation without the use of the chloroform, and that he could but die with its use. We decided, after mature consultation, to use the chloroform—it did, upon the whole, well—the patient had no knowledge of pain.

After the *entire mass externally was removed*, we discovered that a tumour of the size of a black walnut, was lying under the clavicle; this was removed without much difficulty; then another was discovered lower down, of about the same size; this I seized with two tenaculums, one in each extremity of the tumour—an assistant held them firmly and made a little pressure upwards, when partly by dissecting, and partly with the handle of the scalpel, and partly with my fingers, I succeeded in extracting this also; but still there was another one of the same magnitude, lying yet deeper and beneath the last one—this lay below the second rib; it was also seized with two tenaculums, and firmly held by an assistant, until partly with the handle of the knife, but mostly with my fingers, and a very little dissection with the knife when it could not possibly be avoided, I succeeded in getting *it all out*—no more could be felt. It is unnecessary to describe the situation of the patient, from day to day, during his convalescence; for the first few days he vacillated between hope and fear, but the powers of nature came to our assistance, and the patient recovered so far as to enjoy tolerably good health for eight months; ate and slept well, the countenance improved, and he looked better than he had for two years before the operation. The head resumed its natural position, and the rotary motion was good. The patient went to school some two or three months during this time. This enormous mass was only two years in growing; when it was first discovered it was of the size of a filbert, or smaller, and situated directly at the root of the ear. Mr. Murray says many applications were used to discuss the tumour, but they all (he thinks) hastened its growth.—*Buffalo Medical Journal.*

We copy the above as a specimen of heroical operative surgery, and more for the amusement than the instruction of our readers. Although it comes from the "far west," we do not copy it as a feat peculiar to that part of the world. Such are now and then performed on this as on the other side of the Atlantic.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, FEBRUARY 4, 1852.

PRESENT CONDITION OF THE DISPENSARY SURGEONS.

We have had several communications relative to the present unsatisfactory state of existing arrangements for affording medical relief to the poor. The resources of the expiring Dispensaries are nearly, if not altogether, exhausted; while the machinery of the new institutions has not yet been put into working order. It matters little where the fault lies, if fault there has been, the remedy it is that concerns us. The act, passed on the 7th of August, came into operation on the 1st of October, yet the Medical Commissioner was not appointed until the 11th of November, and the Inspectors not till the latter end of December. It is no wonder, then, that the division of 163 unions into Dispensary Districts, and the settlement of salaries, should still remain unfinished, and as we fear with little prospect of speedy consummation. If the decisions of the Guardians are to undergo revision, it is clear that time must be consumed in the process, and delay is therefore inevitable. In the meantime what are the Surgeons and their patients to do? Until the Dispensary is finally declared by the formal order of the Commissioners no medical relief can be administered out of the poor-rate, and unless the usual presentments for existing Dispensaries be granted by Grand Juries, no money can be obtained from the county. The Grand Juries must sooner or later defray the expenses already incurred, but they will probably avail themselves of the defect which the dropping off of subscribers has caused, and repudiate payment for the present. The truth is, that provision should have been made in the act to maintain the old Dispensaries up to the spring assizes of this year. If any doubt existed as to the obligation of the Grand Juries to defray all the expenses of medical relief, Surgeons'

salaries of course included, up to the date of the declaration of District Dispensaries by the Commissioners, it should have been removed; and if any doubt now exists on the subject, a short act should be passed to settle the matter. In order to expedite the arrangements now in progress, the Dispensary Surgeons should, in our opinion, refrain (as far as in prudence they can) from pressing questions of secondary importance, and for the present rest satisfied with what they can achieve in the way of instalment; under protest, if necessary, but at all events securing a safe position. In certain cases it may be absolutely necessary to resist unjust or partial proceedings, but it may be worth considering whether this may not be more safely effected hereafter. The Surgeons of the expiring Dispensaries who have not already taken steps to obtain presentments from the Grand Juries to defray the expenses of their institutions up to the date of their settlement on the poor-rate, should lose no time in doing so now, if not too late. What these steps should be we cannot tell, neither can we take the responsibility of advising as to the course to be pursued beyond a repetition of a hint lately given touching the necessity of union and organization. There must be concert, and there must be a central executive with funds, not necessarily very large, to secure vested rights, and remuneration for past services. A Committee should meet in every assize town during the spring circuits to consult and instruct counsel, and to have the necessary applications made to the judges. In fact, a Provincial Association must be formed for despatch of business and nothing else, leaving the expression of opinion on medical subjects in general to other arrangements and occasions. To Dublin they need not look for aid, for although there may be a few there anxious to coöperate with them, there are many prepared to obstruct or defeat any measure emanating from parties not belonging to a certain *clique*. Our readers will recollect how we warned them a few years ago against the cajolery of certain worthies who made the "five-shilling grievance" a contrivance to ride into their good graces, and who so pathetically told how heroically doctors died. Events past and present prove how correctly we judged on that occasion, and how necessary it is for us now to repeat our warnings. If the Surgeons of Ireland have not been sold, or are not in course of being sold, they may be satisfied; honest, hearty aid they need not expect from the quarter to which we point. For ourselves we have a word to say: some of our friends, very naturally disappointed with the turn affairs have taken, with great simplicity, assume that we have been prime movers in this matter, but the readers of the Press can tell them whether or not we were so. On the contrary, we incurred something approaching to odium for our cautious reserve as to the policy of the change, until it became inevitable. Then we set our shoulders to the work of promoting its salutary operation, and so we will continue, and not without hope of a successful result. Then some also would fain lay their own short-comings at our door, and make us answerable for their procrastination, apathy, and inattention, but have we not unceasingly directed attention to the matter until our subscribers not personally interested in the matter begin to grumble. The following observations in our number of September the 10th, nearly five months ago, prove that we were not asleep:—

Pending the decision of this affair, which so nearly concerns our brethren in the provinces, it may be prudent to look closely to local influences and resources, to inquire respecting guardians, *ex officio* and elected, large ratepayers and dispensary committee men in prospect. The geography of electoral divisions should also be studied, and the place of existing dispensaries therein ascertained, with the nature and amount of the population, and all other particulars necessary to enable a man to take part in the operations of the ensuing campaign. It is not when officials are in the field and new arrangements completed, that men are to commence inquiries as to the safest course to pursue for the preservation of their rights; it is before the plans of others become matured, and decisions are adopted by supreme authorities, that vested interests can be secured. We can assure our friends that the time for action has arrived, and that whoever fails to avail himself of the opportunity may find it difficult to meet another.

The following letter, affording appropriate illustration of our remarks, we append here:—

Waterford, January 22, 1852.

Sir,—I have the honour to present to you a statement of the dispensaries of this union prior to the passing of the Medical Charities' Act—viz.:

	Salary.	Vaccination.
1. The Kilmacow Dispensary	£100 ...	£12
2. The Dunmore Dispensary	100 ...	8
3. The Tramore Dispensary	100 ...	8
4. The Glanmore Dispensary	100 ...	6
5. The Waterford Dispensary	94 10s.	—

Making £528 10s., exclusive of occasional gratuities.

The dispensaries, as arranged by the board of the Waterford union, are—Waterford, £100; Kilmacow and Ullid, £80; Glanmore and Kilmacevogue, £80; Dunmore, £80; Tramore, £80. Total £420.

Under the former arrangements the dispensary districts were much smaller, several tracts of country being without dispensary relief. By the present arrangement the entire union is included, so that the duties of the dispensary surgeons will be much increased, and with one exception their salaries much diminished, and this at a time when, from the general distress of the country, they have but little prospect of support from private practice. It has been said in this boardroom: "Let the dispensary surgeons live by farming!" The medical man who devotes himself to farming, or any other occupation but his profession, will not be likely to discharge his dispensary duties with credit to himself; the medical profession is all engrossing. Like Aaron's rod, it swallows up everything, if efficiently discharged. It is the duty of the guardians to have the sick poor faithfully and efficiently looked after, and no inspection can secure this without securing the zealous coöperation of your dispensary medical attendants. And the surgeons of the dispensaries in this union feel that the board, by increasing to a large amount their professional duties, and materially lowering their remuneration, has not treated them with that consideration that they hoped, and still hope, will be extended to them. I beg also to observe to you that, with the exception of the Waterford Dispensary (to which you gave on the last board day a small supply of medicines), the other dispensaries of the union are without medicines, and the surgeons are without remuneration for their arduous professional services; and as might be expected, the patients in your fever hospital are on the increase. It will be necessary, should the board not enter into resolutions to enable the Poor-law Commissioners to send down, without delay, the sealed order for the opening of the dispensary districts of the union, that a medical inspector should be sent down to prevent the districts from being allowed to remain in their present unprovided state.—I have the honour to be, sir, &c., T. L. Mackesy, M.D.

To the Chairman, Waterford Poor-law Union.

The board unanimously agreed that the foregoing explanatory, rational, and humane letter be entered on the minutes.

MULTIPLICATION OF MEDICAL COLLEGES.

New Colleges start up as thick as blackberries, and old Colleges only think of how they can increase and multiply. In 1844 the Secretary of State introduced a bill into parliament to reduce the number of the seventeen doctor-manufactories within reasonable bounds; in 1852 nothing is thought of but their enlargement. Our provincial brethren may well look forward to the consequences with alarm. Here is a Birmingham College, and the University of Durham has erected another at Newcastle:—

Queen's College, Birmingham.—We have the gratification to announce that the royal assent has been given to

the supplemental charter of the Queen's College in this town, and the great seal attached to it. Amongst other privileges conferred on the town and midland district by this act of royal favour, the supplemental charter enacts, in order to promote the mining and manufacturing interests, "that students who have completed not less than a three years' course of instruction in the engineering and architectural departments of the said college, and have passed, to the satisfaction of the examiner or examiners to be appointed by the council of the said college, three public examinations, shall be entitled to the academic rank of Civil Engineer in the said college, and receive from the principal a diploma under the seal of the college." "Her Majesty's further will and pleasure is, that two members of the Institution of Mechanical Engineers and two members of the Architectural Society established in Birmingham, to be elected by their respective societies previously to the annual general meeting of the governors of the said college, shall be members of the council of the said college." It is also "her Majesty's further will and pleasure (in order to carry forward the statutes 6 and 7 Vict., c. 73, sec. 7, enacted to improve the education of students intended for the profession of the law) that two members of the Law Society established in Birmingham, to be elected by the said society previously to the annual general meeting of the governors of the said college shall be members of the council of the said college." Her Majesty has likewise been graciously pleased to nominate a committee of council of the theological department—namely, the Principal, the Vice-Principal, the Warden, the Treasurer, the Dean of the Faculty, the Lord Bishop of the Diocese, the Dean of the Cathedral of Worcester, the Archdeacon of the Archdeaconry of Coventry, the Rector of the Parish of St. Martin, and the Rector of the Parish of St. Philip, with important privileges and powers to act in such manner as shall appear to them best calculated to promote the purposes intended by the said department. By her Majesty's warrant, dated July 27, 1846, the principal and council were empowered to grant certificates for the admission of their students, *without any residence elsewhere*, to be candidates for the degrees of Bachelor of Arts, Master of Arts, Bachelor of Laws, or Doctor of Laws, to be conferred by the University of London; and previously the college was empowered to send its students for examination for the degrees of Bachelor of Medicine and Doctor of Medicine to be conferred by the same university, and also for the diplomas of the Colleges of Surgeons of Edinburgh and London, and the licence of the Society of Apothecaries, without any residence elsewhere. We have not space to enter into further details, but we cannot do otherwise than congratulate our townsmen, the patrons of the college, and especially the founder, Sands Cox, after twenty-five years of unexampled devotion, on the completion of the above combined system of education worthy this great midland metropolis.—*Aris's Gaz.*

TO CORRESPONDENTS.

We lately, in reply to a correspondent, stated that the decision in the case of the Apothecaries' Company against Nicholls, which settled the question as to the right of surgeons to compound and dispense medicines in Hospitals and Dispensaries, was to be found in a former number of the Press. It may perhaps be best for the information of those unable to refer to it to republish it. As soon as the new Dispensaries are finally declared, we will publish a list of them. The doings of the Guardians of the Killarney Union can be effectually restrained by the Commissioners only.

CORRESPONDENCE.

TO THE EDITOR OF THE MEDICAL PRESS.

Dear Sir,—Having been connected and intimately acquainted with the working of dispensaries for twenty years, may I beg to offer a few suggestions at the present (to the profession) most momentous crisis; and I am thoroughly convinced if such, or similar regulations are not firmly carried out by the commissioners, that its degradation will be complete. I dare say by this, you have come to the conclusion that I long since have, that the guardians collectively, as a general rule, have only one object—the lowest possible amount of taxation; the "doctors" and sick poor being matters of, I will not say, secondary consideration, but literally of no consideration whatsoever. Of course, there are a few honourable exceptions—"Apparent rari nantes in gusgite vasto," but sufficient to prove the rule. You have said the salary should be £100 per annum. Can there be two opinions on the subject among educated and uninterested men? When you take into consideration the onerousness and responsibility, the fatigue and anxiety of the duties to be performed, the risk and danger, which a reference to the mortality of dispensary surgeons will at once show; the cost and labour of acquiring the profession; and above all, the fact that the moment a man from age or illness is unable to work, his pay ceases. When we consider all this, the notion of offering the surgeon a paltry pittance of £60 or £70 is too absurd. This, I submit, is the proper ground to take, not the mere circumstance of his being obliged to keep a horse, &c. As for a man being indemnified by his private practice, I can tell you anything he gets in that way he is wonderfully well worked for.

Let the dispensaries be open a couple of hours every morning, as at present. All tickets to be delivered within those hours, unless a case of sudden and urgent illness, and of which I would allow the medical man to be the judge; and if it should appear on investigation by the committee that an improper person had been recommended, I would make the gentleman pay for him that had recommended him. It would be very little satisfaction to the surgeon to have the name merely struck off from the relief list, after having had the benefit of his labour and skill.

Ordinary midwifery cases were never part of the duty of the dispensary surgeon, and I cannot but think that some of your correspondents in anticipating them now must have made a great mistake. I take it for granted, as heretofore, that the surgeon's business will only be with those requiring surgical assistance. Were it otherwise, and were the duties of a parish midwife to be now imposed upon the already well-worked doctor, I venture to say that not ten per cent. of the medical men of Ireland would stand such wear and tear for even half a dozen years, and that the mortality among them would be greater than ever it was in the times of "plague, pestilence, and famine."

I would also suggest, that for the efficient working of the act it would be well to have half a dozen supernumeraries at, say £120 per annum and their travelling expenses—something after the manner of diocesan curates, to take the place of any dispensary surgeon temporarily laid up by illness; and if this arrangement could be so far extended as to admit of a short and occasional leave of absence—say a fortnight every couple of years—I am sure it would be turned to the best advantage by the mass of the profession, by making themselves acquainted with the almost daily improvement of the age. At one of the Dublin hospitals, probably this will be called a one-sided letter; that I take very good care of the medical man. I reply, there is not the smallest doubt but that he will be made to do his duty with fidelity. Without taking into consideration the surveillance of the inspectors, there will not be a single managing committee in Ireland on which there will not be three or four members who, from one motive or another, questionable or otherwise we will now not stop to inquire, will not consider it their duty, or rather I should say their privilege, to see that the "doctor" does not eat the bread of idleness.

Do not fancy that the dispensary surgeons are alone interested in the liberal carrying out of this measure. The teachers of Dublin are just as much concerned in it; for I can tell you, it is the expectation of an immense number of the guardians to be able to substitute by degrees for the present respectable and well-educated surgeons, a mongrel set, holding an equally uncertain position in the profession and in society, who will be satisfied with the paltry pittance and insolent treatment that will be awarded to them—a set of men that will be let loose on society by the "cheap-and-nasty" system of the Queen's Colleges; and there is no doubt they will succeed if they get the latitude they expect under the new act.—I am, dear sir, &c., A Subscriber.

P.S.—It is surprising the avidity with which every opportunity is seized on of brow-beating the "doctor," by fellows that never subscribed a shilling under the old system.

NEW MEDICAL REFORM BILL.

As secretary to a committee of members of the Provincial Medical and Surgical Association, formed for the purpose of bringing forward a measure of medical reform, in accordance with the principles so long advocated by that body, I have prepared a draft bill, which I now submit, through your columns, to the consideration of the medical profession.

Your readers will perceive that the purport of the bill is to establish a medical council for each of the three kingdoms, who will be the governing bodies of the profession, and will

hold a triennial congress, for the purpose of preserving an unity in their educational system. In England, this council is to be nominated—in addition to the *ex officio* members supplied by the Universities—by the Royal Colleges of Physicians and Surgeons, and the Society of Apothecaries. The constitution of the council for Scotland and Ireland is purposely left undecided, in order that the opinion of the medical profession in those countries may be obtained as to the course which will be most in accordance with their wishes. But it is hoped that under any circumstances the measure may be one which will establish a common system for the whole of the united kingdom. These councils are each to appoint an examining board before whom every person who in future enters the medical profession will have to appear, and on obtaining the *testamur* of the board, the candidate will have a licence granted to him by the medical council, and will assume the title of a Licentiate in Medicine, Surgery, and Midwifery. Any one who chooses to do so may stop here, and may practise, on the title conferred by his licence; but if he wishes to be a physician or surgeon, he must go to the Colleges of Physicians or Surgeons, and obtain from them their diploma; the bill only contemplates establishing one common primary test for all who enter the profession, whatever grade they may afterwards wish to assume in it.

Each of the medical councils is also to appoint a registrar, who will register at a very trifling fee the names of all medical men now in practice. Those who in future wish to follow the profession will be registered on the granting of their licence; and both classes will have to take out an annual certificate, and pay for it a fee of £1, of which one half will go to the formation of a provident fund. Considering the advantages which the working of the bill would, as it is supposed, confer upon the profession, I do not think that this annual payment can be considered an exorbitant one. The projected measure also provides for the establishment of a proper curriculum of study, for the enforcing of penalties against unregistered practitioners, and for the erasure of the names of certain parties from the register. It is perhaps needful to observe, that the way in which the bill is drawn, implies that new charters would be granted to the Colleges of Physicians and Surgeons within a brief period; it would interfere very little, if at all, with the present privileges of those corporate bodies, since their diplomas would still alone confer the titles of Physician and Surgeon. Nor, on the other hand, ought the bill to be objected to by that class—I believe a small one—of medical practitioners who desire a third incorporation; for this measure does not in any way debar them from the prosecution of their scheme, and should it pass into law, it will still be open for them to obtain, if they can, the object of their wishes.

In conclusion, I will say that the draft bill now laid before the profession has been the subject of much labour, and of long and careful consideration. It is impossible that any measure can ever be framed to meet the exact wishes of all parties; but it is hoped that the present one is in accordance with the sentiments of the great majority of medical practitioners, and that it is free from some of the objections that have been urged against its predecessors. United support from the whole of the profession will carry it through parliament, and nothing else will. It therefore remains for the medical men of the united kingdom to decide whether they will embrace the present opportunity of placing their profession on a satisfactory footing; always remembering that the minor details of the bill are open for alteration, and that their criticism is invited upon them. Of the soundness of the general plan, I think no question can be entertained, and it would be easy to build on it, if necessary, the structure of subsequent legislation.—*Letter of Mr. G. W. Hastings, Barrister-at-Law in Lancet.*

At a meeting of the Council of the Provincial Medical and Surgical Association, held on the 17th day of June, 1851, a draft of a proposed bill, entitled "A Bill to produce Uniformity of Medical Education and Qualification, and for the Registration of those Licensed to Practise in Medicine," was submitted for approval by a committee composed of members of the Association, who have long given the subject their careful consideration. It was resolved, that the bill, so prepared, seems to carry out the principles of medical reform so long advocated by the association, and that it is therefore highly desirable that the same should be forwarded by the secretary to the branch associations; and that they should be requested to report to him their opinions on the various clauses composing the bill, with as little delay as possible."

MEDICAL TRIALS.

KENMARE QUARTER SESSIONS—JAN. 5, 1852.

J. McCarthy, Esq., M.D., v. John O'Reardon, Esq., Coroner; Dr. Maybury v. Same.

In these cases T. W. Murphy and F. H. Downing, Esqrs., solicitors, appeared for the plaintiff, and Joseph O'Riordan, Esq., and the defendant himself, appeared for the defence.

Mr. Downing stated that the first was an action brought by the plaintiff against the defendant or coroner. It appeared that the plaintiff was called upon by the defendant to attend an inquest and make a post-mortem examination in a case of some importance, when it was apprehended that some party was to be committed for trial at the ensuing assizes; the doctor travelled a distance of thirty miles to where the inquest was held in a remote part of Tuosist, and made a post-mortem examination, and the coroner gave an order on the board of superintendence of the Tralee jail for the sum of £2 2s., being the amount allowed by the act 9th and 10th Victoria, chap. 37. This the board thought fit to reduce to £1, which the plaintiff refused to accept, and as he could get no more from the board, he brought an action against the coroner, who called on him and when summoned was obliged to appear.

Mr. T. W. Murphy stated that he was employed by another gentleman, Dr. Maybury, who had a similar case, and indeed he had been on many occasions heretofore similarly treated by the board of superintendence, who in his (Mr. Murphy's) judgment assumed a power that they did not possess, and which was contrary to the opinion expressed by the judge of assize, before whom these matters were brought, that of reducing the coroner's orders when post-mortem examinations were held and considered to be necessary, from £2 2s., as allowed by the statute, to £1, and in some cases rejected them altogether. Such being the case, no option was left to his client but to sue the party who employed him, and therefore he hoped his worship would grant decrees for the full amount claimed, £2 2s. in each case. His clients travelled over twenty or thirty miles, and had a very unpleasant duty to perform, that of making a post-mortem examination on a body far in a state of decomposition, and it would be a monstrous thing that a medical gentleman travelling this distance and performing those duties, taken away from his other professional calls, should not get the amount claimed by the act.

Mr. O'Riordan, the coroner, admitted having called on those gentlemen, and that the distance was such as stated by their solicitors; but contended that it was never intended that he, or any other coroner, should be held personally liable to the medical gentlemen giving their attendance, and called the barrister's attention to the different sections of the act, 8th and 10th Victoria. chap. 37, secs. 28, 29, and 30, which regulated the mode of payment to medical and other witnesses, and stated that the practice was for the grand jury to present a certain sum to the board of superintendence for those purposes, that the coroner then gave orders on the board, considering that the clauses gave them an option to pay all, or such portions as they may think fit of those orders, who occasionally did so reduce them—that he or any of the coroners never called a doctor, except in cases where he considered it absolutely necessary, and that he regretted they should not be paid, as they, on most occasions, deserved. But again, he most respectfully submitted, that the doctors should bring the matter before the grand jury and judge of assize, and not look to him personally.

Mr. Murphy further stated that his client, Dr. Maybury, had, in consequence of the manner in which he was treated by the board of superintendence, determined not to attend any other inquest, unless the coroner gave a personal guarantee to pay him, and not refer him to any other quarter.

His Worship said that having looked at those different sections, and having fully considered them, he was of opinion that the 28th section authorises the coroner to pay the medical witnesses the sum mentioned in the schedule of the act, and he considered the fair construction of the act was, that the coroner had the discretion to give orders in accordance with the schedule, and it would be unwise not to give him the power, and it was the true intent and meaning of the section that the board of superintendence should pay accordingly. Section 30th bore out this view, which directed the grand jury to present such sum to the board of superintendence as they required to pay the coroner the amount of the orders pursuant to the sum mentioned in the schedule, and as he could not see that it left any discretion with the board, he thought they were bound to pay them. Suppose the coroner to hold an

inquest where the person comes by his death by unfair means, and that he could not get in the locality a properly qualified practitioner, and that one would not attend from a distance for fear of not being paid, the ends of justice would be frustrated by the delay; and when by another section of the act the coroner had power to impose fines on medical men for not attending, if summoned, it never could be contemplated that they were not to get the amount mentioned in the schedule, which could not exceed £2 2s. Having no doubt that he was putting the proper construction on the act, he should decree the coroner in each of these cases for £2 2s. He was of opinion that the board of superintendence could not refuse to reimburse him; that they were bound to do so by the act.

To Drs. McCarthy and Maybury the thanks of the Surgeons of Ireland are due, and are hereby given, for this practical assertion of their rights. Henceforth these attempts to deprive medical witnesses of their fees will be less frequent.

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

1852.		Max. T.	Min. T.	Barom.	Rain.
Sunday,	Jan. 25th,	48	33	29.530	
Monday,	26th,	47	33.5	29.700	.020
Tuesday,	27th,	50	38	29.250	.235
Wednesday,	28th,	43.5	30	29.950	
Thursday,	29th,	50	35	29.800	.025
Friday,	30th,	51	27	29.700	.320
Saturday,	31st,	47	33	29.500	.280

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Jan. 25th,	47	34	29.246	41.4	40 3	38.9	.098	WNW
26th,	48	31	29.150	46.8	45 9	45	.031	W
27th,	49.5	37	28.929	41.4	39.2	36.2	.196	NW
28th,	43	32	29.677	42 9	40.7	37.9	.018	NW
29th,	48	39	29.545	42.1	40	37.3	.134	Calm
30th,	50	33	29.445	40.3	38	34.8	.235	N
31st,	46.5	34	29.300	46.1	44	41.4	.253	SW

M. W. HANLON, M.B.

TESTIMONIAL TO DR. HYNES OF KINVARA.

At an Aggregate Meeting of the Subscribers of the New Quay and Ballyvaughan Dispensary, County of Clare, and of the Kinvara Dispensary, County of Galway, held in the Courthouse, Kinvara, on Friday, the 23rd instant,

Samuel Bindon, Esq., in the chair,

The Rev. F. Arthur, P.P., being requested to act as Secretary, the following resolutions were unanimously adopted:—

Resolved—That we, the Subscribers of the New Quay and Kinvara Dispensaries, being anxious to place on record our estimation of the professional abilities of Dr. D. J. Hynes, as Medical Officer of these Institutions, before their management is transferred, agreeably to the provisions of the Medical Charities' Act, to the Poor-law Commissioners, avail ourselves of this opportunity to give expression to our sense of the high esteem and respect in which he has been held by us during his long connexion (now thirteen years) with these charities, both as a humane public officer and a successful medical practitioner; and to express a hope that the sick poor of our several districts may still continue, as far as it may be deemed feasible, to enjoy the benefit of his kind attention and professional skill as heretofore.

Resolved—That with the view of carrying out the intention of this meeting fully, a committee be formed, consisting of the magistrates, clergymen, poor-law guardians, and others, residing in those districts, who shall collect subscriptions for the purpose of purchasing a suitable Testimonium, to be presented with an appropriate Address to Dr. Hynes, as a mark of our approbation of the manner in which he has discharged his onerous public duties, as well as a token of our sincere regard for himself personally.

Resolved—That a copy of these resolutions be forwarded to the Poor-law Commissioners by our Secretary.

Samuel Bindon, Chairman.
Francis Arthur, Secretary.

Kinvara, January 23, 1852.

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PERFORATION OF THE LARGE INTESTINE.

By JOLLIFFE TUFNELL, Esq., M.R.I.A.

MR. TUFNELL detailed a case of enteritis consequent upon the swallowing of a foreign body, terminating in peritonitis and death, from perforation of the large intestine. The subject of this history was a fine healthy man, aged 46. He was quite well upon the 16th of March, 1851, and partook heartily of a turkey for his dinner on this day. He remained free from any uneasiness in the alimentary canal until the 20th, when, after retiring to rest, he was seized with colicky pain in the abdomen, accompanied by slight nausea, but no vomiting. This increased during the night, and early the following morning I was sent for.

I found him walking up and down the room, complaining of griping pain in the region of the umbilicus, across which he frequently passed his hand, not pressing the epigastrium, but rubbing the cartilages of the ribs. His countenance was rather anxious, and he seemed to be suffering a good deal of distress. He said that he was sure something was disagreeing with him, but he could not tell what, as he had been living very plainly, and had eaten nothing unwholesome. His tongue was slightly furred; the bowels had not been moved for two days, and there was slight disposition to tenesmus.

I ordered him to take three grains of calomel and a grain of opium at once, followed four hours after by a full dose of castor oil. I recommended him to keep warmly covered in bed, and to have the belly well and frequently fomented. To take no solid food during the day, and to repeat the castor oil next morning if uneasiness of the abdomen remained, or the evacuations from the first dose were not full and satisfactory.

I visited him the following morning, and found matters had not improved. His appearance was more anxious, and he complained of increased pain in the abdomen, and that of a more continued character. There was general tenderness of the surface, and disinclination to allow the parts to be examined; the pulse was frequent and small, and other symptoms of enteritis present. I should mention that there had been no action from the bowels. The first dose of oil had been rejected from the stomach, and the second (which he had taken a short time before) was also thrown up, accompanied by the discharge of much yellow bile. Active treatment was now had recourse to. He was bled freely from the arm, and leeches applied over the most tender portion of the abdomen in the right hypochondriac region. Three grains of calomel and one of opium were ordered to be taken every third hour; continued fomentations to be applied to the belly, and enemata of tepid water thrown every six hours up the bowel. This treatment was steadily persevered in, and for a time seemed to give him relief. The bowels were fully and frequently moved, and he expressed himself as feeling much better, and he bore pressure over the abdomen sufficiently to allow of a belladonna poultice being applied.

This improvement, however, was of short duration. The succeeding day the belly was tympanitic, and the abdominal pain greatly increased, the pulse more frequent, and the debility greater; still he did not despond, or even manifest as much anxiety about his condition as before.

Throughout the 25th he declined in strength, whilst the peritonitic symptoms increased. On the 26th I visited him early, and found no change in his general condition, except that the stomach had become more irritable, and that he had vomited frequently in the night. The gums now showed evidences of the mercury having affected his system. The same treatment had been continued, excepting that he was now taking beef tea, chicken broth, and wine in small quantities, with Wenham Lake ice.

Shortly after quitting him, I was hurriedly sent for, and on arriving found a great and unexpected alteration in his condition. His features were shrunken and altered; his pulse not perceptible at the wrist; the belly immensely distended, and the surface of the body damp and cold. He had been talking to a friend shortly after my departure, and was in the act of conversing, when he sud-

denly exclaimed "*I am lost; something has burst;* I am dying!" and immediately his countenance fell. The sudden supervention of these symptoms, and the rapid sinking of the vital powers, indicating perforation of the intestine, I adopted, as a *dernier resort*, the opiate treatment. I gave him sixty drops of laudanum in a little brandy and water at once, and followed it up by a second dose of forty drops after the interval of an hour. He never, however, made any attempt to rally, and sunk five hours from the time when the intestine gave way.

Having obtained permission to examine the body, I did so, assisted by Dr. Carte, twenty-four hours after death. The abdomen was *enormously* distended, and on making a section of its walls, gas escaped in such quantity, and so offensive in character, as to oblige us to retreat quickly from the room. On returning, and viewing the cavity of the belly, we found the intestines lying agglutinated together, universally inflamed, thick, massy, and of a deep purple colour, attached to each other by yellowish matter, and lying in a considerable quantity of brownish serum, containing shreds of coagulable lymph. In the right iliac fossa appeared a quantity of thin bright yellow fæcal matter, proceeding out of a perforation of the large intestine, three inches above the caput coli, about the magnitude of a split pea. Through this opening was projecting a hard-pointed body; which on being drawn out, proved to be a portion of the pinion-feather of a turkey, measuring 6-8ths of an inch in length, and of the calibre of a No. 1 bougie, evidently derived from the bird off which the unfortunate man had dined shortly before. This, in its passage through the bowel, had got entangled in the crescentic folds of the mucous membrane of the colon, been closed on by the muscular fibres, driven into the lining of the intestine, there established enteritis, this being followed by peritonitis, ulceration, perforation of the bowel, and death.

Dr. Benson remarked, that although cases of enteritis and peritonitis from bodies lodged in the vermiform process were of somewhat frequent occurrence, he could not remember having met with any case like that which Mr. Tufnell had brought under their notice that evening. Many of the members then present might, however, recollect the case of a very interesting medical student who died five or six years ago from an attack of enteritis with peritoneal inflammation, the cause of which was not ascertained during the lifetime of the patient. The case was attended by the late Dr. Houston, by himself, and several other practitioners of Dublin; but though every means in their power were employed to arrest the progress of the inflammation, their efforts proved altogether abortive, and the patient ultimately sank under the disease: but after his death it was discovered that the cause of the inflammation was the seed of an orange which had been lodged in the vermiform process, and which had given rise to inflammation that subsequently extended to the peritoneum. Some years before this patient met his death, Dr. C. Johnson of Merrion-square, requested his assistance at a post-mortem examination of the body of a child who had died of enteritis and peritonitis; and on making a very careful search in that case, a solid body, larger than a pea, and composed of magnesia matted together by mucus, was found impacted in the vermiform appendix. It was plain, from an ulcer at the part, and the intensity of the inflammation just there, that this inflammation and the death of the patient were owing to the presence of this foreign body, and on making inquiry, it was ascertained that the child's mother was very much in the habit of administering *magnesia usta* to her children, and that she had given it frequently as an aperient to the child in question. He referred to these cases with a view of corroborating Mr. Tufnell's statement, as to the slight causes which occasionally led to the most fatal results. Such cases as Mr. Tufnell's must, however, be exceedingly rare, for he was not able to recollect having ever met with one of a precisely similar nature; cherry-stones and pippins were, he believed, frequently found in the vermiform process; but he was not aware of any other case in which a calculus of magnesia was discovered in that situation.

Dr. H. Kennedy stated that he had met with a case in which a calculus blocked up the vermiform process, caused an opening through it, and gave rise to symptoms like those in Mr. Tufnell's case. He had also met with cases where the same results were produced by the pippins of an apple and of an orange; but all these were confined to the vermiform process. Before sitting down, he wished to ask Mr. Tufnell whether he was of opinion that all the morbid changes were going on in his case before the perforation took place in the intestine? It was not usual perhaps for the inflammation to spread until the perforation had occurred; but Louis had recorded a considerable number of cases where three, five, seven, and even ten days had elapsed after the perforation before death ensued.

Mr. Tufnell replied that the inflammation was of a progressive kind in the case to which he had directed the attention of the Society; the lodgment of the stump of the feather in the mucous surface giving rise to enteritis, subsequently to peritonitis and death. For three days before death there was great tenderness, and the abdomen was in a tympanitic condition for forty-eight hours prior to the same event. The period which elapsed from the time when he cried out that *he was lost* to the moment of his death, could not have been more than four hours, and Mr. Tufnell dated the perforation of the intestine to this time only: viz., about four hours before decease. Dr. Benson had alluded to lodgments of foreign bodies in the vermiform appendix, and death consequent upon their presence. These cases, though generally fatal, were not universally so. Mr. Tufnell was aware of one instance where this had occurred, where protective inflammation had been set up, and the offending substance been safely discharged by suppuration. It happened in the practice of Dr. H. Irvine to a lady who swallowed a molar tooth, which remained in the intestine for thirty years. During this period Dr. Irvine had frequently treated her for colicky pains, and at length, about three years since, after a severe attack, abscess appeared in the right iliac region, on the opening of which the tooth protruded, and the patient recovered her original state of health. Mr. Tufnell might call attention, whilst speaking of impaction of substances in the bowels, to another case, where the foreign body was lodged lower down in the intestine. It was mentioned to him by the late Dr. Carline of the Carbineers, who was sent for in the middle of the night to attend an officer, suffering from extreme agony, referrible to the abdomen. Opiate enemata were administered, and Dr. Carline remained for a couple of hours with his patient, who was all that time groaning with pain. He next ordered tepid enemata, which affording no relief, he proceeded to make an examination of the rectum with his finger, where, about two inches above the anus, he found (the gentleman having partaken at dinner of mullagatawny soup) a portion of the bone of a fowl, the sharp ends of which were stuck in the mucous surface of the rectum, and retained there by the spasmodic contraction of the sphincter upon them.

Dr. Benson remarked that fish bones were frequently detained in the rectum in a similar manner.

Dr. Jacob observed that the only wonder was that such cases were not of more frequent occurrence, considering that foreign bodies of different kinds were swallowed by thousands of persons every day in the week. It was an established fact that, in the great majority of cases, such bodies passed away without interruption; and yet, in the present case, a very small fragment of a feather had passed the pylorus and the ileo-cæcal valve, and had not become entangled until it made its way into a cell of the colon.

CASE OF STRANGULATED INGUINAL HERNIA.

By Charles Trenerry, M.R.C.S.Eng.,
Assistant-Surgeon of Civil Hospital, Gibraltar.

(Communicated by Dr. Tyler.)

On May 7, 1849, Catalina Vicenté, aged 15, a handsome looking young woman, with black hair and large dark eyes, was admitted into the Civil Hospital, about eight p.m., suffering from inguinal hernia of the right side.

She was suddenly seized with pain in the stomach, about

twelve o'clock yesterday, whilst dressing for church, which caused her to have a stool; afterwards she vomited her breakfast and a quantity of green bilious fluid.

The vomiting continued nearly the whole afternoon, night, and following day, especially if she took any liquids. These symptoms did not excite any alarm till this evening, as she suffered somewhat in a similar manner, for the last twelve months, on the appearance of the catamenia.

She positively asserts that the swelling has been in the groin more than a year without once disappearing, and it invariably increased in size on each accession of the menses.

At present she is much agitated at being brought into hospital; there is tenderness of abdomen, and a small moveable swelling in the right groin. Warm poultice to be applied to abdomen; belladonna plaster to groin; a cathartic enema.

℞ Extract. opii gr. i. statim sumen.

8th. Passed a pretty good night; the swelling is lessened; bowels have not acted.

℞ Ol. ricini ʒiss. statim.

She rejected the oil almost immediately; an hour afterwards took ten grains of calomel, which she also vomited. To take half a grain of extract of opium every second hour: apply the taxis.

Two p.m. Tenderness at scrobiculus cordis much increased; swelling in groin larger, and she has occasional hiccup; bowels have not acted. Eight p.m. Constant vomiting and hiccup. To be placed in a warm bath and continue the taxis, which caused an evident diminution of the hernia. Three pints of cathartic mixture were injected and produced a slight loose feculent offensive stool. She is afraid to take anything, as it induces vomiting.

9th. Passed a very good night; had a slight but offensive stool this morning; complains of the tenderness of abdomen, but particularly so at the scrobiculus cordis. Ten a.m. Has had a copious loose greenish stool, attended with much griping. An enema was administered, which brought away a copious feculent stool. Hot chamomile fomentations afforded relief to the griping; has been able to retain some sago.

10th. Passed a pretty good night, and feels better this morning, but there is occasional hiccup and nausea.

11th. Passed a pretty good night, but still complains of the tenderness over the abdomen and across the hypogastrium; she is constantly moaning; bowels acted slightly during the night.

℞ Hydrarg. chlor. gr. x. statim.
Mercurial frictions to abdomen and hot poultices.

One p.m. Increased tenderness of abdomen, and an inclination to vomit. Apply three dozen leeches to abdomen, and administer an enema. The enema was evacuated without any stool or relief to her pains; abdomen somewhat distended, but she can bear tolerable firm pressure. Six p.m. *Suddenly vomited* a large quantity of *stercoraceous matter*, and became much exhausted.

℞ Extract. opii gr. i. statim.

12th. Passed a pretty good night, having taken tea and sago without vomiting, but has no relief from the pain at scrobiculus cordis. Eight p.m. Has been able to retain some broth, tea, and sago, also nine drachms and fifty-six grains of pure quicksilver, which was divided into two doses. Apply four dozen leeches to scrobiculus cordis.

℞ Extract. opii gr. i. h. s. s.

13th. Passed a good night, and is much revived this morning; felt an inclination to go to stool, and after much straining evacuated a thick, heavy whitish mass, something like masticated boiled fish. Seven p.m. Has vomited two chamber potfuls of *stercoraceous matter*: complains much of exhaustion, thirst, and occasional vertigo.

℞ Hydrarg. chlorid. gr. iij.
Ext. opii gr. i. tertia quaque hora.

Ten p.m. Abdomen tense and painful; occasional hiccup and inclination to vomit; altogether she is much distressed, and has been talking incoherently for some time. Omit the pills. To take effervescing draughts during the night, and keep hot poultices to abdomen.

15th. Symptoms considerably aggravated by constant hiccup; frequent vomiting of stercor; great tenderness of abdomen; tympanitis; thirst; anxiety of countenance and prostration of strength.

It was now agreed in consultation with Drs. Key, Mery, and Cortes, that the only prospect for her relief would be an operation, which I accordingly performed at six a.m. this day. The patient being placed under the influence of chloroform, the usual incisions were made through the skin, superficial fascia, tendon of external oblique, and two or three adventitious membranes, when the sac was brought into view in a highly vascular and thickened state, and strongly adherent to the surrounding structures, which prevented the reduction of the hernia by division of the stricture exterior to the sac; therefore I cautiously opened the sac, and exposed a knuckle of intestine in a tolerably healthy condition. The neck of the sac was then divided, but the intestine would not recede, notwithstanding all our manipulations, it appearing to be firmly adherent round the neck of the sac, but it became a little flaccid, so we deemed it advisable not to meddle with it any further. The wound was brought together with a suture and strips of adhesive plaster; she was placed in bed, and appeared to have suffered little by the operation.

Twelve noon. She has been dozing nearly all the morning; is very pale; respiration hurried; abdomen tense and painful. Four p.m. She feels much better; bowels have been rumbling since the operation, and she felt soon after twelve o'clock as if a weight had suddenly fallen from the scrobiculus cordis to the lower part of the abdomen, since which she has had frequent feelings of going to stool; she has been twice to the night-stool unobserved without effect. Eight p.m. Has taken broths and soda water several times during the day; has hiccup at long intervals; abdomen much distended, but less painful.

℞ Extract. opii gr. i. statim.
Catap. lini abdomini.

16th, six a.m. About one o'clock this morning had two copious peasoup-looking evacuations, nearly filling the night-stool; is much relieved in every respect. Nine a.m. Has had two more copious evacuations of the same character as the last. Two p.m. Has had another copious evacuation; complains of giddiness whenever she sits up; an erythematous rash suddenly appeared over the body, and particularly the extremities; has much thirst. To drink lemonade. Seven p.m. Has had another very copious evacuation, making altogether about six potfuls.

℞ Mist. cretæ comp. c. tr. catechu omni hora.

20th. Is much improved; bowels acted twice; stools of good consistence and healthy looking; her aunt collected from the last stool a number of globules of mercury, some quite black, and others in a pure state.

21st. Wound granulating fast; the *hernia has receded spontaneously*; has had another evacuation, and with it voided more quicksilver in its natural state: we collected 284 grains. To our surprise she states that she *voided a musket bullet* last evening, which she had been induced to swallow on the 11th instant by her godmother, who assured her a man of her acquaintance swallowed six bullets, and was cured of a similar disease; the bullets were voided twelve days afterwards.

June 3rd. Was discharged quite well, and about three weeks afterwards had a truss adjusted, as the hernia protruded occasionally.

Observations.—The points of peculiar interest connected with this case are: In the first place, the hernia having existed for twelve months without disappearing, and at each menstrual period increasing in size, attended with sickness and colicky pains. 2ndly. The hernia could not be reduced even before or after the operation. The bowels were not altogether obstructed, as she had a stool on the 8th, 9th, and 11th; but notwithstanding, there was great tenderness at scrobiculus cordis, hiccup, and vomiting, which led us to suspect gastritis; but on the other hand, the suddenness of the attack and existence of the hernia almost precluded such a supposition: however, the indication was

to allay the irritability of the stomach and restore the proper peristaltic action of the intestines, and watch for more urgent or decided symptoms of strangulation. On the evening of the 11th, stercoraceous vomiting occurred, probably induced by the bullet. On the 12th, at the urgent solicitation of her friends, we gave her the quicksilver—a portion of which, I suspect, was voided the following day in the form of a heavy whitish mass—an albuminate of mercury, or the mercury in combination with the mucus of the intestines. The substance was accidentally thrown away, so that we had not an opportunity of examining it minutely. On the 15th, there was an aggravation of symptoms that decided us upon performing the operation. On exposing the knuckle of intestine it was found to be in a tolerably healthy condition, but resisted all our manipulations at reduction, as it appeared to us from adhesions at the neck of the sac; yet on the 21st it was found that the hernia had receded spontaneously.

Now, what could have resisted our efforts at reduction? Could it have been the superincumbent weight of lead, quicksilver, and feculent matter pressing down the intestine and opposing a greater amount of resistance than we could consistently overcome? or were the adhesions removed by the peristaltic action of the intestine, aided by the great amount of matter that was evacuated? The quicksilver was not voided till eight or nine days after being taken, and the *bullet* had been retained for a like period.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

WARM DEBATE ON THE SPECULUM.

It having been announced that Mr. Pollock's paper would be read this evening, the meeting-room was unusually full. On taking the chair, the President said that on this evening it was his duty to nominate the auditors of the Society's accounts for the past year. Having named several gentlemen to fill this office, the following paper was read:—

AN ABSTRACT OF FIVE HUNDRED AND EIGHTY-THREE POST-MORTEM EXAMINATIONS OF THE UTERINE ORGANS, MADE AT ST. GEORGE'S HOSPITAL FROM 1841 TO 1850; ILLUSTRATING THE PATHOLOGY OF THE UTERUS, FALLOPIAN TUBES, OVARIES, BROAD LIGAMENTS, AND VAGINA.

By George Pollock,
Late Curator of the Museum, and Lecturer on Anatomy at St. George's Hospital.

The records of the "statistics" of disease, founded on accurately recorded post-mortem examinations, especially of the uterine system, is a branch of medical literature which, perhaps, of all others, has been much neglected; and the author had not met with any work in which such a record as the following, of post-mortem examinations of the uterine organs, can be found. The bodies of 583 women were examined in a period extending over ten years; and out of this number, 265 cases were found affected with disease in some form or another.

Fibrous Tumours.—Out of 265 cases, thirty-nine were affected by the deposit or growth of fibrous tumours in the uterus. In thirty-eight of these cases the tumours were connected with the walls of the body of the uterus, either imbedded within them, or pendulous therefrom. In the thirty-ninth case, the tumour was attached to the cervix. In twenty-one cases, the tumours were single; but in one of these instances, in which the tumour was small, and in the upper part of the body, the os was much enlarged, and in structure resembled that of the tumour. In six of the twenty-one cases, the tumours projected into the cavity of the uterus, one very large, without a pedicle, and three were pendulous; one of which latter had so distended the uterus and vagina, that death followed sloughing of the vagina, urethra, and neck of the bladder. In eighteen cases the tumours were double or more numerous, and in five of these some of the tumours projected into the cavity. In two of these cases the tumours had escaped into the vagina, and were much ulcerated on their surfaces. In one case a calcareous covering surrounded the tumour, and the same process of generation was observed in its interior. In one case, two tumours projected into the cavity of the peritoneum, and, connected with the uterus by thin, long pedicles, they readily moved in the abdominal cavity. In a second case, a large tumour attached to the anterior wall projected into and filled the pelvis. In two cases ligature had been applied to the pedicles of tumours. In one case the patient died *before* the separation of the tumour; in this case there was a second tumour: in the other case there was no second tumour; the patient died of peritonitis *after* the separation of the tumour. The age of the youngest person in whom fibrous tumour was found was twenty-six; and this was the only case under thirty. Several were between thirty and forty; the oldest was sixty-eight. Taking the 583 cases as the guide, the average of women affected by this disease is nearly seven per cent.

Cancer.—Cancer of the uterus existed in thirty-eight cases, not, however, confined to the uterus alone, but implicating, in many instances, the adjoining parts. In twelve of these cases, "cancer" of some other viscera (not including the organs of generation) was present; and in four of these cases the breast was affected. In twenty-three of these cases, more or less ulceration existed; and in nine of them, some communication had been formed, either between the uterus, bladder, vagina, and rectum. In one case, ulceration had occurred into the cavity of the peritoneum; and in a second case, the peritoneum between the bladder and rectum was nearly perforated. When cancer exists in the uterine organs, with ulceration, sudden collapse coming on, followed rapidly by death, may thus be accounted for and anticipated, especially when the disease is confined to the upper portion of the uterus. A lady was suddenly seized with pain of severe character in the region of the left groin; this continued unabated, and independent of all remedies. About the end of two months, it suddenly subsided, after the discharge of pus from the vagina, but shortly recurred, and continued unrelieved. Within four months of the first symptoms, she died; and only within two days of her death did alarming symptoms appear; these were chiefly of great depression. After death, a small encephaloid tumour was found in the upper part of the uterus, softened in its interior, discharging very slightly into the uterus; but the peritoneal covering was just perforated, and allowed the suppuration from the tumour to escape into the abdomen. In fifteen cases, the cancerous matter existed as tumour, without ulceration. Six of these presented all the characteristics of scirrhus; in each case there was generally more than one deposit or tumour. In one case the scirrhous deposit was infiltrated among and in the pelvic viscera. In one case, there were simply small scirrhous tubercles of the vagina in the submucous tissue; but there also existed, in this case, encephaloid disease of the liver. In six out of the fifteen cases, the form of deposit was encephaloid. Four cases were affected with encephaloid tubercles in the walls of the uterus; and in one the encephaloid matter was infiltrated in the substance of the uterus. In one case, the deposit was of the celloid variety. The youngest person in whom cancer of the uterus was found, was twenty-three years of age; she was also affected with cancer of the breast. A second case was twenty-seven. The oldest was sixty-two years old.

Results of Pregnancy and Abortion were observed in nineteen cases. In most of the cases of abortion the uterus was larger than usual, in some being the size of the head of a full grown fœtus. The muscular structure, in several cases, was found much softened, flaccid, and readily lacerated; the mucous membrane often dull-coloured, congested, and even in one case gangrenous. In most cases there were traces of the adherent part of the placenta to be observed, and a shreddy appearance of the inner surface of the part corresponding to this position. In two cases abortion followed operations for strangulated hernia; in two cases erysipelas appeared the immediate exciting cause; in one case the complication of epilepsy existed; the abortion was most probably owing to diseased placenta,

the latter being in the condition commonly known as hydatid placenta. In one case an encephaloid tumour appeared to be the urgent cause of abortion. In one case of cancer the fœtus had apparently been dead for some time, but was retained. In one case syphilis was the apparent cause of abortion; five cases were attacked by peritonitis, subsequent to abortion, and death ensued; four were fatal from phlebitis. In one, retroversion following delivery, the uterus became so wedged in between the rectum and bladder that retention of urine, most extensive dilatation and inflammation of the bladder, and subsequently sloughing of the whole urethra and surrounding cellular tissue, took place and produced death.

Alterations in Structure of the uterus were observed in twelve cases—alterations which were of a doubtful character; that is to say with some suspicions of cancer, or dependent on external mischief. Three cases gave evidence of induration of the substance of the uterus, one being extremely hard, not enlarged, in a person sixty-four years old. One in the body and neck was so hard, that it was cut with great difficulty; this was in a person aged twenty-five. One in which the posterior lip only was remarkably hard. In one case the body was much enlarged, the neck elongated, and structure indurated; the neck and lips were extensively ulcerated and flocculent in a person twenty six years of age. In one case the cervix was remarkably hard, and of a dense white fibrous structure; this patient also had encephaloid disease of the breast. In these cases, the structure of the uterus was found softened: one in a case of dropsy; another after peritonitis following removal of an ovarian cyst. In one case, obliteration of the greater part of the cavity had occurred in a person thirty-seven years of age. The uterus was partly destroyed in one case by an abscess in the pelvis, and in another much congestion of the interior of the uterus attended an abscess in the neighbourhood.

Alterations of Form, Size, or Position of the Uterus occurred in twenty-nine cases. In three, position was altered: one was elongated, and drawn towards a hernial sac; one was anteverted; and one displaced by an ovarian tumour. In sixteen some enlargement occurred: one in the case of a girl, seventeen years old, affected by chorea; one in a case of menorrhagia. In a case of phthisis, the cervix was thickened and neck elongated. The uterus was found enlarged in one case of diseased heart; in a case of scarlet fever; in one case of dropsy; one in a case of pneumonia; two in phthisis; two in fever; three were of twice their natural size; in one case the uterus was drawn upwards by a tumour, and its cavity thereby dilated. In eight cases the uterus was smaller than usual, most of them being under twenty years; one case occurred in a woman aged sixty-four, a condition of atrophy not very rare in advanced life; in two cases extensive prolapsus had occurred.

An unusual condition of the Cavity of the Uterus, without actual Disease, occurred in six cases. Bloody fluid existed in the cavity in four cases, apparently menstrual. It has often occurred to me to examine the bodies of women reported to have commenced menstruating a day or two before death, yet no evidence of the local secretion or symptom of its presence were observed. In two cases coagula were found in the cavity—one in a case of cholera—one in a case of kidney disease.

Congestion of the Uterus was observed in twenty-one cases. This apparently depended on, or coexisted with, some general constitutional disturbance. The condition itself was not attended with alteration of structure, nor indication of incipient disease. In four cases, death was caused by fever; in three cases, by peritonitis; in one, it was attended with chorea; in one, by mania. In five, some disease of the brain existed; in one, disease of the heart; in one case, there existed phlebitis; in three, pleuritis; in one, rheumatism; and in one case, pleuritis, with general congestion of all viscera. In all the cases, there was some constitutional disturbance.

The Mucous Membrane of the Uterus, Cervix and Os, and the Vagina, was observed to be diseased or altered in its condition in twenty-three cases. In fourteen, some ulceration, or an appearance resembling ulceration, of the mucous membrane, was observed. Two occurred in patients with diseased hearts; in one, the mucous membrane of the vagina was highly congested and ulcerated near the os; in the other case, the os uteri was rough and congested, the membrane very superficially ulcerated; if "ulceration" can be the term applied to this condition of the mucous membrane. Two cases accompanied disease of the kidneys: in one, the membrane of the vagina and os was congested, and on the side of vagina and os were several aphthous ulcers; in the second, the membrane of the vagina and os was grayish and thickened, and covered with purulent secretion; on the posterior lip were two small ulcers. In a case of chronic peritonitis, the os was congested and superficially ulcerated; in the interior of the upper part of the body of the uterus, a small spot of ulceration existed in the mucous membrane. In a case of rheumatic fever, in the cavity of the uterus, there was a small ulcerated spot. One small superficial ulcer of the os occurred in a case of pneumonia. Two instances of superficial abrasion and minute ulcers of the os occurred in fatal cases of "fever." In two cases of diseased liver, there was abrasion of the mucous membrane round the os in one; in the other, the os was congested, and superficially ulcerated. In a case of phthisis, the follicles of the os were inflamed and ulcerated. In one case, superficial abrasion of the posterior lip, with two cicatrices of the posterior wall of the vagina, was accompanied by abscess of the pelvis. In one case, extensive ulceration of the side of the vagina, communicating with diseased bone. In nine cases, the alteration was not attended with ulceration. In one case, the mucous membrane was pulpy, after erysipelas. In three cases, it was vascular about the os, one being in a case of diseased heart, one in phthisis, and one in inflammation of the brain. In a case of diseased heart, the mucous membrane of the uterus was congested, and blood effused underneath it at the os; in another case, the membrane was covered with pus, and the sub-mucous glands enlarged; gonorrhœa was the supposed cause of the inflammation of the parts. In a case of diseased heart, the mucous membrane was covered with a white reticulated secretion. In one case, it was thickened, congested, and formed a flat vascular prominence, in a woman eighty years old. In one case, several little pendulous mucous tumours hung from the inner surface of the neck.

Scrofula of the Uterus existed in five cases. In a girl at sixteen, the cavity was filled with scrofulous matter, and the lining membrane entirely destroyed; the Fallopian tubes were also distended with the same secretion; the deposit did not extend beyond the os. There were also scrofulous tubercles in the brain and lungs. The second case was associated with phthisis. The inner surface of the uterus and Fallopian tubes were ulcerated, and their cavities filled with scrofulous deposit. The third case of a girl, aged eighteen, had extensive deposit in the uterus and tubes; the ovaries also had deposits of scrofulous matter in them, and there was general scrofula. The fourth case occurred in a person aged thirty-nine, was of a similar nature as regards the uterus, and was attendant on phthisis. The fifth case had the deposit round the body of the uterus, not in its cavity or substance; it was also accompanied with phthisis.

Mucous Polypus was found in one case, connected to the posterior wall about half an inch within the os.

Imperforate Vagina occurred in one case. The occlusion depended on the obliteration of about an inch and a half of the vagina. The case was operated on, and died soon after the operation and evacuation of the contained fluid.

Extra-uterine Fœtation had occurred in one instance; death followed rupture of the Fallopian tube, in which the fœtus and placenta had been contained. The tube burst into the peritoneal cavity, and extensive hæmorrhage followed. The fœtus was found in the cavity of the peritoneum.

Fistula between the Vagina and Rectum was seen in one case affected with phthisis.

Tumour of the Urethra occurred in one case. It was about the size of a hazel nut, of a dark venous colour, apparently not cancerous, and sprung from the inner surface, close to the orifice.

The Fallopian Tubes and Broad Ligaments were affected in thirteen cases. In two instances they were bound down by adhesions. In one case a simple fatty tumour was found in the tissue of the broad ligament. In four cases, simple serous cysts were connected with the broad ligament. The subjects, in three of these, were under twenty-one years of age. In one case, the extremity of the Fallopian tube was filled with pus; in another, a cyst, with pus, was situated in the cellular tissue of the tube. The Fallopian tube was obliterated at the inner extremity in one case, and at its other extremity dilated into a cyst filled with inky fluid. In another case, the extremity was dilated, and contained dark fluid; but the tube was pervious.

Tumours of the Ovaries, not Cancerous, were found in four cases. One case had a cartilaginous tumour in both ovaries. In one ovary a fibrous tumour was found, the uterus being at the same time similarly affected. In two instances calcareous masses were deposited in the ovaries.

Cancer of the Ovaries existed in eighteen instances; six were of the encephaloid variety, and solid in structure; eight were encephaloid combined with cysts. In four cases the ovaries were the seat of scirrhus. Out of eighteen cases, four were affected with cancer of the breast; in four the uterus was also affected; and in one case there was a cancerous tumour of the abdomen. In nine cases the ovaries were alone the seat of cancer. The age of the youngest affected was twenty-two; the age of the oldest, sixty-three.

Cysts of the Ovaries occurred in fifty-one instances. In thirty of these, the cysts were of the simple serous kind; in fourteen there existed but a single cyst; in sixteen there were more than one. In seven cases the cysts were complicated with abscess; out of these, in one, there was a clear cyst of the left, and pus in a cyst of the right ovary (after ligature of a uterine polypus). In one the abscesses are multilocular, and on one side opened into the rectum. In one a large cyst filled with pus occurred after phlebitis; in another, pus in a cyst attended cancerous ulceration of the uterus. In one case cysts occurred on both sides, some clear, others filled with blood, and one contained pus (after ligature of uterine polypus). In one case a cyst of pus and putrid lymph was complicated with fibrous tumour of the uterus. In one case both ovaria contained cysts with pus, apparently scrofulous, in a case of phthisis. In three cases "congenital cysts" were found; their contents were fatty matter, hair, and spiculæ of bone. In five cases cysts of the ovaries contained blood; two of these cases occurred in young women who suffered from chorea. In a multilocular cyst of the ovary, cholesterine mixed with thick tenacious fluid was found. In one case a large cyst had been removed during life; the patient did not recover from the effects of the operation. In five cases the cysts were complicated with solid matter. In one the ovaries converted into cysts had solid growths springing from their interior; the cysts communicated by a sinus to the rectum and bladder; this in a girl sixteen years old. The left ovary was affected by a compound cyst, with a large proportion of solid matter, in one case, while the right was affected with a simple serous cyst. In another case the left ovary contained a large clear cyst; the right was converted into one with thick cartilaginous walls, containing calcareous matter. In one case the right ovary presented an enormous mass, partly solid, partly cystic. In one the ovary was converted into a large cyst with growths within, one of the latter being filled with pus.

Scrofula of the Ovaries was found in four instances. In one both ovaries were greatly enlarged and filled with scrofulous matter and pus; there was also scrofulous disease of the peritoneum. In the second case both ovaries were filled with scrofulous matter; there was also phthisis. In the third the right ovary was a large thick cyst, containing scrofulous matter; the left, smaller, was similarly affected, and there was also tubercular deposit in the lungs. In the fourth case scrofulous matter was deposited in both ovaries, and there were other and general scrofulous deposits. The youngest person affected with scrofulous deposit in the ovaries was eighteen; the oldest, twenty-three.

Congestion of the Ovaries was seen in seventeen cases. Three of these occurred in cases of fever; one in a case of chorea in a girl fifteen years of age. In two cases the veins were varicose, dilated, and congested. In two cases, extravasation of blood was observed. A clot of recently extravasated blood was found in the ovary of a woman aged fifty; and spots of extravasation speckled the surface of the ovaries in a woman of forty.

Adhesions of the Ovaries were observed in thirteen cases: in two, apparently from proximity of cancer; in one, from numerous vesicles in each. The youngest case in which adhesions were found (exclusively of those associated with cancer) was twenty-five; and in eighteen instances the respective ages were under forty. The influence of this condition of parts in the production of sterility, with many other conditions already mentioned, should indicate precaution in the use of instruments, advocated by some practitioners, to overcome the mechanical obstructions which interfere with impregnation.

Displacement of the Ovary was observed in one case; it was adherent to a hernial sac; it was observed in the sac during life, at the time of the operation for the hernia.

Atrophy of the Ovaries was observed in ten cases. In one case, twenty-eight years of age, very little trace of the ovaries was found, in connexion with a pelvic abscess. In one case, they were absorbed by the presence of a tumour. In one case of forty-nine years old, and in another of eighty, they were observed atrophied.

In concluding this statement of the pathological conditions of the uterine organs, the author expresses the hope that the cases have not been collected together for no useful pathological or practical end. Independent of all theory, and irrespective of any speculations, relative to the functions of these organs, to the causes of their maladies, or to the plentiful remedies proposed or adopted in these maladies, when they are supposed to exist, these cases have been examined, recorded, collected, and are now given to the public. This method of collecting, recording, and comparing cases, can only ultimately and correctly decide questions which have too often, and more frequently of late, led to unnecessary and injurious practices. If we only refer back to these cases, and take one broad view of all the disorders found affecting the uterine system, we cannot but conclude with this firm conviction, that in almost all cases constitutional affections may be detected, not only propagating, but maintaining, local diseases and local derangements; and that our remedies, if their use is to be attended with success, or their administration founded upon pathological investigation, must be directed to the general system—cautiously, if not sparingly, and in most cases not at all, directed to the part itself.

Mr. H. Walton inquired if all the post-mortem examinations enumerated in the paper had been made by the author himself, or by whom had he been assisted? Much of their value would depend upon the examiners.

Mr. Pollock replied that the examinations had extended over a space of ten years, and were not all made by himself; but when he stated that those cases for which he was not immediately responsible, had come under the examination of Mr. Prescott Hewett, Mr. Henry Lee, and Dr. Handfield Jones, he thought that a sufficient guarantee would be given of their authenticity and value. For five years he had himself been engaged more or less in these examinations, partly as assistant-curator and partly as curator. He could therefore personally testify to the accuracy of many of the cases. He had omitted the record of some cases occurring in 1842–43, because they were not examined with that accuracy which was neces-

sary to such an inquiry as the present. Mr. Hewett had first proposed and carried out the plan at present followed in St. George's Hospital. The professional public were much indebted to Mr. Hewett for the example he had set—an example which he (Mr. Pollock) regretted had not been followed by other hospitals.

Dr. J. A. Wilson hoped that there would be no further delay in beginning the discussion on the merits of the facts brought before the Society. The facts, he could answer, might be depended upon. This was an important point in a paper; for as long as he could recollect, even in the old "Lyceum Medicinum Londinensis," after a long narration of a case, there used to be a little doubt of its accuracy, and the discussion flagged. He proceeded to say that Mr. Pollock had dissected under his own eye, and that it was his custom to have all women who died in the hospital examined as to the condition of the uterus and ovaries, whatever might be the disease they died of.

Dr. Murphy had great reluctance in speaking on the present subject, because it unfortunately has happened that in this Society—the first medical society in the kingdom—obstetric questions, or any that have the most remote relation to them, are rather an infliction upon than a benefit to the Society. The physician can have his opinions and practice discussed with all the impartiality and scientific acumen that becomes such a Society; the surgeon cannot complain that his operations or treatment are not fairly considered. In neither case does the discussion assume the character of a personal attack; but let the question concern obstetrics, or be even a third cousin to obstetrics, and the scene is at once changed; the Society becomes excited, its rooms are crowded, there are rumours that some one is to be attacked, and the calm and scientific discussion suddenly assumes all the characters of an angry debate,—of a personal dispute. Dr. Murphy then alluded, as instances, to the former discussions on the speculum, the Cæsarian section, ovariotomy, and would, therefore, gladly have avoided to take part in the present discussion, were it not that this question so seriously affects personal character; were it not that private moral character, as well as professional reputation, may be most easily whispered down if the charge that is implied in this report obtain credence. He called on the Society to recollect the peculiar position of the obstetric physician who had to treat uterine disease. He differed from both the physician and the surgeon in this: he had no witness to testify for him, he had no one to guarantee the truth of his statement with regard to the disease which he treats. The physician, on the contrary, has or may have many. The surgeon could not say there was a fracture when there was no fracture, a dislocation when there was no dislocation, an aneurism when there was no aneurism, without being detected, but the practitioner who has to treat disease of the womb is the confidential attendant of his patient, her complaints are known to him, and to him alone; to communicate them to another is a breach of confidence, to ask the presence of a witness is absurd. Hence two evils of an opposite kind spring up. The practitioner may abuse the confidence reposed in him, he may say that there is disease where there is none, he may submit his patient to a most disagreeable and painful treatment to no purpose, he may make a disease in place of curing one, and thus leave his patient worse than he found her. All this may be done; such (and he spoke on Dr. Copland's authority) has been done, at least in one instance. But he could not think that a man so acting can abuse that confidence long. He trusted to the ill-success of his treatment, he trusted to the intelligence of the female herself, he trusted to the crushing indignation excited by such a discovery, to correct an abuse like this. On the other hand, however, it is equally possible that the practitioner may be an honest man, he may state truly the nature of his patient's complaint, he may employ the most judicious treatment, and may feel—may painfully feel, that he has no witness to testify for him. He may find himself surrounded by rumours that he is treating complaints which have no existence, he may hear that his patient has gone to another, to a rival practitioner, who declared that she had no such disease; he may hear a report industriously circulated, "That at a certain time and place which shall be nameless, a lady whose name we cannot of course mention had been treated by a gentleman, whom prudence forbids us to name, for a disease of the womb, which a most distinguished obstetric physician declared she never had." Nay, he will find these rumours embodied in type, and to his surprise will read the following paragraph in your own Transactions: "Neither in the living nor in the dead body have I ever seen ulceration of the os and cervix uteri, except of a specific character, and especially scrofulous and cancerous, but I have met with a considerable number of cases in which it had been affirmed by others to exist during life after deliberate and repeated examinations by them with the speculum, when I ascertained that ulceration did not exist in the os and cervix uteri, nor disease of any kind. This mistake has happened not once, and to one individual, but in a number of cases, and to several practitioners who avow that they are 'in the daily and almost hourly use of the speculum.'" To say the least of it, this is dishonest. If there be foundation for such statements, let us have the particulars, name, date, place; or if this cannot be done, let there be an umpire—let there be a consultation, where a third party, a man of honour, who will declare who is speaking the truth, is present. Feeling strongly on the mischievous effect of such conduct as this, that it not only most unjustly injures individuals, but is a most serious injury to the profession itself, that it snaps asunder those links of open, manly, straightforward, honourable conduct, which can alone bind an honourable profession together—finding that this report seems to be brought forward to justify such statements, and to "decide questions which have too often of late led to unnecessary and injurious practices," he felt it his duty to watch it most carefully, and to address the Society on the subject. The proposition attempted to be proved is this, that ulcerations of the neck of the womb, inflammations, indurations, hypertrophy—diseases which are said to require the use of the speculum—are very rare diseases; that they are caused by some constitutional affections, and that treatment must be directed exclusively to the general system, and cautiously, if not sparingly, and in most cases not at all, to the part itself. The proof advanced is from certain post-mortem examinations which have been made in St. George's Hospital, not given in connexion with any history of the case, nor of the symptoms during life, nor of the appearances which the parts may have then presented; but just taken as they are from the dead-room, and intended by their number (583) to be a statistical proof that these diseases scarcely exist. The conclusion is obvious, that those who say they are frequent, are either telling untruths, or are ignorant of their profession. Against such evidence he protested *in limine*. He utterly disclaimed as unworthy of confidence, post-mortem examinations, taken separately from the disease observed during life. This objection, strong in ordinary medical cases, has a double force in such cases as are now under consideration,—cases in which we may actually see the morbid changes during life. If the physician could by any means discern the changes going forward, during life, in the lungs, the brain, the kidneys, or the liver, would he fly to the dead-room to puzzle out, amid the dead and semi-putrid vestiges that the disease had left behind, what the disease itself originally was? He asked the President, as a surgeon, would he look for inflammation of the conjunctiva, ulceration of the cornea, ulceration—"so-called ulceration,"—of the fauces, in the dead-room? And if, because they were seldom observed there, not 500, but 1000 post-mortem examinations, were brought forward to prove that they did not exist, would he believe such testimony? And yet we are called upon to believe that inflammation, ulceration, induration of the neck of the womb, but rarely occurs, because in the dead-room of St. George's Hospital they have escaped notice. There is

another *primâ facie* objection to such evidence, in the simple fact, that women so afflicted do not die of such diseases. They very seldom enter general hospitals; and if, in consequence of other complaints, they become inmates, and die there, they are placed under circumstances that would contribute, more than any other, to arrest the progress of the primary affection; they are kept perfectly at rest, and morbid action is going forward in another place. Hence, if they had such a disease, it is highly probable that there would be no trace of it left before death. But he would take the report on its own merits, and distinctly state that he had no confidence in it whatever. It professes to give a return of all the post-mortem examinations (583) made in St. George's Hospital, from 1841 to 1850, a period of nine years, by Mr. G. Pollock, curator. How does this agree with Dr. Lee's statement, in his paper on the Speculum? (Medical Transactions, vol. xxxiii., p. 274). Mr. Prescott Hewett was curator for six years, and in that time examined 600 cases. Mr. G. Pollock, who succeeded, was curator for three years, and examined 300. The periods of both gentlemen, collectively, are nine years; and in that time they examined 900 cases. But it appears that Mr. Pollock, in that time, only examined 583, making a difference of 318 in the female mortality of St. George's Hospital. Again, we find that Mr. P. Hewett could find no ulcerations; Mr. Pollock only four—three scrofulous, the fourth cancerous; but in the present report, Mr. Pollock has found out fourteen distinct ulcerations, neither scrofulous nor cancerous, because these cases are under a separate division. Now let us examine these fourteen cases of ulceration; they are included under the following title: "Mucous membrane of uterus, cervix, os, and vagina diseased and altered in structure," 23 cases; 14 admitted ulcerations; 9 not admitted.

Of these,	Mucous membrane pulpy	1	
,,	Vascular about the os uteri	3	
,,	Mucous membrane congested	1	
,,	Mucous membrane covered with pus ...	1	
,,	White secretion over mucous membrane,	1	—7

Thus of these nine cases, seven gave evidence of preëxisting local inflammation, which we assert to require local treatment. Again, there are twenty-one cases of congestion of the uterus, which it is said, "apparently depended upon, and consisted with, some general constitutional disturbance; the condition itself was not attended with alterations of structure, or indications of incipient disease,"—that is, the congestion was caused by the accompanying disease. Now, which is the more probable—that peritonitis, chorea, rheumatism, pleurisy, disease of the brain, conspired to produce congestion in the uterus, or that the congestion was the last trace of the incipient disease, inflammation, which was arrested by these attacks, and perhaps produced some of them? He claimed, therefore, these twenty-one cases as being at least ambiguous. There are sixteen cases of enlargement of the uterus, of which there is only one where the cause of the enlargement is explained; the uterus being drawn up by a tumour. There are fifteen unexplained, in one of which "the cervix was thickened and elongated." Under the head of "alterations of structure," as of doubtful character, "with some suspicions of cancer," and "dependent on external mischief," there are twelve cases, of which five are cases of induration. The microscope could easily remove the suspicions of cancer. He therefore claimed them also as indurations, the result of inflammation, more especially as one of them is thus described:—"Body enlarged, neck elongated, and structure indurated, the neck and lips extensively ulcerated." Thus we have—

Acknowledged ulcers	14
Doubtful alterations of structure in the mucous membrane	7
Congestions unexplained	21
Enlargements of uterus, not explained	15
Indurations (not cancer) ...	5
Total cases, results of [illegible] ...	62

All these cases, so far as we know to the contrary, may have required local treatment; and so far from agreeing with the author that these cases prove that "constitutional affections propagate and maintain local diseases," the evidence excites the suspicion that the neglect of the local disease may have caused some of the constitutional affections; and hence, although fully admitting the importance of constitutional treatment, he denied that that treatment must be directed exclusively to the general system, and cautiously, if not sparingly, and in most cases not at all, to the part itself. There is one other error in this report that a few words will dispose of: the proportion is taken for the whole number, 583 cases. Now, of these, there were only 265 morbid uteri; 318 were healthy. Dr. Lee, or Mr. Pollock, might just as well give a report of uterine ulcers from the Marylebone Workhouse, and if they found three or four cases in the course of the year, say that they only met with four cases of ulceration in several thousand women, including of course those who had no other disease than inanition. He thus endeavoured to point out the errors of this report, because there is no kind of proof which can be more abused than statistics. "Statistics may be made to prove anything," and nowhere is this skill more shown than in medical questions. Few will take the trouble to examine figures, and conclusions are received as true because they have all the appearance of algebraic accuracy. Thus this question, ovariotomy, the Cæsarian section, and others, have been completely mystified by partial and imperfect statistics. He had stated why he would not take the statistics of St. George's Hospital; but if such an evidence is required, let it be from all the hospitals—from Guy's, from Bartholomew's, St. Thomas's, London. Let it be above suspicion. He was anxious to adopt this method in University College Hospital, but soon found out its fallacy. The very day after Dr. Lee read his paper on the Speculum in this Society, May, 1850, a girl was brought into University College Hospital, who had poisoned herself with opium. A post-mortem examination was made, and he sought for the uterus; it presented an ulcer on both lips of the uterus, extending into the cavity; the pupils present saw it; it was sent to the curator to be preserved, but although every attention was given to it, the next day it lost all its characters, it was thrown aside, and another means of proving the existence of ulceration adopted. Being able so completely to conceal the patient that nothing but the disease could be seen, he obtained the assistance of an excellent artist, Mr. Tuson, to make coloured drawings of these complaints. Mr. Tuson, however, soon found that coloured drawings could not faithfully represent them, and without his (Dr. Murphy's) knowledge made a beautiful series of models in wax, which will speak for themselves. They will show every variety of these diseases, which, in place of being in the ratio of 14 to 583, are more nearly as 1 to 3. In conclusion, he begged to apologise for so long occupying the Society's attention. He wished not to speak, but was placed in this dilemma. If he were silent, it would be said that he shrunk from the exposure made of "certain injurious practices." If he addressed the Society, the question was too serious not to go fully into it. He wished to remove from the minds of society mere prejudices that were excited against a most valuable means of diagnosis and treatment. But while he did so, he begged of the Society not to mix up in their minds two very different questions—the use and the abuse of the speculum. Highly as he valued it, he equally felt the deepest indignation against the man who will dare to abuse the trust reposed in him, who will violate the honour of his profession and disgrace his character as a man. If such a being exist, he trusted that he would be exposed. He trusted that no false delicacy, no feelings of prudence, will prevent the profession expelling him from amongst us. Let this be done, but let not the whispers that such are to be found be made the means of flinging calumnies on those who are honestly following their profession to the best of their ability (cheers).

Mr. Charles Hawkins felt some pain in rising upon the present occasion; he did not do so with the view of discuss-

ing the merits of the paper, with which perhaps he was not able to cope. He agreed, however, with many of the opening remarks made by Dr. Murphy, and regretted that many of the speeches which had been made in that room had tended to lower the profession in public estimation; but his immediate object in rising was to call upon the President to request Dr. Murphy to withdraw the expression "dishonest." In a society composed of gentlemen such expressions were not admitted (hear, hear).

The PRESIDENT had noticed the remark, and hoped that Dr. Murphy would see that it was most injudicious and improper, and that he would withdraw it (hear, hear).

After some further discussion on the point, Dr. Murphy entirely withdrew the expression, and stated that he was most desirous not to use any language which might or could be objected to.

(To be concluded in next Number.)

SURGICAL SOCIETY OF BRUSSELS.

ERECTILE TUMOUR CURED BY VACCINATION.

M. MARJOLIN has brought before the Surgical Society of Brussels a young girl, affording a very remarkable instance of the cure of an erectile tumour by means of vaccination. In 1847 this surgeon had shown this child, then six weeks old, to his colleagues. A venous erectile tumour occupied all the right side of the head and face. The erectile tissue on the one part had invaded the skin of the temples, the margin of the orbit, the cheek, and the lips; and on the other part the mucous membrane of the eye and eyelids, that of the mouth and the arch of the palate. The nearly unanimous opinion of the Society was, that nothing should be done; meanwhile the infant not having been as yet vaccinated, M. Marjolin conceived that he might make use of this opportunity to try the effects of vaccination for the cure of this severe affection. He made twelve or fifteen pricks with a needle round the edges of the tumour, and inoculated each with vaccine matter. The bleeding, although not considerable, was with difficulty arrested. A smart inflammation ensued, which spread over the greater part of the tumour, and extended to the eye, the conjunctiva of which became swelled. These consequences finally disappeared. The infant was taken from the hospital, and was lost sight of for three years and a half.

Then, at last, the mother brought her back to M. Marjolin, who, much surprised at the improvement which had taken place, again showed the young patient to the Surgical Society. The erectile characters of the tumour had nearly entirely disappeared; the erectile tissue had given place on the skin of the head, temples, and cheek, to a white firm tissue. This fact cannot but encourage practitioners to have recourse to vaccination, as performed by M. Marjolin on the circumference of the tumour, and which most surgeons now-a-days advise.

COLLODION USED TO OBVIATE THE GROWTH OF THE NAIL INTO THE FLESH.

M. MEYNIER of Orleans has made a happy application of collodion in this affection. To explain his process, we have only to put back the flesh, and to drop in between it and the border of the nail a small portion of this substance, which quickly dries, solidifies, causes the ulceration to cicatrise, and by keeping the parts separated, ensures the cure, provided the disease does not depend on primative or abnormal deviation in the growth of the nail. M. Meynier himself, who employed collodion thus in five ordinary cases, found it to succeed in four. A method so simple as this deserves the attention of practitioners, as every one knows that when the nail grows into the flesh, how impossible to bear and difficult to cure it is; witness the multiplicity of remedies, either real or imaginary, and the too frequent inefficacy of those, even the most painful and complicated.

SAL AMMONIAC IN INTERMITTENT FEVERS.

M. ARAN has employed sal ammoniac in fourteen cases of intermittent fever. He had collected a greater number, but in twenty-five received into his wards, there were eleven in whom the fever disappeared by repose; and from the fourteen patients, one must be deducted, in whom the accesses were suspended, but the fever persisted. There remained, then, thirteen intermittent fevers treated by sal ammoniac. The method of administering it used by M. Aran was in nearly all the cases the following:—

℞ Ammoniæ hydrochloratis, gr. 124.
Aquæ menthæ,
Aquæ florum aurantii āā. ʒxiv. Misce.

This mixture was given to the patient in two doses, at two hours intervals. After each dose, a small cup of coffee was given, as recommended by Muys, to take away the bitter saline and coppery taste which the medicine leaves behind. The therapeutic results could not be more satisfactory. The thirteen fevers were cut short; seven at the first access, four at the second, one at the third, and one at the fourth. There was a relapse in one case only; that was in a young man affected with paludal cachexia and enormous enlargement of the spleen. M. Aran remarked that these facts, very nearly resembling those reported by Muys, are of a nature to encourage practitioners to persevere in the use of sal ammoniac on account of its low price, its innoxious properties, and its facility of administration.—*Presse Méd. de Bruxelles.*

ORIGINAL COMMUNICATIONS.

ON STEATOSIS OF THE KIDNEY AND APOPLEXY.

By B. WILLS RICHARDSON, F.R.C.S.I.

To Mr. Corfe is due the credit of first promulgating the opinion, that granular degeneration of the kidney depends on the infiltration of its tubules with fat.*

When he first published his opinion, it excited but little attention. Rayer merely alludes to it, and says—"M. Corfe attribue les granulations blanchâtres qu'on observe dans les reins, à un dépôt de graisse on de stéarine dans des conduits de la substance corticale qu'il appelle huileux. Je ne m' arrêterai point á cette hypothese; je préfère remarquer que cet auteur cite plusieurs cas d'hydropisie avec urine coagulable, dont un très aigu et promptement mortel dans lequel les reins avaient une couleur très foncée semblable à cette de la rate."†

The subsequent researches of Gulliver, Davy, Gluge, Constatt, Johnson, and Toynbee, have shown that one or two forms at least of granular disease of the kidney depend on the infiltration of the tubules with fatty or oily matter, and therefore add considerable interest to the doctrine of Mr. Corfe.‡

Gluge describes three stages of the degeneration, and he states that the infiltrated matter is in general oil or fat, stearosis or steatosis.§

In a very interesting paper in a recent number of the *Edinburgh Monthly Journal of Medicine*,‖ Dr. Christison states, that "the congeries of alterations of the kidneys, described by Dr. Bright, depend on at least two distinct morbid processes: one of these is of the nature of inflammation, chronic or acute: the other is a morbid degeneration always chronic, not inflammatory, analogous to what occurs in various other important organs, and consisting of the morbid accumulation of oil or fat globules. The oil globules are deposited in preternatural quantity in the epithelial cells of the urine tubes, distending these cells, detaching them from the epithelial wall, distending consequently the tubes by their accumulation, bursting the tubes here and there, and so escaping into the interstitial tissue. The result of the two processes is, that the function of both the unaffected urine tubes and of the blood-vessels is impeded, and the secretion of urine therefore much disturbed."

* A Popular Treatise on the Kidney: G. Corfe. London, 1839. † Traité des Maladies des Reins, t. II, p. 607, 1840.
‡ Edin. Med. Jour., vol. lxxiii., p. 428.
§ Ed. Med. Jour., vol. lxxiii., p. 451. ‖ June, 1851.

The following case being one of steatosis, and presenting besides some other features of interest, I am induced to publish it. To my friend Dr. Doherty (Professor of Midwifery, Queen's College, Galway), I am indebted for part of its early history.

In the year 1842, Anne Smith, then in her 17th year, having got a fright, the catamenia were suddenly arrested, shortly after which her feet began to swell, and she was affected with pains in her loins, for which she was cupped. The swelling was removed by treatment, but recurred in about one year and a half afterwards, when it was again dispersed. In 1845, she for the first time came under Dr. Doherty's care. She had then an anæmic appearance, and was affected with general dropsy, debility, great drowsiness, sometimes falling asleep unexpectedly, retching, occasional headache, and a dry harsh skin. She menstruated regularly. Her urine was muddy, of a pale colour, acid, albuminous, and its specific gravity 1013. Diaphoretics and diuretics were now given, the latter were limited to infusions of digitalis and juniper, with spt. nit. ether. Her diet was nourishing, but unstimulating. The retching became so frequent it required creasote and prussic acid to allay it. Chalybeates were next had recourse to, with Dover's powder at night. Her pulse at one time during this attack was as low as 46 in the minute. She improved under the treatment pursued, the specific gravity of her urine ranging from 1018 to 1023.

She had several relapses; on one of these occasions, she was given one grain of calomel and twelve of Dover's powder in six powders, one having been taken three times daily. This small quantity of mercury affected her mouth: an additional instance of the great susceptibility of patients affected with morbus Brightii to the influence of mercury.

She was now admitted into the Whitworth Hospital under the late Dr. Green, where she remained but a short time; her loins were cupped, but the dropsical symptoms were not relieved when she left the institution.

In January, 1846, she was again under Dr. Doherty's care. Her symptoms then were, agonizing headache, contracted pupils, drowsiness, and anasarca, with albuminous urine, her face being very much swollen. Leeches were applied behind her ears, sinapisms to her feet, and a blister to the back of her neck, the head was shaved, and a cold lotion kept to it, and some comp. powder of jalap was given her. She improved rapidly, and in a few days she was able to go about. For several months she continued without any marked ailment, but still very pallid, and somewhat œdematous.

She afterwards was under the care of other practitioners, chiefly for the anasarca, and in 1850 I treated her for this symptom. Her legs at this time were enormously swollen, tense, and shining. This subsided, however, under the use of an electuary of bitart. potass. and tart. ferri.

I was sent for to see her early in the morning of the 10th March, 1851. Previous to my being called on, she had been attacked by convulsions, which ceased before I saw her. I found her drowsy, but sensible, with headache, coldness of the surface of the body, and constant retching, her pulse being 52, and pretty strong. The head symptoms were relieved by four leeches, a blister and a turpentine enema, but the retching continued unsubdued by creasote, prussic acid, blistering the epigastrium, and various other remedies, excepting for a few hours on the 13th and 14th. During the evening of the latter day, she was attacked by violent frontal headache, and the retching became as bad as ever. Her face was pale, her pulse weak, her urine was densely loaded with albumen; specific gravity 1015. She was given a draught composed of black drop and prussic acid.

She was relieved in every way by the opiate, having had a good night's rest, her headache greatly lessened, and the stomach being pretty quiet. She was allowed cold chicken jelly, nourishing but light food, and small quantities of wine. Her stomach remained quiet until the 16th, when she had some slight retching and pain in the head. The wine was continued.

On the 17th her head was free from pain, and she retched but twice. On the 18th, her stomach being quiet, she was given five grains of the ammonio-citrate of iron dissolved in water, and sweetened with syrup of orange peel, three times daily. She progressed favourably under the use of these remedies until the 27th, when she had a slight attack of what her attendants called convulsions. Her urine presented the same characters as when last examined. During this illness she required croton oil to free the bowels. Being in a dark ill-ventilated ground floor room, it was thought advisable to have her removed to Sir P. Dun's Hospital, where she remained for a few weeks under Dr. Duncan's care.

She called on me on May the 25th. Her appetite was improved, and she was free from nausea and vomiting, but she looked anæmic, and her urine was charged with albumen; spec. grav. 1015. She told me that her eyelids were puffy in the mornings on first getting up. She hired as nursetender to an old lady, and remained in tolerably good health.

The next opportunity I had of seeing her was on January 16, 1852. She was then free from anasarca, was in good spirits, and had a tolerable appetite, but her urine still contained a large quantity of albumen, and its specific gravity was 1014.

On January 21, 1852, whilst walking in one of the public streets, she was suddenly seized with a violent pain in the head, and fell down insensible. In about five minutes she recovered some slight consciousness, and vomited; she was brought in a car to Jervis-street Hospital, retching several times on the way. When arrived at the hospital, Mr. Dempsey, the resident pupil, found her with the following symptoms:—General headache; pale face; a rapid and feeble pulse; respiration 14 in the minute; cold extremities. She was sensible, but unwilling to answer questions. She afterwards retched several times; then her pupils gradually dilated; her pulse fell in frequency, and her respiration to seven in the minute. She was now in a state of perfect coma. Death took place three hours after her admission into hospital, and exactly three hours and a half from the time of the apoplectic seizure.

My friend, Dr. Neligan, hearing that I was interested in the case, kindly asked me to be present at the post-mortem examination, which was made at ten a.m. next day. The body was pale and blanched; a thick layer of fat existed beneath the integuments, and the omentum was loaded with the same. On removing the skull-cap, the brain did not seem much congested; a small quantity of reddish serum flowed from the arachnoid cavity; this was collected, and on examination subsequently by Dr. Lyons, was not found to contain any urea. The left lateral ventricle of the brain contained a blood-clot, which occupied its body and three cornua, and formed a perfect mould of these parts; this clot was connected with another, placed above the third ventricle. There was a small clot in the anterior cornu of the right lateral ventricle, and another in the fourth ventricle. A thick layer of semi-fluid blood was effused on the forepart of the medulla oblongata,* and a similar effusion concealed the optic commissure and corpora albicantia. The ventricles contained a small quantity of reddish serum; this likewise did not contain any urea. The heart and the liver were healthy. The kidneys were removed, and were examined microscopically by Dr. Lyons, and found to be in a far advanced stage of steatosis.

The prominent points of interest in this case I shall now briefly sum up. First, then, it assists in showing us that life may be prolonged for a considerable time in some cases of albuminuria; indeed, Rayer states† that the duration of chronic albuminous nephritis may vary from a

* In the coma of apoplexy, the respiratory functions are brought to a close by torpidity in the *medulla oblongata*. In the above case, the blood effused on this part must have seriously, if not altogether, impeded its functions.

† Op. cit., p. 125.

few months to many years. "When," says he, "we can remove the patients from the action of the causes which have altered their health—when, by the assistance of proper treatment, we succeed in diminishing the loss of albumen in the urine, or in repairing this loss by a strengthening regimen, if the dropsy has not yet declared itself, or if it has disappeared, the patients may sometimes live in this state, with alternations of apparent health and of dropsy, during a tolerably great number of years."*

I am inclined to think the disease existed in the case just related prior to the year 1842, and that Rayer is not far from the truth in saying that in a great number of instances it is difficult to fix the exact period of the invasion of the disease. Patients generally present themselves when they are already dropsical, and in complete ignorance, not only of the epoch at which the alteration of the urine declared itself, but even of this alteration. Therefore it is absolutely impossible to calculate, even by approximation, the period of the invasion of the disease in individuals affected with chronic albuminous nephritis, with or without dropsy.†

Secondly, it shows us the importance of Mr. Corfe's original hypothesis. I have already remarked that the serum found in the arachnoid cavity, and in the ventricles of the brain, did not contain urea.

Thirdly, it illustrates in a striking manner the second form of apoplexy described by Dr. Abercrombie. This will be seen by comparing the account of the fatal attack in this case with the following description taken from his work.‡ "The second form of the disease begins with a sudden attack of pain in the head; the patient becomes pale, sick, and faint, generally vomits, and frequently, though not always, falls down in a state resembling syncope; the face pale, the body cold, and the pulse very feeble. This is sometimes accompanied by slight convulsion. In other cases he does not fall down, the sudden attack of pain being only accompanied by slight and transient loss of recollection. In both cases, he generally recovers in a few minutes from the first effects of the attack, is quite sensible, and able to walk, but continues to complain of headache; after a certain interval, which may vary from a few minutes to several hours, he becomes oppressed, forgetful, and incoherent, and then sinks into coma, from which he never recovers."

Blood is generally effused in this form of apoplexy, and according to the above writer generally fatal.

Some short time since, I saw another example of this kind which I may be permitted to introduce here. The patient was a boy aged 14; he had been playing with his schoolfellows, when he was suddenly seized with violent pain in the head, vomiting, and convulsions; these were followed by fatal coma, and death took place in twenty-four hours. The brain was literally ploughed up with blood.

The case of Anne Smith shows the fallacy of the popular idea, which associates the occurrence of apoplexy with robust health and general plethora.

The tendency to cerebral hæmorrhage in degeneration of the kidneys, seems to be connected with the cachectic state of the system, as the same liability to apoplexy is observed in cachexia from other causes.

2, North Frederick-street.

Treatment of Sciatica.—Following out the suggestion of Dr. R. Hall in his admirable papers lately published, that we should endeavour to concentrate the diffused experience of the profession upon any practical point in medicine, and thus reduce, as much as possible, facts into the form of laws, I beg to notice the following:—Sciatica, whether connected with rheumatism or not, and not dependent upon mechanical causes, as accumulation of fæces, tumours, &c., may be cured in fourteen days by rubbing along the affected nerve, from its origin downwards, half a drachm of veratria ointment (gr. v. to oz. ss.) every night at bedtime. The friction to be performed with a horse-hair glove until severe tingling is induced.—*Mr. Bree of Stowmarket in Prov. Jour.*

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* Op. cit., p. 141. † Op. cit., p. 125.
‡ Diseases of Brain and Spinal Cord. 4th edit. Edin. p. 204.

RE-ESTABLISHMENT OF MUSCULAR IRRITABILITY AFTER DEATH.

Dr. Broun-Sequard of Paris, having at his disposal the body of a decapitated criminal, determined to ascertain if irritability could be restored to the muscles by injecting through them freshly drawn human blood. For this purpose, selecting for experiment the muscles of the hand, he employed blood taken from his own veins. Besides succeeding in restoring muscular irritability, he thus made the additional observation, that the blood, although scarlet in hue from exposure to the air before injection, became quite dark-coloured, like venous blood in its passage through the capillaries. It was not till twelve hours and twenty-five minutes after death that all trace of muscular irritability in the arm and hand had ceased, and the injection was commenced forty-five minutes after this. About half a pound of blood, drawn from himself, was defibrinated and filtered through linen. It was freely exposed to the air; as M. Sequard had found by experiment, that in transfusing it is not necessary that the blood should be at the temperature of warm-blooded animals, so that when used it was of arterial hue, and had nearly the same temperature as the surrounding air—viz., 66 deg. Fah. The whole of it was then injected into the radial artery, a little above the wrist, the process occasionally interrupted and resumed, occupying eight or ten minutes. The blood issued black from the veins, also from the ulnar artery, though not to so great a degree. This change of colour could not be owing to the injected blood pushing before it dark blood previously existing in the hand, for the blood which escaped from the vessels, allowed to become arterial and reinjected, again issued black from the veins. This process was repeated several times with the same result. From the commencement to the termination of the injections thirty-five minutes elapsed, of which ten or fifteen minutes were actually occupied by the injections.

Ten minutes after the last injection, muscular irritability had returned to the hand. Having laid bare the muscles of the hand, he observed a considerable variety in their degree of irritability. Of the nineteen muscles, twelve were very excitable; three of these, the first and third lumbricales, and the palmaris brevis, contracting in their whole length from mere mechanical stimuli. The three muscles of the little finger, and one of the muscles of the thumb, were not so excitable; and two of the muscles of the thumb showed no trace of irritability. Perhaps coagulated blood obstructed the vessels of these muscles, or an abnormal distribution of the arteries may have existed. The irritability or non-irritability of the muscles before and after injection, was ascertained by transfixing them through the skin with needles, and then passing a galvanic current. Anxious, however, to discover by actual inspection if any trace of irritability remained before he commenced to inject, M. Sequard laid bare one of the dorsal interosseous muscles. It did not possess the slightest irritability; but in a quarter of an hour after injecting it was very irritable.

The rigidity of death also left the muscles after injection. This was shown by cutting all the muscles of the forearm that send tendons to the thumb and little finger, after rigidity was established, and previous to injecting. The thumb and finger continued stiff and immoveable. But after the injection, the little finger was quite moveable, and the thumb nearly as much so. Two hours after injection, all the muscles were still irritable. An hour and a half afterwards, there were still traces of irritability in the lumbricales and palmaris brevis. M. Sequard's observations were then discontinued till five hours afterwards, when he found that rigidity had returned to a feeble extent in the thumb and little finger.

In comparing these experiments with similar ones upon the lower animals, he concludes that muscular irritability disappears much sooner after death in animals; that while the dead animals receive normal arterial blood projected by the heart of an animal of the same species, venous defibrinated blood, very irregularly injected by means of a syringe, sufficed to restore muscular irritability in the dead human subject. He is of opinion that oxygen is the element of the blood that plays the most important part in this restoration of muscular irritability, of which he is to offer the proofs in another paper.

Twenty-seven hours after death, the experiments were repeated on the muscles of the foot of the same criminal, but with an entirely negative result; with the exception, that the red blood injected issued considerably darker from the veins. —*Edinburgh Monthly Journal.*

CASE OF HERMAPHRODITISM.

Dr. John Neill communicated to the College of Physicians of Philadelphia the following curious example of hermaphroditism, in a black brought to the anatomical rooms of the University of Pennsylvania:—

She dressed as a female, and was apparently 25 or 30 years of age, judging by her teeth and general appearance. Very little information could be obtained concerning her habits and propensities; she resided among the degraded blacks in the lower portion of the city, and died from drunkenness and exposure, according to the verdict of the coroner's jury.

From a superficial view of the pelvis and genitals, almost any one would have pronounced the subject to have been a hypospadic male, notwithstanding the large mammæ and the want of hair upon the face. The breadth of the shoulders compared with the narrowness of the hips, and the form and development of the limbs would, alone considered, have indicated the male sex.

The representative penis was five inches in length and one inch in diameter; and the skin, prepuce, glans, corona, fossa navicularis, and orifice of the urethra presented an appearance like that of a penis; but by lifting up or turning aside the penis, it was found that the fossa navicularis was split, and that the urethra was wanting. In the place of the urethra there was a groove reaching from the glans penis to an oblique opening in the perineum. The cuticle lining the groove was thin and shining; it was also deficient in pigmentary cells. On each side of this groove there was a fold of skin commencing near the middle of the side of the penis, and stretching around the perineal orifice. The interior of this fold showed it to be the analogue of the nymphæ, or corpus spongiosum. The perineal opening was the commencement of a passage common to the bladder and vagina, and its diameter was equal to that of a common sized catheter, although the orifice appeared much larger, owing to its obliquity. The scrotum existed upon one side only; it was corrugated with transverse rugæ, and covered as usual with hairs and sebaceous follicles. To the touch it gave the idea that it contained two hard bodies.

Internal Organs.—These were completely female, though not perfectly developed. The dissection was commenced by opening the abdominal cavity, and the contents of the pelvis were examined in connexion with the external parts. The bladder was natural in position and size; there was no prostate, and the urethra was about one inch in length, and opened into the perineal passage; the uterus was small, but symmetrical; to its sides were attached the broad ligament, holding it in its proper relation to the rectum and bladder; the Fallopian tube of the right side had no free and fimbriated extremity, but terminated in a sac, which was adherent to the ovary; the ovaries were small, spherical, and corrugated; a section exhibited the usual fibrous tissue and vesicles; the right round ligament of the uterus was exceedingly thick, and appeared to be muscular, but upon examination with the microscope it was found to be composed of white and yellow fibrous tissue; it reached to the bottom of the scrotum, where it was firmly attached. The scrotum contained an irreducible omental hernia, probably congenital; the hernial sac contained also a small hardened mass, which was supposed to be a representative testicle, but it contained no true glandular structure or excretory tube; the vagina was of the proper length, but extremely narrow, especially where it approached the perineal orifice.

The above case would be classified under the head of "spurious hermaphroditism" in the female, according to Professor Simpson's article on this subject in the Cyclopædia of Anatomy and Physiology.—*Quarterly Summary of Trans. of the Phil. College of Physicians.*

ON ANTISEPTICS.

By MM. Augend and Robin.

In a memoir recently transmitted to the Academy of Sciences, Paris, M. Augend details a great variety of experiments he has been making upon the comparative antiseptic powers of ether and chloroform, which show those of the latter to be preëminently superior. To completely prevent the decomposition of a piece of fresh meat, 1-200th part of chloroform sufficed. Its vapour traverses the densest tissues; it does not coagulate albumen like creasote, and is not decomposed by the muscular fibre. The most obvious action of the chloroform upon muscular substance and the fleshy pericarp of seeds and fruits is the production of an immediate contraction of the fibre or parenchyma, expelling the aqueous juices to the bottom of the vessel in which the experiment is conducted. M. Augend suggests, among various other applications, that this substance might be found of advantage when it was desired to preserve a corpse for a certain period for the purposes of legal medicine.

M. Robin has conducted numerous series of experiments upon the volatile compounds of carbon and hydrogen, which possess the power of preserving animal substances in spite of the presence of oxygen, as sulphuric ether, chloroform, naphtha, oil of pit-coal, &c. These bodies and their vapours enjoy complete antiseptic power, the blood in the fleshy substance being maintained in quite a fresh state. Water impregnated with the vapour of these hydrocarbonates possesses similar power.

Conducted by analogy of chemical composition, he has discovered another order of substances, possessed of a high degree of antiseptic power—viz., the binary compounds of carbon and some other metalloid than hydrogen. He has proved experimentally that sulphuret of carbon, protochloruret of carbon, azoture of carbon, the Dutch fluid, and hydrocyanic acid, are, like the carburets of hydrogen, powerful preservatives of organic matters. The vapour of these substances, disengaged at the ordinary temperature in closed vessels, preserves such for an indefinite period. For the preservation of the colour of bodies, chloroform, protochloruret of carbon, and oil of pit-coal, are very superior in efficacy to bodies hitherto employed; but they are far from equalling hydrocyanic acid in this respect, the vapour of which absolutely prevents all physical alterations whatever. Nevertheless, in reference to the price of its production, the power and rapidity of its preservative action, no substance presents such great advantages as oil of pit-coal, the rectified allowing much less change of colour than the impure. M. Robin believes it may be advantageously employed for embalming, in the preservation of bodies for dissection, or of anatomical preparations, in the tanning of leathers, for the destruction of insects that attack collections of natural history, trees, or seeds, and for the conservation of cereals, and seeds in general.—*Brit. and For. Med.-Chir. Rev.*

CHARCOAL CUSHIONS FOR DEODORIZATION.

A. S——, a patient under my care in the Hackney Union Infirmary, has for some time "passed everything under her," and thereby become a nuisance and cause of complaint to the other patients in the ward. Eleven days ago, I adopted the plan of placing beneath her a calico bag two feet square, partially filled with Irish peat-charcoal, so as to form a sort of cushion and absorbing medium. It has had the happy effect—which continues even now, without any necessity for changing the charcoal—of completely neutralizing all unpleasant odour; and if the bed becomes partially wet, all the offensive ingredients are absorbed and neutralized by the charcoal, which thus is a most simple means of remedying a great nuisance, and one that requires the most strict attention, at best, to prevent; and that attention is often difficult, and always expensive, to procure. In cases of incontinence of urine particularly, and indeed all attended with fœtid discharges, cancer, compound fractures, &c., this plan, or some modification of it, might be adopted with advantage. I have been informed that some of the same material has been placed in the urinals of the South Western Railway, with equally good result in the prevention of unpleasant odour; and that even after it has been unchanged for some weeks, the fluid that percolates has been found by chemical analysis to contain little or no trace of the organic or saline products of urine. This fact induced me to try it as above. An argument in favour of its adoption in hospitals and lunatic asylums is, that the peat, after its deodorizing properties are exhausted, becomes more valuable for the purpose of manure, so that its use is without expense.—*Mr. Hovell in Lancet.*

[This suggestion seems well worthy of consideration.]

Tartaric Acid used for aiding the Solution of Quinine.—A few drops of dilute sulphuric acid will, as is well known, aid to dissolve disulphate of quinine, but the taste of mixture is then very bitter and disagreeable. Messrs. Bouchardat, Righini, and Ruspini advise tartaric acid to be used for the purpose of hastening the solution of the quinine instead of sulphuric acid; and M. Casorati has found that one grain of the tartaric acid is sufficient to saturate three of disulphate of quinine, the compound being then a sulpho-tartrate of quinine, and not at all unpleasant to the taste.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, FEBRUARY 18, 1852.

THE SHAM SURGICAL DIPLOMA OF TRINITY COLLEGE.

In a former publication we expressed a strong opinion respecting the worthlessness of any surgical certificate or diploma which Trinity College may issue; and notwithstanding all that has since been said and written on the subject (including the asseverations of the "Board" and the "opinions" of "their counsel"), we are prepared to express that opinion still more strongly. That this body may with impunity, like any other body, either corporate or not, certify that a student has been examined and approved, we do not question; but that a certificate to that effect can have any legal value as a qualification to practise surgery, or to fill any public office as a surgeon, we still flatly deny. The uttering of such an instrument as a valid licence or diploma, and as equivalent to the Licence or Diploma granted according to law by the Colleges of Surgeons, may perhaps be held justifiable in a corporation, however unjustifiable it might be in an individual; but be the opinion entertained respecting the morality of the proceeding what it may, there can be no difference of opinion as to the callousness of those who, by such an expedient, endanger the prospects in life of the young and inexperienced. Whatever may be the success of the measures contemplated for restraining the parties engaged in the promotion of this scheme, it is obvious that sooner or later the unlucky student who may be tempted by a pecuniary advantage and relief from an open examination, must be the victim of the litigation which will inevitably follow. An unfortunate young man in narrow circumstances, unprepared to encounter a searching scrutiny as to his qualifications, will perhaps run all risks and accept this equivocal decoration, especially when subjected to the importunities of influential persons; but it is a cruel exercise of authority to sanction such an experiment. If a similar course had not been before pursued by the same parties, we should not perhaps have so much reason to complain; we might in that case attribute it to misconception induced by misrepresentation; but recollecting as we do that several years ago an attempt of the same nature was made and failed, we can with difficulty suppress the feeling of indignation we experience at its repetition. On that occasion the Board of Trinity College, as now, under the influence of its medical professors, offered for acceptance to its "matriculated students" a "Medical Diploma;" a kind of spurious medical degree, called a *Testimonium*, which several persons, in ignorance of its true character, were simple enough to take. In process of time, however, it was discovered that the instrument had no legal value, and did not even authorise the holders of it to retain the title of Doctor which they had assumed under its auspices. The circulation of it was therefore stopped, and nothing more was heard of such expedients until the present time. We have reason to know that we but give expression to a very general feeling when we say that we deeply deplore the circumstances which have led to the adoption of such a course as this by such an institution as Trinity College, and we can only attribute it to an anxiety to relieve their professors from the consequences of the competition they have to encounter. It may, however, perhaps ultimately lead them to comprehend the real nature of their position as regards medical education, and the true character of the proceedings to which they have been made parties. Of the subordinate agents in the affair, we cannot express the opinion we entertain, because we dare not, so unqualified should be the terms necessary to do so: time, however, will effect what we cannot. Sooner or later our brethren, both in the metropolis and the provinces, will learn the particulars of these doings; and sooner or later, we hope and believe, that they will visit with well-merited punishment the authors of them. Over and over again we have endeavoured to impress upon our readers the paramount importance of settled medical and surgical qualifications, and the dangerous consequences of an inroad of practitioners of equivocal professional character into the ranks of our profession, but never have we had greater reason to warn them against such a result than now. To the genuine graduates of Trinity College, and the Fellows and Licentiates of the College of Surgeons of Ireland especially, we would particularly address ourselves, for they are liable to suffer most by this transaction. The Bachelor of Medicine of the University who waited for seven years for his degree, and won it by an honest performance of the exercises enjoined for it, will now not only have to compete with those who obtain it in half the time, and who have been allowed to escape from examinations on the flimsy pretext of attendance on medical lectures; but worst of all, he will find himself presently placed on a level with the illegitimate offspring to whom we have been alluding. The Fellows and Licentiates of the College of Surgeons who paid large apprentice fees, and incurred other heavy expenses to secure a position in our profession, will also presently experience a similar deterioration of character by the juxtaposition of these counterfeits; but doubtless it will be a consolation to them to learn that some of those who benefited by their elevation to that position will now be benefited by their degradation.

PAYMENT FOR MEDICAL SERVICES.

We copy the following to remind our readers of a matter of paramount importance at the present moment. Working for honour and glory in public institutions, and thankye jobs in private practice, have proved ruinous to the medical character; and yet there is no mitigation of the evil. The doctor must be doing, or appear to be doing; and so he volunteers his services rather than remain idle. For this we believe there is no cure; but for the infatuation which leads men to perform laborious and dangerous duties lest some rival should receive payment for them, there is one, for the evil cures itself. The unfortunate volunteer, in fact, finds in the sequel that he takes nothing by his motion. In Ireland in general, and in Dublin in particular, the dispensary act promises to effect a radical change in this respect, and we sincerely hope that our brethren will avail themselves of it:—

The general tendency of recent years has been towards the diminution of gratuitous work by the medical profession. When we compare the sums formerly paid for attendance on the pauper population with the present amount, under the new poor-law arrangements, inadequate as it confessedly is, it must be admitted that a great gain has accrued to the profession. The Vaccination Act, and the Medical Witnesses Act, were large contributions to the professional purse. Such a personage as a medical coroner was formerly an extraordinary officer. There are now twenty-four medical coroners in England and Wales. We may congratulate the

profession upon the immense progress recently made towards the settlement of the question of the payment of medical men by life insurance offices. The profession need only be true to itself to ensure the general concession of this undoubted right. Now, taking all these various items, and some others which might be named, the profession is richer by many thousands of pounds per annum than it was a dozen years ago, or than it could have become in a century without the untiring exertions of an independent press. But we are glad to perceive the tendency towards remuneration is extending in the important direction of our public hospitals and other medical charities, and we desire to urge upon the profession the propriety of seeking, at every proper opportunity, the enforcement of this principle. That medical men can ever be adequately paid for the services they render to the patients in public institutions, is impossible; but we see no reason why, in every case, some salary should not be paid, to mark the public sense of the value of professional labour for our munificently endowed and well supported charities. The treasurers, agents, solicitors, and clergymen of these institutions, are invariably paid for their labours. Why should the medical men alone be so generally called upon for their time and talents, often at the risk of life and health, as a pure gratuity? We rejoice to see symptoms of the extension of the principle of acknowledging public medical services. There are now a considerable number of hospitals and dispensaries in London, where the medical officers receive an annual salary or stipendium. It would greatly conduce to the proper comprehension of this subject, if we could publish a list of all the public institutions in which this good rule prevails. We therefore invite information upon the subject, and if the profession choose to make a moderate exertion, we do not despair of the day when public medical officers will be as generally paid in Great Britain as they are in other European countries. The point is worthy of professional notice, the more so considering that, under any circumstances, a large and liberal amount of gratuitous professional ministration must ever continue as long as the poor do not "cease out of the land." We are especially led to these remarks by the noble example recently set by the Royal Free Hospital, which is an unendowed institution, entirely depending upon voluntary contributions for its support.—*Lancet.*

COUNTRY CONSULTATIONS.

We fear that the following hints may prove of little interest just now, seeing that the necessity which has no law has taught people that medicine and surgery may be practised as effectually in country as in town, and that a physician or surgeon may be just as competent to treat disease in rural as in metropolitan districts:—

With respect to the fees to consulting practitioners, whether physicians or surgeons, summoned in haste from London into the country, it would be very desirable if some scale could be framed approaching to uniformity Now, it frequently happens that in cases where distant consultations are thought desirable, more time is spent in considering about the amount of the fee than in travelling to the place of consultation. It would be fair for all parties—the public and the London and country practitioners—if something like a standard could be adopted. We believe that at the present time the evidence given by Dr. Tyler Smith at the Marylebone County Court, as reported last week, gives a correct description of this delicate matter as it now stands:—"Since the introduction of railways, physicians' fees had varied considerably. In the old days of posting, one guinea per mile was usual. In journeys by railway, physicians, summoned suddenly from their practices in London, now generally obtain two guineas for every three miles; others, high in the profession, considered one guinea for every two miles sufficient Some preferred to be paid according to the time occupied in the country, as three or five guineas per hour. Great injustice would be done to practitioners in the country if physicians took journeys into the provinces from London for low fees." It would be conducive to the interests of the profession and the public, if the College of Physicians took this subject of fees for country journeys into consideration. The discrepancy pointed out by Dr Tyler Smith, is greater than should be allowed to exist. The difference between two guineas for every three miles, and half a guinea per mile, is the difference between £75 and £100 in a journey of 120 miles. The difference of latitude between three and five guineas per hour is still greater. It would be greatly to the comfort of gentlemen practising both in London and the country, if some uniform tariff of fees were agreed upon; and this could come from no other bodies than the Colleges of Physicians and Surgeons combined. For our own parts, we lean to the arrangement of half a guinea per mile. Railways have certainly lessened time and distance by one-half. If such a scale were adopted, the profession in London would be adequately paid, the public would have no reason to complain, and the country practitioner need not fear the too frequent incursions of the Londoner upon his domain. Akin to this subject is the question of how far it is justifiable for consulting London practitioners, whether physicians or surgeons, who are paying short visits into the country, to see patients and take fees, as at their own homes? We know of some cases in which men take their holiday at a particular place every year, and pocket all the fees which come in their way during the vacation. Others, more punctilious, will never see a patient under such circumstances, unless he chance to be their own, or unless their opinions are specially sought by medical men in the neighbourhood. These are points well worthy of attention, as their satisfactory adjustment could not fail to promote the good will and cordial feeling which should exist between professional men, wherever they may chance to reside.—*Lancet.*

DISPENSARY MIDWIFERY.

The following question, before the Belfast Guardians, will prove a test of the practical capabilities of the act. If the district surgeon is to be the ordinary midwife of all poor child-bearing women, he will have ample employment:—

A case was brought under the attention of the board affecting the operation of the medical relief act, and the duties devolving on the medical officers. One of the medical offices of the Belfast Dispensary District, having been apprised by the relieving officer that the *accouchment* of a poor female, in destitute circumstances, would shortly take place, the committee had it suggested to them to inquire whether all *accouchments* of poor persons were to be attended by the medical officers.

Mr. Posnett said that the committee were anxious that the opinion of the commissioners should be obtained as to the construction of the act, and as to whether all such cases of midwifery in the district came within its meaning.

Dr. McGee, at the request of the chairman, then drew up a draft of the case to be submitted for the opinion of the commissioners, and requesting that the board should be informed whether "they should order the medical officers in the several districts to attend all such cases of midwifery, ordinary as well as extraordinary" (oh! oh!).

CORRESPONDENCE.

THE GORT UNION.

TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—I did hope that my letter of the 23rd ult., and your polite note at foot, would have rendered any further interference on my part unnecessary, relative to the report that appeared in your journal of the 21st, in connexion with the new dispensary arrangements of the Gort Union.

I find, however, I have been very much mistaken, and that your correspondent, under the initials of "D. J. H.," in the last number of the Medical Press, still persists in his misrepresentation of me. With respect to the first part of his letter, in which he enters into a defence of himself for reporting those proceedings, I have nothing to do; that is a matter for his own taste and judgment, and I believe one of perfect indifference to the guardians of this union. What I complain of is, that your correspondent should have published that which had no foundation in fact, and (to use his own word) "*cushioned*" that which had. Your correspondent states—"It, however, strikes me the more manly course would have been to state that when the contrary was repeatedly asserted in his presence, and laid down as the

groundwork of the entire proceedings, than to inform us first through the medium of the MEDICAL PRESS."

Now, although I did not feel myself justified in my first communication to allude, even by implication, to the speaker referred to in this report without his sanction, still as the misstatement has been repeated, I feel bound to declare, which I do *most distinctly*, that when appealed to by the speaker in question, *I did object;* and I have the satisfaction to know that there was present on this occasion an officer of the union of high character and veracity, *who heard* my objection. It is possible my words may not have reached the ears of your correspondent, but that can hardly be considered a justification for sending a report to the public press calculated to damage me in the opinion of my professional brethren, without previously consulting me as to the accuracy of a report given from memory. But I have still more to complain of in this report. At a subsequent stage of the proceedings, I, with a view of showing the justice of giving a higher rate of salary than what was mentioned, drew the attention of the guardians to the additional duties to be performed by the medical officer under the new act—say the attendance on bridewells, performance of vaccination, &c.,—and strange to say this *fact* has been "*cushioned.*" Again, at a later period of the discussion, when one of the speakers, *intimately* acquainted with your correspondent, was advocating the claims of the medical officer of the *Kinvara* district to a higher rate of payment than that of the *medical officer at Gort*, on the grounds that the latter enjoyed other salaries from the union, it was observed by a distinguished member of the board—"Recollect if Dr. Nolan has other salaries, he has likewise other duties." This, too, has been conveniently "*cushioned.*"

Now, with regard to my not pursuing "a more manly course," I do not think I have (according to my notions of the term) left myself open to censure on this head. What your correspondent's ideas of such a course may be, I cannot precisely tell, seeing that he has in his own person substituted certain initials for his real name: I confess they appear to me exceedingly equivocal and unintelligible.

With reference to the last paragraph of your correspondent's letter, which appears to me somewhat obscure in its diction, my reply shall be very short and very simple. He proceeds to say, "I will pass over the remainder of his letter without further comment than to express my ignorance of the parties who were *unavoidably absent* when the remonstrance against the reduction of his salary was read, and my thorough knowledge (though *he* seems to forget them) of those who were *designedly present* when a second attempt was made to make a further reduction of £25 per annum in the united salaries of workhouse and fever hospital paid him (notwithstanding his *present* belief that the guardians of the Gort Union are as ready as any other to acknowledge the just principle that each duty should be paid for in regard to itself), and who almost single-handed defeated that attempt."

Now, sir, my reply to the foregoing observations is simply this: My workhouse salary was *never reduced;* my workhouse and fever hospital salaries were *never united;* the motion of the guardians to reduce my salaries was *never defeated*, except by the Poor-law Commissioners refusal to sanction the reduction proposed; and, finally, on *no occasion* that the reduction of my salaries was under consideration was there a guardian present bearing the initials of "D. J. H."

I shall now conclude this correspondence, merely observing that I should never have noticed these communications had they not found their way into the columns of a respectable and extensively read medical publication.—I have the honour to be, sir, your faithful servant,

MARTIN D. NOLAN, M.D.

Gort, February 14, 1852.

A NEW VIEW IN MEDICAL LAW.

AT the Wolverhampton County Court, Mr. Kempson, a surgeon, sued Frederick Woodhall, a miner in the employ of Lord Ward, for £33 18s., being his charge for amputating defendant's leg, for attendance, and medicine. Defendant pleaded *non debet*, inasmuch as he was in Lord Ward's employ at the time of the accident, and that therefore his lordship was bound to pay the bill. Mr. Smith, agent to Lord Ward, argued, *e contra*, that his lordship was not responsible, because, at the time of the accident, the man was not engaged in the mine, but was riding a cart overground when, by his own carelessness, he fell under the cart and sustained the injuries. The learned judge, Mr. Sergeant Clark, adjourned the case, in the hope that the matter might be amicably arranged. It is but fair to add that but one feeling pervaded the court—that Lord Ward was morally bound to pay the bill.—*Lancet.*

RAILWAY PRACTICE.

OUR correspondent ("A Member of the College of Surgeons") is witty and severe upon the subject of "Bus and Railway" diplomas. He states that Mr. —— and Mr. —— both pursue their profession at —— as general practitioners; but that a sixpenny ride by the rail and omnibus to London, converts these gentlemen daily into consulting-surgeons. This metamorphosis is scarcely fair either to the general practitioners of —— or to the "pures" of London.—*Ib.*

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

1852.		Max. T.	Min. T.	Barom.	Rain.
Sunday,	Feb. 1st,	52	45	29.700	.110
Monday,	2nd,	53.5	45	29.650	.180
Tuesday,	3rd,	51	34	29.950	.520
Wednesday,	4th,	51.5	35	29.700	.340
Thursday,	5th,	53	41	29.556	.370
Friday,	6th,	52.5	37	29.950	.030
Saturday,	7th,	47	34.5	30.100	
Sunday,	8th,	53	42	29.350	.250
Monday,	9th,	52.5	34	29.550	.040
Tuesday,	10th,	44	32	30.100	.060
Wednesday,	11th,	45	29	30.050	
Thursday,	12th,	46	38	29.700	.185
Friday,	13th,	46.5	31	29.550	.003
Saturday,	14th,	44.5	30	30.100	.030

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Feb. 1st,	51	39	29.425	46.9	44.1	40.9		SW
2nd,	54	46	29.375	52.4	52.2	52.1	.104	WSW
3rd,	50.5	35	29.678	42.7	40.6	38	.435	NW
4th,	52	35	29.400	50.4	49 3	48.3	.366	WSW
5th,	56	35	29.359	51.8	51	50.3	.471	WSW
6th,	55	38.5	29.713	41.5	42 2	38.7	.096	NW
7th,	48	34	29.870	43.6	42.5	41.2	.018	NW
8th,	51	41	29.163	51	49.2	47.5	.182	W
9th,	53	35	29.315	40.9	37.7	33.1	.044	N
10th,	44	33.5	29.843	43.7	39.4	33.4	.002	N
11th,	45.5	32	29.842	42.7	41.2	39.4		NE
12th,	47	40	29.478	43.4	42.3	41	.338	W
13th,	46.5	33	29.185	40	39.7	39.4	.040	SW
14th,	43	31	29.798	39.4	38.3	36.8	.288	NW

M. W. HANLON, M.B.

KILDARE COUNTY INFIRMARY.

NOTICE is hereby given, that the Governors of the County Kildare Infirmary will, on Tuesday, the 13th day of April next, at Twelve o'clock, receive applications and proceed to appoint a fit and proper Person to fill the Situations of Apothecary, Secretary, and Steward to that Establishment. Salary £40 per annum, with liberty to open an Establishment and practise in the town and neighbourhood, so far as that practice will not interfere with his duties in the Infirmary. Personal attendance on the above day will be requisite.

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THE PATHOLOGY OF INFLAMMATION AND FEVER.

By H. Freke, A.B., M.B., M.R.I.A.

(Continued from page 38.)

(The Abnormal *Accumulation of Fibrin* within *the Parietes of the Vascular System.)*

In my two last communications we were contemplating the nature of the relation in which the three natural kingdoms—namely, the mineral, the vegetable, and the animal world, stand towards each other with regard to what is termed "*the nutritive process.*" I there (in conjunction with other inquiries) attempted to investigate the three following questions—namely, 1st, the nature of the *first or primary effects* produced upon an inanimate or unorganized world by the operation thereon of *a living or organizing creation;* 2nd, the nature of the *changes* which are *subsequently* wrought in those primary effects by the *further* operation thereon of that living or organizing creation; and 3rd, the nature of the changes which *eventually* take place, in the *final or ultimate results* of such operation, during development of what are termed the phenomena of *animal* life. In relation to these inquiries, I have endeavoured to direct the reader's attention to the contemplation of what had originally been unorganized or mineral matter. 1st, while such matter was in its original unorganized or mineral condition—that is, while existing in that form in which it was *altogether devoid* of what has been termed *organization;* 2nd, during its entire passage or progress through the two departments of *organic* creation; and 3rd, as it began to *descend* in the scale of organization, or while *again* approaching the condition of unorganized or mineral matter. I have endeavoured, I say, in the first place, to trace such matter step by step during its ascent in the scale of organization, watching it *first* in its *unorganized or mineral form,* observing it *then* when but *slightly removed* from the unorganized condition; and from thence following it still further in its progressive ascent till I could see that *same matter*—that is, matter which I had originally seen in the unorganized or mineral condition, eventually (through the agency of *successive acts of generation)* raised to the *highest or most elevated degree of organization* which Nature has designed should be conferred upon mineral matter. Having contemplated such matter for a moment in its *most elevated form,* I have finally attempted to watch that matter *as it began to descend* in the scale of organization, eventually again to become *unorganized matter.*

I have attempted, in a word, to lay before the reader's attention—1st, the nature of the changes which *mineral matter* must *of necessity and indispensably* undergo in order that such matter may become *muscular fibre;* and 2nd, the nature of the changes which *muscular fibre* must *of necessity and indispensably* undergo in order to develop a phenomenon of *animal* life. In relation to these questions, we have seen, in the first place—that is, with regard to the *first or primary effects* produced upon an unorganized or mineral world by the operation thereon of a living or organizing creation—we have seen, I say, in the first place, that it would be altogether irrational to suppose that unorganized or mineral matter could *spontaneously become organized*—could raise *itself* from its unorganized or mineral condition to the condition of matter possessed of even the humblest or lowest conceivable degree of organization. We hence have seen *the necessity* for the existence and operation of certain entities or *agents* endowed by Nature with the faculty of *conferring such organization,* through the agency of which entities the first or primary effects of organization could be produced upon an unorganized or mineral world; or in other words, through the instrumentality of which agents *unorganized* could be converted into *organized* matter. The function of such agents being to *organize*—that is, being to *confer or impart* organization, we have seen the propriety of their being designated *organizing agents.* So much we have seen as regards the cause of the first or primary effects produced upon an unorganized world by the operation thereon of organic creation. We have further seen, in the second place—that is, in relation to the changes which are *subsequently* wrought in those primary effects—we have, I say, further seen, in

the second place, that it would be equally altogether irrational to suppose that such matter, when once raised by those agents to the humblest or lowest degree of organization, could *spontaneously* elevate *itself* in the scale of organization—could raise *itself* from that lowest or humblest degree to the highest or most elevated degree of organization—could, for instance, *spontaneously convert itself* into muscular fibre.

We have seen, I say, that such supposition would be *irrational*, and hence have seen *the necessity* for the existence and operation of *successively ascending* organizing agents, through the instrumentality or agency of which organizing agents the various ascending degrees of organization found to exist in creation have been successively conferred upon what had originally been unorganized or mineral matter. Three such successively ascending organizing agents we have seen in those agents which respectively generate what we term *albumen*, *fibrin*, and *muscular fibre*. We have investigated the functions of those three organizing agents, and inquired where or in what locality those functions are respectively discharged. The *facts* which we have ascertained in relation to these investigations, I shall, for perspicuity, reconsider under the two following divisions—namely, I shall inquire what facts we have learned, 1st, as to the relation subsisting between the organizing agent which generates *albumen* and that agent which generates *fibrin*; and 2nd, as to the relation subsisting between the organizing agent which generates *fibrin* and the agent which generates *muscular fibre*. In other words, the organizing agent which generates *fibrin*, being placed *intermediately*, or as it were *a mean*, between the two other organizing agents *as extremes*. I shall consider this *mean*—namely, the agent which generates *fibrin*—1st, in its relation to one of its extremes; and 2nd, in its relation to the other—that is, 1st, in its relation to the organizing agent by which *its own* "nutriment" (namely, albumen) has been generated; and 2nd, in its relation to the organizing agent *for* which it has *itself* generated the requisite "nutriment"—that is, its relation to the organizing agent which generates muscular fibre. With regard, then, to the former of these questions (namely, as to the relation which subsists between the organizing agent which generates *albumen* and that agent which generates *fibrin*), we have learned the two following facts—namely, that the specific physiological function of the organizing agent which generates *albumen* (which agent I have termed the *albuminous atom*), is to generate what, for perspicuity, I have termed an *organized residual product*, to which has been given the name *albumen*, which albumen has been adapted by Nature for standing in the relation of what is popularly termed "its nutriment" to the organizing agent whose specific physiological function is to generate *fibrin*; and 2nd, that these two agents (namely, that which generates *albumen* and that which generates *fibrin*) exist in *two distinct or separate kingdoms*—namely, the former, or that agent which generates *albumen*, existing in the *vegetable* world; whereas the latter, or that agent which generates the *fibrin of man*, exists in the *animal* kingdom. I would beg of my readers to bear these two facts distinctly in mind—namely, 1st, that *we see* albumen (which *we know* to stand in the relation of what is termed "their nutriment" to animals), that *we see*, I say, such albumen *generated* in the *vegetable* kingdom; and 2nd, that *we see* the *appropriation* of that albumen to the "nutrition" of those animals to take place in the *animal* kingdom. Thus, then, *we see* the "nutriment" of the animal fibrinous atom *generated* in a kingdom altogether *distinct and apart* from that in which *we see* its *appropriation* as the "nutriment" of such atom to take place. And we further *see* (and I would beg of my readers to consider this *fact*), we further, I say, *see* that the *former* of these two processes (namely, the *generation* of albumen) which takes place in the vegetable kingdom, takes place there completely and altogether *independently* of the latter—that is, independently of the *appropriation* of that albumen to the "nutrition" of the animal fibrinous atom. I say that the former of these two processes takes place completely and altogether *independently* of the latter; for it is obvious that the generation of vegetable albumen might go on for a prolonged period uninterruptedly in the vegetable kingdom, even though the animal fibrinous atom had ceased to exist. Thus, then, with regard to the relation which subsists between the organizing agent which generates *albumen* and that agent which generates *fibrin*, we have learned *this unquestionable fact*—namely, that the *generation* of albumen takes place *independently* of its *appropriation*, as the "nutriment" of the organizing agent which generates fibrin; so much so that the former of these processes—namely, the *generation* of albumen—may go on uninterrupted in the vegetable kingdom, even though the latter (namely, the *appropriation* of that albumen to the "nutrition" of the animal fibrinous atom) be for a time altogether suspended. So much we have learned as regards the relation which subsists between the agent which generates *albumen* and that agent which generates *fibrin*. I have been induced to dwell thus long upon the consideration of this relation simply for the following reason—namely, that *identically the same* we shall find to be the case as regards the relation which subsists between the agent which generates *fibrin* and the agent which generates *muscular fibre*—that is, we shall find that the *generation* of fibrin may go on uninterruptedly *within* the vascular system, even though its *appropriation* to the "nutrition" of the extravascular structures be for a time altogether *suspended*.

For let us, in the second place, inquire what we have learned as regards the relation which subsists between the organizing agent which generates *fibrin* and that agent which generates *muscular fibre*. We have learned these two facts—namely, 1st, that the specific function of the organizing agent which generates fibrin (which I have termed the fibrinous atom), is to generate what, for perspicuity, I have termed *an organized residual product*, to which has been given the name fibrin; which fibrin Nature has adapted for standing in the relation of what is popularly termed its "nutriment" to the organizing agent whose function is to generate *muscular fibre*; and 2nd, that the former of these agents—namely, that which generates *fibrin*, is situated in the *interior* of the human vascular system, or at the *internal surface* of the vascular parietes; whereas the latter—namely, the agent which generates muscular fibre, is situated *externally* to the vascular system, or at the *external* surface of the vascular parietes. Thus, then, we see that the "nutriment" of the muscular atom (namely, fibrin) is *generated*, although not exactly in a *kingdom* completely distinct and apart from that in which its *appropriation* takes place; still in a portion of the human mechanism so totally distinct and apart from that in which its appropriation as the "nutriment" of such atom takes place, as to be completely and altogether *isolated or separated* from that atom. We see, in a word, the locality of the *generation* of fibrin completely separated *by the parietes of the vascular system* from the locality in which its *appropriation* takes place. We further see that the *former* of these two processes—namely, the *generation* of fibrin which takes place in the *interior* of the vascular system, takes place there completely and altogether *independently* of the *latter*—that is, independently of the appropriation of such fibrin to the "nutrition" of the extravascular structures; so much so, that the former of these two processes—namely, the *generation* of fibrin, might go on uninterruptedly, even though the latter—namely, its appropriation to the purposes of "nutrition," be for a time altogether suspended.

We see, then, that notwithstanding the close and intimate physiological relation which subsists between the three organizing agents, which respectively generate *albumen*, *fibrin*, and *muscular fibre*; we see, I say, that notwithstanding this relationship, these three entities or agents have been separated from each other by Nature by an impassable barrier or partition—namely, the parietes of the vascular system. *Through* this partition it is *physiologically impossible* that any one of these agents could

pass; I say physiologically impossible, inasmuch as the passage of that barrier would constitute a *pathological* condition. We see the fibrinous atom placed in the *interior* of the vascular system, and we see this vascular system placed, as it were, *intermediately* between the other two atoms. We see *one* of those two other atoms—namely, that which generates *albumen*, placed at *that external surface* of the vascular parietes which communicates with *external* creation; we see the other of those two atoms—namely, that which generates *muscular fibre*, placed at *that external surface* of the vascular parietes which communicates with the *interior* of the animal frame—that is, which communicates with *the extravascular structures*.

We see, then, that the generation of *fibrin* is *dependent* upon the generation of *albumen;* inasmuch as without albumen it would be impossible that fibrin could be generated; but we see that the generation of albumen is in no way *dependent* upon the generation of fibrin, inasmuch as the former of these processes might continue uninterruptedly, even although the latter had ceased. We further see, that the generation of muscular fibre *is dependent* upon the generation of fibrin; inasmuch as without fibrin it would be impossible that muscular fibre could be generated. But we also see—and I would desire to impress this fact upon my readers—that *the generation of fibrin is in no way dependent upon the generation of muscular fibre, but that the former of these two processes might go on uninterruptedly, even though the latter had ceased.*

In relation, then, to the generation and the appropriation of fibrin, we have learned the two following facts—namely, 1st, that *within* the vascular system takes place the *generation* of fibrin, and what, for perspicuity, I would term its *deposition*—that is, its combination with other constituents of the liquor sanguinis of the blood, whereby it becomes adapted for being conveyed beyond the capillary parietes, and for fulfilling the requirements of "nutrition;" and 2nd, that *without* the vascular system—that is, externally to the vascular parietes, or in the extravascular interstices, takes place the *appropriation* of that fibrin to the "nutrition" or *generation* of the extravascular structures.

What, then, do we collect from the contemplation of the foregoing considerations? We collect these two (as I regard them) important physiological facts—namely, 1st, that within the human mechanism there are constantly in operation *two distinct processes of generation:* the one an *intravascular* generation—namely, the generation of *fibrin*, which takes place exclusively and alone (under normal circumstances) *within* the vascular system; the other, an *extravascular* generation—namely, the generation of the extravascular structures, which takes place externally to the vascular parietes; and 2nd, that the *former* of these two processes—namely, the *intravascular* generation, or generation of fibrin, takes place altogether *independently* of the latter—that is, of the generation of the extravascular structures. These two processes of generation (during the *normal* condition of man) are *simultaneously* in operation, and observe a *fixed and constant relation*, as regards the degree of activity or energy with which they are respectively discharged—a relation which has so accurately been balanced by Nature that the amount of fibrin generated *within* the vascular system is (in the *normal* condition of man) *strictly proportional* to the amount thereof *required*, to be appropriated to the generation of the extravascular structures. An *adjustment* of this balance is essential to constitute a *physiological* state; its *disturbance* constitutes a *pathological* condition.

If, then, it be true that fibrin is the "nutriment" of the extravascular structures; if it be further true that such "nutriment" is *generated* and *deposited* in the *interior* of the human vascular system, we may, without the employment of very figurative language, regard *that vascular system* as at once the *garden* and the *granary* of the extravascular structures: the garden wherein the "nutriment" of those structures is *generated;* the granary wherein that "nutriment," when generated, is *deposited* to await the demands of the extravascular structures for its consumption. And what are the *channels or outlets through which* this "nutriment" is conveyed? What, in a word, are the *ports* of its storehouse *through which* it must pass for consumption? They are the *parietes of the capillary system.* Through the capillary parietes, and through them *exclusively and alone*, can fibrin (in the *normal* condition of the system) be extravasated from the vascular system into the *extravascular* interstices. If, then, while the *generation* of fibrin *within* the vascular system is going on *uninterruptedly*, and uninterruptedly continues to be *deposited* within that system; if, I say, while fibrin continues to be generated in *normal* amount, and in normal amount to be *deposited* in the *interior* of the vascular system; if, I say, *at the same* time that such is the case, some obstruction, either total or partial, be placed to *the extravasation* of that fibrin from the vascular system into the extravascular interstices, what must be the obvious and necessary result? The result, as it appears to me, must be obviously twofold—namely, 1st, that fibrin must accumulate to *abnormal* amount *within* the parietes of the vascular system; and 2nd, that the "nutrition" of the extravascular structures must, from a *deficiency* of fibrin, to a proportional extent, *be suspended.*

I shall illustrate for those of my readers to whom I may not convey myself clearly. Let us suppose for a moment, that *corn* is the *exclusive* "nutriment" of the inhabitants of England; let us further suppose, for the sake of illustration, that in Ireland—for though impoverished yet *fertile*, though untilled and forsaken, "*first flower of the land and first gem of the sea*"—let us suppose that in Ireland, not (it may be observed in order to point out the resemblance more closely), not, I say, a *distinct kingdom*, but simply a *distinct and isolated portion* of one and the same kingdom; let us, I say, suppose, for the sake of illustration, that in Ireland is at once the garden and the granary wherein *exclusively and alone* the *entire amount* of the corn consumed by the English is first generated, and then *deposited* to await the demand for its conveyance to *the other side* of the channel by which these two divisions of the same kingdom have been *separated.** Let us, in addition, for the sake of illustration, suppose that the *amount* of corn grown in this country and deposited in our granaries, has been so arranged as to be *strictly proportional* (in the *normal* state of things) to the amount thereof required for consumption at *the other side* of the channel. And, finally, let us suppose that the *sole channel* through which the corn generated in this country can be conveyed into England is St. George's Channel, which *divides or separates* these two portions of one and the same kingdom. If, then (on the foregoing suppositions), while corn continues to be grown in this country in normal amount, and in normal amount to be deposited in our granaries; if, I say, *while such is the case*, some obstruction, whether total or partial, be placed in the channel by which the two divisions of this kingdom have been separated—the *sole* channel through which the corn generated *at one side* thereof can be conveyed to *the other*—if, I say, some obstruction be placed in this channel, whereby the transfer of that corn from *this* to the *opposite* side, be either totally or partially prevented, what must of necessity be the obvious result? The result, as it appears to me, must be obviously twofold—namely, 1st, that corn must accumulate to overflowing in *our* granaries—that is, *at the side of the channel* at which that corn has been *generated;* and 2nd, that the inhabitants of England, *at the other side* of that channel—namely, at the side for which the *appropriation* of that corn to the purposes of "nutriment" was destined; that the inhabitants of England, I say, from a want of that corn must, to a proportional extent, perish of hunger. Let us turn from the contemplation of these two divisions

* I confess that under existing legislative arrangements, it might not perhaps be easy to have selected a *supposed* state of things which could be much more widely remote from the *fact*. Such, however, is immaterial for the purpose of illustration, which the above supposition will serve equally well as though the *supposed* state of things were in *actual* existence.

of the same kingdom to the contemplation of the constitution of *man*, and we shall no longer have a *supposed* state of things to contemplate; but shall *there* find that the foregoing suppositions exist not merely in the imagination, but as *actual realities*.

The corn of our tissues is the fibrin of our blood. The vascular system *is* at once the garden and the granary wherein *exclusively and alone* the *entire amount* of the fibrin consumed by those tissues is first generated and then *deposited*, to await its conveyance to the *other side* of the vascular parietes, to be there consumed or *appropriated* to the "nutrition" of those extravascular tissues. The amount of fibrin generated *within* the vascular system *has been* so regulated as to be *strictly proportional* (in the *normal* state of things) to the amount thereof required for consumption at *the other side* of the parietes of that system. And finally, the *sole channel* through which that fibrin can be conveyed from the *interior* of the vascular system to the *extravascular interstices is* the parietes of the capillary vessels. If, then, while fibrin continues to be *generated*, in normal amount, *within* the vascular system, and in normal amount to be *deposited* within that system; if, I say, *while such is the case*, some obstruction, whether total or partial, be placed in the capillary parietes, the *sole channel* through which fibrin can be conveyed from *one side* of the vascular system to *the other*: if, I say, some obstruction be placed in these parietes whereby the transfer of fibrin from their *internal* to their *external* surface be either totally or partially prevented, what must of necessity be the obvious result? The result, as I conceive, must be obviously twofold—namely, 1st, that fibrin must accumulate to overflowing at the *internal* surface of the vascular parietes—that is, at *that side* of those parietes where its *generation* takes place; and 2nd, that the extravascular tissues at the *external* surface of the vascular parietes—that is, at *that side* of those parietes where the *appropriation* of that fibrin to the purposes of "nutrition" was designed to take place; that the extravascular tissues, I say, must, to a proportional extent, have their "nutrition" suspended.

And what are the causes which could give origin to this supposed state of things? What are the circumstances under which the normal *extravasation* of the liquor sanguinis of our blood from the interior of the vascular system into the extravascular interstices could be suspended; while the *generation* of fibrin within that vascular system is at the same time going on uninterruptedly, and continues to be deposited therein in normal amount? What, in a word, *could obstruct* the transit of that liquor sanguinis through the parietes of the capillary system? It shall be my effort to show that *one* cause of such obstruction is what is termed "*inflammatory action*," and that all causes competent to give origin to what in pathology is termed "*acute inflammatory action*," have a tendency to cause an *obstruction to the passage* of the liquor sanguinis of our blood, *from the interior of the vascular system, through the capillary parietes, into the extravascular interstices*.

If, then, I can show that all causes which are capable of producing what we term "*an acute local inflammation*," tend to a corresponding extent to put a check to the extravasation of liquor sanguinis *through the parietes of the capillary system generally*—that is, through the capillaries diffused universally throughout the *entire* of the system; if, I say, I can satisfy my readers that such is the fact, I shall, as I regard it, have established my first proposition—namely,

"That during acute inflammatory action, there is not (as is, I believe, generally supposed) any augmentation whatever of the normal amount of fibrin contained within the *system generally*; that, on the contrary, the actual amount of fibrin contained within the general system is not necessarily affected in any way by the occurrence of inflammation; but that the *local* accumulation of fibrin—that is, the augmentation (on the occurrence of acute inflammation) of the amount of fibrin normally contained *within the vascular parietes* is the result of the normal extravasation of fibrin from the vascular system into the extravascular interstices having for the time been suspended—that is, the fibrin which normally would have been extravasated from the vascular system into the extravascular interstices (to be there appropriated to the purposes of nutrition) is, during the inflammatory process, retained *within* the vascular system, thereby causing an accumulation within the vascular parietes of that fibrin, which, under normal circumstances, would have existed *extravascularly*."

This brings me to the close of my *first division* of the general subject of inquiry—namely, to the conclusion of my observations upon *the generation and appropriation of fibrin*. I shall next proceed to the consideration of the *second division* of my subject—namely, to an inquiry into *the nature of the mechanism of the human circulatory apparatus*.*

(To be continued.)

* The perusal of the foregoing observations may perhaps (to some of my readers) have suggested the following question—namely, What *practical* deductions are to be collected from all that has hitherto been advanced? What inferences are suggested by the foregoing considerations which can be regarded as of any *really practical* value to the *purely practical physician?* To those of my readers who have habituated their minds to reflect upon physiological questions, it is needless to observe that *every step* made in physiology, in the true path of inquiry, *must* eventually be suggestive of truths of value to *practical* medicine. Lest, however, the foregoing question may have suggested itself to any who may have perused my remarks, I shall endeavour to point out to such *how or in what manner* (as it appears to me) practical suggestions *should be sought for* from all such inquiries. In seeking for inferences from *physiological* researches of *practical* application to *pathology*, the following is the line of inquiry I am in the habit of pursuing—namely, I endeavour to ascertain, 1st, the nature of the *physiological* condition I am desirous of *restoring*; 2nd, the arrangement *Nature has adopted* for preserving that condition; and 3rd, the immediate or proximate cause of the *pathological* condition. I shall apply this order of inquiry in seeking for *practical* suggestions from the foregoing observations upon the generation and appropriation of fibrin. I shall suppose two opposite pathological conditions of the system with regard to the fibrin of the blood—namely, I shall suppose, 1st, that fibrin is generated in *deficient* amount within the vascular system; and 2nd, that fibrin exists within that system *in excess*. First, then, let us suppose that we have learned (from a wasting of the system, from an analysis of the blood, or by any means whatever which could afford such information to the physician), let us, I say, suppose we have learned that fibrin is generated in *deficient* amount in the system. This constitutes the *pathological* condition which it is supposed has first arrested our attention. First, then, the *physiological* condition we are desirous of restoring is *the normal generation of fibrin*; secondly, as regards the arrangement *Nature has adopted* for preserving this condition, we have made ourselves acquainted with the following three facts—namely, 1st, that fibrin is generated by an organizing agent; 2nd, that the "nutriment" of this agent (which latter is situated in the *interior* of the vascular system), that the "nutriment," I say, of this agent (*from or out of which* it generates fibrin) is *albumen*; and 3rd, that albumen is *caused to enter* the vascular system (and there come in contact with the agent which generates therefrom fibrin), that albumen, I say, is caused to *enter* that system by a force of attraction which exists between *albumen* and the fibrinous atom. From this latter fact, we see *a necessity* for the following well-known physiological fact—namely, that when *muscular fibre* has been partaken of as the food of an animal, it must be *reduced* to the condition of albumen in the alimentary canal, in order to admit of its being *drawn* to the interior of the vascular system. So much we have learned as regards the first and second order of inquiry—namely, as to the *physiological* condition we are desirous of restoring, and as to the *means Nature has adopted* for preserving that condition. Let us now, on the application of our *third* order of inquiry—namely, as to the immediate or proximate cause of the *pathological* condition—that is, as to the immediate cause, in the present case, of the deficient amount of fibrin in the blood; let us, I say, suppose we have learned that this pathological condition has arisen *from a deficient amount of albumen having been conveyed into the interior of the vascular system*, which would render it impos-

CURABILITY OF INTERNAL ANEURISM.

By James F. Duncan, M.D.

In your Number of the 11th inst., you have given Dr. Bellingham's able and important paper on this exceedingly interesting subject, read before the Surgical Society at their meeting on the 24th of January. As I had not the good fortune to be present on that occasion, perhaps you will permit me to express through the columns of your journal my deep obligation to Dr. Bellingham for his communication, and for the able manner in which he has treated his subject. I have long been of opinion that medical men are too much in the habit of abandoning as hopeless all cases of thoracic aneurism, whose existence has been established by the improved methods of diagnosis at present in our possession. Anything that tends to dissipate this impression must be productive of incalculable benefit to the interests of science. That cases of aneurism in this situation have been cured can scarcely be doubted; Dr. O'Bryen's paper in the 24th volume of the *Dublin Medical Journal* appears to my mind fully to establish this important fact. In the principles of treatment laid down by Dr. Bellingham, I almost entirely concur. There are, however, two points of considerable practical importance which he does not appear to me to have alluded to, and which, from a case that I had under my care in Sir Patrick Dun's Hospital, about three years ago, appear to me deserving of attention. These are the continued application of cold, by means of pounded ice or refrigerant lotions, to the seat of the aneurism, and the use of a moderate quantity of wine or malt in persons who have been accustomed to stimulants. The former of these I adopted on the authority of Dr. O'Bryen's paper already alluded to, and with the greatest advantage; and the second from reasoning, as Dr. Bellingham has done, that the true principles of cure consist in rest and in having a rich blood of limited amount circulating through the system.

On looking over my papers for the notes of the case, I find that they have been unfortunately mislaid, so that I am obliged to give a brief abstract of its history from memory. It was, however, seen in the hospital by Drs. Lees, A. Smith, Steele, and others, during the period of the man's continuing under treatment. The patient, whose name was Eason, was a Scotchman of between 50 or 60 years of age, a stone-mason by trade, and at the time of his admission, laboured under that form of bronchitis which depends upon the inhalation of the gritty particles of the stone at which he was in the habit of working. His breathing was short and laboured, and there was nothing in his history or appearance to indicate the existence of arterial disease. On examining his chest, however, I discovered an obscure dulness, about the second or third ribs, on the right of the sternum; in this spot there was a distinct impulse unconnected with the heart, and a double bellow's murmur. There was no tumour externally; he had no dysphagia; there was no perceptible difference in the radial pulses at the wrist. Over the entire chest there were sibilant and sonorous râles of varying intensity. The treatment consisted of the application of cold to the spot indicated, which was kept up, with occasional intervals, for several weeks; of perfect rest in the recumbent posture; of a restricted but nutritious diet; of small doses of alum administered internally; and of a small quantity of wine or porter. This was continued for about three months. The impulse gradually subsided, the murmur became less intense, then changed to a single thumping sound, and finally disappeared almost entirely. It became so obscure that but for a knowledge of its previous existence, it would scarcely have been detected. The dulness remained. Meanwhile no improvement was effected in the state of the patient's breathing, but his general health improved. He left the hospital, and after an absence of some two or three months, returned with the signs connected with the supposed aneurism in the same state, but with the pulmonary symptoms increased, and with great increase in the debility of which he complained. After a short residence in the hospital, from which he derived no advantage, he removed to the neighbourhood of Kilmainham, where I continued to visit him in the hope that I might be enabled to satisfy myself, by post-mortem examination, of the precise state of parts in the neighbourhood of the heart, as he was evidently sinking. In this, however, I was disappointed. The distance was too great to allow of my going to him as frequently as was necessary, and on my going out on one day after an absence of about a week, I found that he had gradually sunk from increasing debility and dyspnœa, but without anything to indicate the occurrence of hæmorrhage, and was actually two days buried at the time. The impression conveyed to my mind by this case has been that the aneurism was cured by the deposition of fibrin within the sac, and that in the production of this result the assiduous application of cold to the part had been productive of more benefit than any of the other means employed.

Gardiner's-place, February 20, 1852.

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sible that a normal amount of fibrin could be generated. Let us further suppose that upon further investigation, we have ascertained the existence of a form of *dyspepsia* (which is well known to the practical physician), in which the *reducing power of the stomach* has been either suspended or so impaired that *muscular fibre* partaken of as food remains in the alimentary canal either wholly or partially *unreduced*—that is, in other words, *unconverted into albumen*, and consequently *incapable* of being eventually converted into *fibrin*. We here recognize the *remote* cause of the lesion which first attracted our attention—that is, the remote cause of *the deficient amount of fibrin in the blood*, and therewith acquire *a practical suggestion*. The suggestion—not, as I regard it, altogether unimportant in its *practical* application—to which I refer is the following—namely, in those forms of dyspepsia wherein the *reducing* power of the stomach has been so impaired as to incapacitate that organ from converting *muscular fibre* into *albumen*, benefit (as I conceive) might result to the *general system*, if (at the same time that the physician directs his treatment to the *removal* of the dyspepsia) a diet of *muscular fibre* be *altogether abstained from*, and in the place thereof be substituted a *purely albuminous diet*. Upon the *nature* of this reducing power of the stomach, as also of the form of dyspepsia to which I refer, I trust at some future period to be permitted to enlarge; at present, however, I have merely referred to the subject in order to enable me to point out to such of my readers as set a value merely upon *practical* facts *in what manner*, as it appears to me, such considerations as the foregoing may be suggestive of *practical deductions*.

Any observations as to the practical inferences to be derived from a contemplation of an *excess* of fibrin in the blood, I shall postpone till we have entered more fully into the *causes* of such excess.

INFIRMARY REPORTS.

REPORT OF THE QUEEN'S COUNTY INFIRMARY FOR 1851.

By John Jacob, M.D., F.R.C.S.I.,
Surgeon to the Institution.

Close scrutiny and investigation of the financial statement of the infirmary for the past year, and of the number of patients treated, will show that the usefulness of the institution is unimpaired, and that the funds have been expended with becoming care. An examination of the accounts, year by year, will prove that such fluctuations as occurred, have depended on the variation of the circumstances and facts of eventful times. Our annual reports have generally been expressive of satisfaction as to the operation of the establishment. They have been truthfully so, because the infirmary has been continuously administered with an earnest desire to render it as useful as possible to the sick poor; while the utmost circumspection has been observed, with respect to the expenditure of the funds, the respectability of the character and appearance of the establishment being at the same time upheld, so as to maintain it creditable to our county, as it has ever been since the period of its erec-

tion. A reduction has been effected in the annual expenditure, though the number of beds occupied has been increased, as has also the number of individuals treated within the year, the wants of the sick poor have been supplied, in so far as this establishment was concerned, every applicant for admission, who was a fit object for an hospital of this class, having been received, while of the hundred beds established in the infirmary, an average of sixty-four and a half only were kept full; there having usually been three wards vacant, and available for the reception of any fit cases that might apply. Due caution has been observed to prevent the infirmary from being burthened with patients, not in need of hospital relief, or who, from the character of their complaints, might be more appropriately located in the hospitals of the workhouses of the county. A sum, less by £200 as compared with the preceding year, was received by presentment. The institution was kept free of debt, which incumbered it for so many years; and a balance retained which enables the governors to seek aid from the county, less in amount by £300, for the ensuing, as compared with the past year. A diminution of no less than £800 in the amount of the presentment for the year having being progressively effected within the last few years, in proportion as the demands on the institution diminished in amount, consequent on a reduction of the population and other causes, concomitant with a considerable abatement of the cost of supplies from the famine prices of a few years since.

It is a gratifying circumstance to observe that an increase has taken place in the subscriptions received for the year. Our year's subscriptions amounted to close upon £150; some considerable arrears of subscription remain unpaid, which are still expected to be received, and will, if paid, restore the list close to the standard of the most prosperous times. A large proportion of the respectable classes of the county know, by observation and experience, that a vast amount of benefit is conferred, by means of the infirmary, upon their humble neighbours when sick, and that considerable satisfaction is experienced by those instrumental in introducing the suffering to the advantages of the institution. Such parties should make known these advantages amongst their friends and urge them to uphold the infirmary by their subscriptions, and thus aid in maintaining it, as at present constituted, a well-ordered asylum for the reception of decent and generally independent poor, when it might be their misfortune to suffer from accident or disease.

A grievous falling off may be observed under one important head of income—petty sessions fines. At one period the receipts by the infirmary from this source, amounted to no less than £156 within the year, and for several years approached nearly to as high a sum, while during the past year, £2 12*s*. 7*d*. was only received. This money previously made available, in a benevolent spirit, for the relief of the sick poor in the district in which offences were committed, and probably where the offenders lived, has been, by a recent enactment (14 and 15 Victoria, cap. 90, sec. 13), transferred to the crown. In fact this means of support to local charities has been withdrawn from this impoverished country to add to the store of the nation's wealth. Henceforward this item will probably no longer be found in our accounts.

An act of parliament, introduced and conducted by the Right Honourable Sir W. Somerville, Chief Secretary for Ireland, and Member for Drogheda, having passed the legislature last session, which has altered the preëxisting arrangements for medical relief of the poor by means of dispensaries, and which also exercises some influence upon the interests of infirmaries, it would be a serious omission, a dereliction of duty, to pass it unnoticed in what should be a faithful history of all important facts relating to the infirmary which may have occurred within the year. In the form in which the act passed, it bears upon the infirmaries in two particulars only, the subjecting them to the visits of the inspectors under the act—an arrangement to which no reasonable objection could exist; the other, much to be lamented under all, but more especially the present circumstances of this country, prostrate as it is from a visitation of Providence, which, by its results to all classes, will mark this century as the period of the greatest of the tragedies of Irish history The withdrawal from all county infirmaries, after the existing surgeons shall cease to be connected with the institutions, of the trifling aid which these establishments, of truly national importance and usefulness, had previously received from imperial funds, of the hundred pounds per annum late currency voted by parliament, in the fifth year of the reign of George the Third, to pay the salary of a surgeon, taken in connexion with the transfer of petty sessions fines from the relief of the sick poor, must be considered as events to be deplored, let them be viewed how they may. It was certainly no boon to the Irish charities to throw the charge of the salary of future surgeons as an increased burden on the general funds of the institution. Had the bill, in the form in which it was introduced into parliament, become the law, our infirmary would, before this time, have passed from the hands of those by whose liberality it was erected and who have been supporting it for a long series of years by benevolent and voluntary contributions. It is no vain boasting to state that this infirmary has ever maintained an honourable distinction. With its earliest history distinguished names have been associated. It rose under the patronage and care of a brother of the noble veteran who is recognized by all as the most distinguished in the empire, beyond the pale of royal connexion. It has been liberally and continuously supported by one of the most respected and esteemed of the members of the present administration; and it has been firmly, perseveringly, and successfully defended in parliament, by the three members sent by the Queen's County and Portarlington. The Hon. Thomas Vesey, the Right Hon. J. W. Fitzpatrick, and Colonel Dunne, all sustained the rights of the governors and the interests of the sick poor, the first and last of these gentlemen having firmly resisted, to the end, and triumphantly, the transfer of the infirmary from the hands of those who cared for the sick poor, when unprovided with other means of relief—a service in which they were ably assisted by Lord Naas.

The total number of indoor patients treated amounted to 825, of outdoor to 2497. Of the indoor 522 suffered from diseases designated surgical; 138 cases were of the mixed medical character, and 165 were fever; 554 were discharged cured; 188 were made outdoor patients, and 29 died, 54 having remained at the end of the year; close on 500 of the 825 were received from districts beyond five miles distance from the infirmary—"facts and figures" which disprove the assertions, inaccurately made, that the benefits conferred by the infirmary were limited to the districts contiguous to the institution. Within a period of ten years terminating at the end of 1851, 4274 persons were received as *indoor* patients from within a circle of five miles radius round the infirmary, 4413 from a circle outside five miles and within a radius of ten, and 2540 from beyond ten miles; 6953 having been taken into the house from beyond a distance of five miles within ten years. The cost of relief was little over £14 for each bed occupied during the year, and £1 2*s*. for each individual treated indoor.

It is worthy of notice that outdoor patients continue to attend the infirmary from all parts of the county, even the most remote; and that both subscribers and patients appear to value the arrangement to afford advice and medicine to such of the sick poor of the whole county as may apply.

If an anticipation may be offered of the prospects of the infirmary for the ensuing year, it may be of rather a cheering character. There is reason to hope that the pressure on the institution may be moderate, with funds sufficient to meet all reasonable demands. The late contract taken for milk may be expected to effect a saving of about £80 within the year.

The following abstract presents at one view an outline of

the more important facts relating to the operation of the institution for the year:—

Number of beds in general medical and surgical hospital	64
Do. in fever wards	36—100
Average number of beds full throughout the year in general hospital	52½
Do. do. in fever wards	12—64½
Number relieved by each bed in general hospital within the year	12½
Do. do. in fever wards	13¾
Average number of days each patient was under treatment in general hospital	29
Do. do. in fever wards	26½
Total number of patients treated in general hospital in the year	660
Do. in fever wards	165—825
Of whom were admitted from within a circle of five miles radius round the infirmary ...	347
From between five and ten miles	286
Beyond ten miles	192
Number of individuals treated as extern patients	2497
Number of prescriptions of advice and medicine to extern patients	5080
Number of domiciliary visits to sick poor of the town and vicinity	315

The following averages of expense have been struck according to two methods. The first charging the entire amount of expenditure, including the cost of relief of out-door patients at the infirmary, and the domiciliary attendance which the sick poor receive at their own houses, and the attendance of the infirmary surgeon on the gaol, for which no remuneration is received. The second, more correctly, making a deduction of £150 for dispensary expenses, and of £65, the sum allowed by act of parliament for medical attendance on the gaol, but not granted. In the second calculation, the intern patients are charged with those expenses only which were incurred exclusively on their account:—

Total amount of expenditure within the year,	£1121	15	7
No. 1. Average cost of each bed full during the year (charging cost of medical attendance on gaol, dispensary, and domiciliary attendance at the houses of the sick poor) ...	17	7	10
No. 2. Do. do. (deducting £150 on account of dispensary, and £65 for medical attendance on gaol)...	14	1	2
Average cost of each individual treated (calculated according to No. 1)	1	7	2¼
Do. do. (calculated according to No. 2)	1	2	0

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THE MIDDLESEX.

Morbid habit of swallowing Hair.

By Dr. Crawford.

Dr. Thompson has alluded, in this journal, to the case of a girl who used to swallow her hair, and had lately vomited packets of it. The patient has, since then, passed, per anum, a large mass of the same organic product; this circumstance induced us to inquire more minutely into the case, and we learned from the girl the following facts.

She is a servant, aged 23, now pale and thin, but formerly ruddy and stout, and was admitted November 16, 1851, under the care of Dr. Crawford, with very obstinate constipation. The patient began to menstruate at the age of twelve years, and at thirteen, while in a comfortable situation, contracted the habit of picking off her hair, biting, chewing, and at last swallowing it. She went on satisfying this depraved taste for four or five months, when, being reprimanded, she gave it up, and has never resumed the custom since.

Soon after this, the patient began to feel a pain under the false ribs, on the left side, just over the spleen and the large extremity of the stomach. She was treated in various ways, and at different hospitals and dispensaries, during several years, for this pain, no one, nor herself, suspecting that the above-mentioned habit was the source of her malady. The general belief was, that she suffered from a tumour in the vicinity of the spleen; pain in that region, constipation of bowels, and wasting, being the principal symptoms.

At last, about a fortnight before admission, she was seized with fits of vomiting, and, among the rejected matters, a solid concretion, about the size of a walnut, was noticed; but this attracted no attention, until a second and much larger one was likewise brought up in the hospital. The nature of the affection became now apparent, but the constipation was very obstinate, and went so far as to produce stercoraceous vomiting. No more hair was noticed after these symptoms abated, until January 26, about nine weeks after admission, when a very large hairy concretion was discovered in the fæces. It was of the size of the dilated rectum, measured five inches in length, and was of a deep black colour. (The girl's hair is of a light tint.) The patient states that she felt this in the right iliac fossa, and she is now under the impression that more hair will be evacuated. The health has of late been rather weak, but the appetite is pretty good, and the intellect clear; but the patient complains of flatus, and of the bowels rolling in knots. This is another and very striking example of the difficulty of treating disease, when we do not know *every particular* of the history.

Encephaloid Cancer mistaken for Aneurism.

By Mr. Moore.

We pointed out, in a late number, that a case of aneurism of the arteria innominata had been admitted into this hospital, under the care of Mr. Shaw; another patient, supposed to be affected with the same arterial disease, has since been received; but it was the external iliac artery which was thought to have suffered in this latter instance. The patient, a man aged 52, was admitted, January 20, 1852, under the care of Dr. Seth Thompson, for pain and swelling of the left leg.

The limb had been œdematous, and the skin permeated with large veins, for about ten weeks before admission; and it was soon discovered that this state of things was owing to the existence of a pulsating tumour situated within the abdomen, and easily felt between the umbilicus and Poupart's ligament. The patient was now transferred to Pepy's ward, and placed under the care of Mr. Moore. The tumour could be distinctly felt through the abdominal parietes, lying in the course of the external iliac artery, and yielded to the hand a strong pulsation, synchronous with the cardiac action. The tumour and the pulsation increased rapidly; and as there was no distinct evidence of their being other than aneurismal, and a preponderance of opinion that they were of that nature, Mr. Moore proceeded to the deligation of the common iliac artery. The pulsations of the tumour ceased immediately, and the patient went on pretty well for a little while; but his system seemed unable to resist the shock of the operation, and he died a few days after the deligation of the vessel.

On a post-mortem examination, it was found that the tumour was of the encephaloid kind, and lay between two large arteries, which had communicated to the tumour the pulsations felt during life. It will be recollected that unavoidable errors of this kind have happened once or twice before in our hospitals; and it is plain that the most careful examination, and the most consummate surgical skill, can hardly preserve from such misapprehensions (notwithstanding stethoscopic skill).

ST. MARY'S.

Removal of Exostosis of the Orbit.

By Mr. Haynes Walton.

Two cases have lately been treated at this hospital; they will show forcibly how different are the manifestations in different subjects consequent upon irritation of parts. In fact, it

would appear that before long we shall be driven back again to an almost purely humeral pathology, for how could otherwise be explained such phenomena as these? Three persons, in apparent health, receive an accidental blow, or meet with a slight bruise, on some portion of the body. One hardly notices the circumstance; the healthy process of inflammation, and subsequent cicatrization, are rapidly gone through, and no trace of the accident is left. The second sees a slow and sluggish congestive inflammation take place, an unhealthy discharge follows, and if a joint have been implicated, there is much likelihood of its complete disorganization. The third experiences little or no pain, but after some time the part becomes indurated, inflammation slowly sets in, and the ulceration which ensues assumes the unmistakable characteristics of a cancerous fungosity.

We shall be told of course, that the first individual was in perfect health; that the second was under the influence of the scrofulous, and the third of the cancerous, diathesis. But what is the nature of this diathesis? In what structures does it lie? Can its principle be isolated, either from the solids or the fluids? Can we chemically or microscopically discover it before any tangible manifestations have occurred? Shall we rely on the theory of retrograde metamorphosis, so cleverly advocated by Dr. T. Addison, in his work on Scrofula? Whichever way these questions may sooner or later be solved, it is extremely probable that, by the aid of chemistry and the microscope, the fluids will be found at fault. But we at once proceed to narrate the case; it will certainly prove replete with useful suggestions.

Case.—Exostosis.—E. H——, aged 40, a carter by trade, fell down stairs a few years ago, and struck the edge of the orbit against a hard substance. In the space of about two months an enlargement of the part began to appear; it was at first but small, but it gradually increased, and within about three years the eye was overhung with a hard tumour, evidently an osseous growth, which so much intruded on the orbit as to compress the eye, threatening by its further development to destroy vision.

Under these circumstances the patient applied for relief, and Mr. Walton, after carefully examining the part, thought that it was imperative for the safety of the eye that the exostosis should be removed. The characters were not surrounded by any doubt; hardness, immobility, slow growth, continuity with the bone, absence of pain and inflammation, &c., were all sufficiently marked. The patient was therefore brought into the theatre, in July, 1851, and having been narcotized with chloroform, Mr. Walton made a crucial incision over the tumour; the growth having then been isolated, it was removed from the edge of the orbit by means of a small saw. The parts were brought together in the usual way; the inflammatory action did not run very high, nor materially interfere with the globe of the eye, though that organ was so near the parts operated upon. After a few weeks the patient was discharged, and up to this period has done well, no tendency to a recurrence having been manifested.

GUY'S.

Excision of a Pen-holder from the Urethra.

By Mr. BIRKETT.

We put upon record some time ago, a case of extraction of a fragment of catheter from the bladder under the care of Mr. South, at St. Thomas's Hospital. It will be recollected that the patient recovered perfectly, and that no small difficulty was experienced in removing the foreign body. A case of a somewhat similar kind, though less formidable, occurred lately at Guy's Hospital; Mr. Birkett succeeding likewise [illegible] by extracting the extraordinary object which had [illegible] into the patient's urethra. The facts are these:—

C. S——, aged 25, a waiter at a coffee-house, was admitted into Philip ward, under the care of Mr. Cooper, October 17, 1851, in consequence of having passed a piece of wood into his bladder. The patient is a spare, delicate, irritable, or rather excitable man, hard worked, but living well. He has enjoyed good health, and has never had any venereal disease whatever. About four months since, he experienced a difficulty in micturition, and only passed a little urine at each effort. After his urine had cooled, a pink sand and a quantity of thick matter (probably mucus) used to adhere to the bottom of the vessel. Such was the state of the renal secretion on the evening previous to his admission, when thinking (as he states) "to stir up the sand and get rid of it at once," he introduced the holder of a "magnum bonum" steel pen into his urethra. The piece of wood slipped from his fingers, and in his efforts to withdraw it he pushed it farther into the canal.

In the absence of Mr. Cooper, Mr. Birkett first saw the patient about ten a.m. The end of the piece of wood was easily felt in the urethra when pressure was made in the perineum, and Mr. Birkett tried to extract it by the meatus with long forceps. He readily grasped and caught the wood, but was unable to draw it forwards, as the forceps slipped off it when traction was made. Fearing to lacerate the urethra by these manipulations, Mr. Birkett incised the perineum over the projection caused by the end of the piece of wood, about a quarter of an inch behind the scrotum, and extracted the pen-holder.

The man had not stated the nature of the foreign body in such a manner as to lead any one to suppose that it was so long; or, as Mr. Birkett observed afterwards, it is probable that by depressing the end which was in the bladder from above the pubes, the anterior extremity might have been so influenced as to enable him to withdraw it by the urethra. As it was placed, however, the more forcible the traction, the more firmly it became impacted against the floor of the urethra. The patient was evidently suffering from chronic catarrh of the bladder, and to improve this condition he was ordered, at the suggestion of Dr. Rees, saline mixture, one ounce, tartrate of potash, one drachm, three times a day.

The incision, which for a little while allowed some drops of urine to pass through the perineum, cicatrized in about ten days. The urine soon assumed its normal characters, the patient's health improved, and he left the hospital quite well. There was at this time no impediment to the passage of a full-sized elastic catheter.—*Lancet.*

ANEURISM OF THE AORTA BURSTING INTO THE TRACHEA.

By Dr. W. H. GOOCH, of the Kent and Canterbury Hospital.

THE subjoined case was read to the East Kent and Canterbury Medical Society, and is an instructive example of aneurism of the arch of the aorta, which was not discovered during life, but produced symptoms resembling those of chronic laryngitis.

A carpenter, married, aged 44, of strumous habit, middle sized, and temperate, was admitted September 20, 1850, into the Kent and Canterbury Hospital. It appeared that about a twelvemonth previously he fell from the top of a house, and soon afterwards spit a little blood; the hæmorrhage, however, did not return. Four months afterwards he began to complain of a sense of fulness and tenderness about the upper part of the windpipe, which he attributed to a neglected cold, as he coughed a little at the time. Nothing was done for the relief of these symptoms for three months. He was then blistered, the medical attendant regarding his complaint as inflammation of the chest. No relief ensuing, he sought admission into the hospital. He was then reserved and dejected, and much wasted. He complained chiefly of a sense of obstruction behind the thyroid cartilage, with tenderness and soreness in that situation when he spoke or coughed. The cough was hoarse, and often shrill, and at the end of each fit of coughing the breathing became extremely hurried, especially at night, so that he could sleep but little. His voice was hoarse, and sometimes whispering, and he expectorated a scanty frothy mucus.

Auscultation disclosed a feeble respiratory murmur throughout the *left lung*, particularly at its apex, without rhonchus. The vocal resonance was morbidly loud, and the sound on percussion dull anteriorly and posteriorly. In the *right lung*, with the exception of a little sibilous rhonchus in the upper lobe, the sounds heard by the stethoscope, and percussion, were natural. The systole of the heart was feeble, but the sounds and rhythm were healthy. No unnatural arterial pulsation was discovered anywhere. The pulse was 84, soft, and weak. The appetite was impaired, but the tongue looked clean.

Considerable relief was afforded by cupping in the interscapular region, by counter-irritation on each side of the larynx, and by mercurials, with expectorants and sedatives. Dyspnœa was alleviated, and sleep secured, by a nightly dose of chloroform. Slight œdema of the ankles now appeared, but with that exception the patient had improved and gained strength, from a nutritious diet and cod-liver oil, when soon after midnight of the 23rd of November he was seized with a sudden and very violent fit of coughing, during which an enormous quantity of blood rushed from his mouth, and he was dead in an instant. A slight aggravation of the cough had been noticed for a few days before the awful event.

Post-mortem examination second day after death.—The larynx and trachea showed no marks of disease. The *right lung* was emphysematous, and did not collapse when the chest was opened. The lung at its upper part was adherent to the costal pleura by long bands of lymph, both anteriorly and posteriorly. Several large red patches were scattered over the surface of the middle and lower lobe, which condition was thought to depend on the entrance of blood into the minute divisions of the air tubes, several small coagula being found in the larger bronchi. The *left lung* was universally adherent by a thick firm layer of lymph, and did not crepitate, the whole of its tissue from apex to base being in a state of gray hepatization. Three or four cretaceous deposits were found, of the size of half a gray pea, on making sections of the lung. The bronchial ramifications appeared dilated, and their lining membrane thickened, and intensely injected. The pericardium contained the usual quantity of fluid, and presented some white fibrinous patches on the surface of the right ventricle, together with adhesions between the surfaces at the base, around the great vessels. The heart was somewhat large, but its cavities and valves were natural. The aorta presented in its first portion patches of white thickening of the inner coat, and atheromatous deposits, and at more than one spot a circumscribed superficial dilatation of the coats had taken place. Immediately beyond the left subclavian artery there appeared a large opening, that would readily admit the fore-finger, which communicated with an *aneurism*, of the size of a small orange; it was situated between the aorta and trachea, and contained a small loose mass of fibrin, but had no concentric laminæ. The rings of the lower part of the trachea were bare in the posterior wall of the sac, for a space equal to the circumference of a sixpence. At this spot there were two distinct openings that passed into the trachea at its bifurcation, one of these, more properly speaking, led into the commencement of the right bronchus. The margins of these openings on the tracheal side were surrounded with tufts of lymph, adhering pretty firmly. The left recurrent nerve, after passing round the corresponding bronchus, became embedded in the wall of the aneurism. The glands between the bronchi were much enlarged, and filled with a hard cretaceous substance.

In reflecting on the case now detailed, one cannot fail to be struck with the undoubted relief afforded by the treatment to the more urgent symptoms, at the same time that the aneurismal disease must be considered to have been advancing. To the congested and hepatized condition of the lungs diagnosticated during life, and discovered after death, we may point as satisfactorily explaining this apparent anomaly.

But the great practical lesson which the case suggests has reference to diagnosis; fresh proof is afforded by it of the obscurity which surrounds the progress of aneurisms about the commencement of the aortic arch. In the majority of instances the symptoms that result from compression of the surrounding organs, offer only equivocal evidence; it remains for a pulsating tumour, or a sudden arterial hæmorrhage, to reveal the true nature of the affection. Sometimes, indeed, the trachea, the œsophagus, or the recurrent nerve, sustain such impediments to their functions from pressure, that the diagnosis is not a matter of difficulty. On the other hand may be cited, as a striking contrast, the case recorded by Mr. Lawrence in the Medico Chirurgical Transactions, vol. vi., where an aneurism of the arch of the aorta so pressed on the trachea as to ulcerate its lining membrane, and yet the patient did not experience any dyspnœa, death arose from a different cause, and the discovery of the aneurism, which was small and filled with firm laminated coagula, was quite accidental.

Laennec, when speaking of aneurism of the thoracic aorta, remarks—"It cannot be known with certainty till it shows itself externally; it can hardly be suspected even when it compresses some important organ and greatly deranges its functions."

And in support of the same doctrine, the case of the late Mr. Liston may be adduced. At first, it will be remembered, his symptoms were attributed to tubercular condensation of the superior lobe of the lungs. It was thought doubtful whether the dyspnœa depended on enlargement of the bronchial glands, or on aneurism; the latter was only suspected by the distinguished physicians in attendance. This suspicion proved to be correct, for a false aneurism of the aorta was found of the size of an orange, which had burst into the trachea, and, of course, had led to the copious hæmoptysis that took place five months before death.

In the Catalogues of the Museum of the Royal College of Surgeons, and of St. Bartholomew's Hospital, three cases of aneurism pressing on the trachea are described, in two of which an opening was made into the trachea to relieve the symptoms.

In the instance under consideration, the absence of all physical signs indicative of disease of the heart or its large vessels, the evidence of solidification in the left lung, the peculiar character of the voice and cough, with other symptoms, led to the inference that the chief lesion was strumous laryngitis, probably advanced to the ulcerative stage (with preëxistent pneumonia).

Post-mortem examination corrected the error by discovering another and an adequate cause of the affection of the throat, in the fact of the recurrent nerve being involved in the aneurismal sac; while the condition of the left lung, and the position of the aneurism, explained the paroxysms of difficult breathing.

It is right to add that a suspicion of some unusual pressure upon the recurrent nerve, like that which would be caused by enlarged bronchial glands, had been expressed by me shortly before the patient's decease.—*Prov. Jour.*

Hæmaturia.—Dr. Rees mentions two forms of hæmaturia; the one produced by calculus in the kidney, and the other by malignant disease. The same remarks made with regard to alkaline urine from irritation of the mucous membranes, may be applied to the presence of a calculus in the kidney. Our object must be to render the urine as unirritating to the mucous membrane as may be, and enable that membrane thus to bear the presence of the calculus with as little inconvenience as possible. To relieve the spasm of the canal, we should combine alkaline and demulcent remedies with such sedatives as the patient can bear without injury to the stomach. The best styptic is perhaps tannic acid; it should be given in the form of pill, at intervals between the doses of iron, in doses from four to eight grains three times a day. It should not be given in solution, on account of its being rapidly converted in the stomach into gallic acid.

REPRODUCTION OF LACTATION.

By Dr. Ariel Ballou, of Rhode Island, U.S.

Case 1.—In the autumn of 1836, Mrs. J. G., aged between 30 and 40, of sanguine temperament, robust constitution, and the mother of several children, was confined. The presentation was natural, and no unusual circumstances attended her delivery. Subsequently she suffered from an attack of phlegmasia dolens in both of the lower extremities, attended with high febrile action, and, as is usual in such cases, extreme suffering. The secretion of milk ceasing early in the disease, the child was removed to a wet nurse, with whom it remained three or four months, during which time there was no return of milk. In the spring of 1837, the family being about to move a short distance from the village, where they could enjoy a better air and a more unrestricted exercise, the mother was anxious to take her infant with her, but did not like to deprive it of the advantages of the breast during the then coming warm season. I advised the mother to take her child and apply it to the breasts in the same manner she would do if she had a flow of milk; assuring her it was my confident opinion that in two or three weeks she would have milk, and a sufficient quantity, at least her usual supply. She did so, and in about two weeks the secretion of milk was reproduced. She continued to nurse her child for more than a year, producing her accustomed quantity of milk.

Case 2.—Mrs. N. D., aged about 25, was confined in December, 1841. Nothing worthy of note transpired during her confinement and recovery. In April following, her child weaned itself in consequence of a sore mouth. Her milk soon entirely disappeared. In July following, I was called to see her child, which was suffering from an attack of cholera infantum. Having lost several children about that time from this disease, I expressed my regret that the child was deprived of the benefits of the breast, adding that, in my opinion, its chances of recovery were diminished in consequence. The mother was informed of the course I had advised in other cases where it was desirable to reproduce the secretion, and of the results. On my visit the succeeding day, she informed me that she had applied the child to the breasts, and that it nursed, and seemed pleased and more quiet; but she was not aware that any milk was obtained, or that she had any for it. I advised her to persevere in the application of the child to the breasts, which she did, and the child recovered, and in the course of a week or ten days obtained a full supply of nutriment from the breasts. The mother continued to nurse for months with as full and perfect a secretion of milk as though no interruption in the secretion had occurred.

The following case I report as having an important practical bearing on the treatment and disposal of a class of cases which occur in our community at the present day, to cure which, or otherwise dispose of satisfactorily to the physician, is often found difficult.

Case 3.—Mrs. O. H. H., aged about 21, of feeble constitution, and nervo-lymphatic temperament, was confined in July, 1847. Previous to her accouchement, she was troubled with chronic aphtha, red canker, or with that condition of the system which is well known as "sore mouth attendant on pregnancy and lactation." Nothing unusual occurred at the time of delivery. No considerable loss of blood was sustained. As in similar cases there was a remission of diarrhœa and sore mouth for a few days after accouchement, giving rise to a hope that, being relieved from the condition of pregnancy, she would recover the powers of digestion and the assimilation of nutriment, so as to enable the system to sustain the calls upon it consequent to lactation; but in the course of ten or twelve days after accouchement, the sore mouth and diarrhœa returned with increased violence, producing great debility. The secretion of milk was copious; her pulse 120; the tongue flabby; there were frequent copious dejections of yellowish water; the face and extremities bloated, &c. Fearing the worst results for my patient, I advised the immediate removal of the child from the breasts of the mother to those of a wet nurse, at the same time informing the parents that, on the recovery of the mother, she could at pleasure reapply the child to the breasts, and have a full supply of milk, and be enabled to perform all the duties and functions of a mother for an indefinite period of time. The child was given in charge of a wet nurse, the milk gradually disappeared, and the patient recovered under the use of tonic remedies and a generous diet. Between two and three months after this, the mother called on me, having the appearance of restored health, and inquired if she might now take her child home with a hope of realising my former assurances that she would be able to reproduce her milk. I assured her there was no doubt in relation to such a result, and her ability for the future to nurse the child. She took the child, applied it to the breasts, and in the course of two weeks had a good supply of milk. I met her some nine months after, when she informed me she was happy in the enjoyment of good health, and, to use her words, she "had as good a breast of milk as if she had never dried it up."—*Amer. Jour. of Med. Sci.*

DIFFERENTIAL DIAGNOSIS OF THE DIFFERENT KINDS OF GENERAL PARALYSIS, BY THE AID OF GALVANISM LOCALLY APPLIED.

By M. Brierre de Boismont.

The author thinks that there exist two species of general paralysis, which differ completely in their nature and their seat. The first species of these progressive paralytic cases, without alienation of mind, exhibits as its essential character, a weakening, a diminution, and an abolition of irritability, more marked in proportion to the greater duration of the disease. This alteration may begin in a muscle, or in a limb, generally in the inferior extremities; then it attacks, successively, all parts, and reaches the tongue. In many cases, the autopsy, made with the greatest care, has revealed no lesion in the brain or the spinal cord, in spite of the long duration of the disease. M. de Boismont cites the case of a lady in whom first the left upper extremity, then the lower, and, successively, those of the other side, lost their power. The fingers were contracted, and it became difficult for her to hold objects; walking was effected only incompletely. The paralysis reached the tongue, and the patient pronounced, with slowness and hesitation, the words suggested by her mind. Sensibility was preserved, the intelligence was unimpaired; the disease lasted more than a year. The digestive functions were well performed; the urine and the fæces were under the patient's control. The electrical apparatus produced no contraction in the lower limbs. The tibialis anticus, the peronæi and the flexors, remained immoveable under the influence of the current. This phenomenon was remarked in a less marked degree in the muscles of the superior limbs; the muscles of the trunk were feebly contracted. To this case another is added, of a patient who died under the care of M. Andral, with all the symptoms of general paralysis, without mental aberration, which had lasted for more than a year. In this case, irritability was completely annihilated, although he could still execute some movements. Consciousness remained unimpaired to the end. The autopsy, made with care under the superintendence of M. Andral, revealed no alteration; and a microscopical examination, made by M. Lebert, exhibited only a fatty deposition in some of the muscles of the thigh. The muscular fibre of the muscles of the leg, in which irritability was extinguished, showed no alteration. It was interesting to contrast these results with those furnished by the examination of the general progressive paralysis of the insane. M. Boismont and M. Duchenne accordingly instituted experiments upon three paralytic insane patients, who were paralytic in different degrees. The first had only an intermittent stammering; the second was at the second period, but considerably emaciated; the third, who had been paralytic for several years, stood with difficulty, and was no longer able to answer questions. In all three, irritability existed in a marked degree. These experiments were repeated at the Bicêtre, and the patients were selected indiscriminately, among the most advanced cases, the most aged, and those who had kept their beds for several months. Irritability was ascertained to exist in the six cases examined, two of whom had arrived at a great degree of emaciation, and even of atrophy, especially in the inferior extremities. Almost all these patients passed their fæces and urine under them. It may, therefore, be advanced, as a constant circumstance, that in cases of general paralysis with mental alienation, there is preservation of irritability. M. de Boismont remarks, that, with regard to the seat of general paralysis, it is impossible to admit that it can always be localized in the nervous centres. There are cases of this disease which depend upon the spinal cord; others, upon the great sympathetic. There are some which are *perispherical*, and several which are not connected with any appreciable lesion of the nervous centres; and there are a certain number of cases which depend upon disease of the brain.—*London Jour. of Med.*

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, MARCH 3, 1852.

OPHTHALMIA IN THE IRISH WORKHOUSES.

Nothing contributes more effectually to the settlement of disputed questions as to medical practice, than records of results made by persons not interested in the defence of doubtful methods. A man writes a long "paper," or perhaps a goodly pamphlet, possibly even a portly volume, to prove the certainty of the success which follows his "treatment" of some disease, and puts in evidence an overwhelming number of "cases" to establish the truth of his views; but in process of time, other men give their version of the result, and so the matter ends, About a year and a half ago, all Europe was gladdened by the pleasing intelligence that thenceforth the scourge of Irish pauperism, ophthalmia, had been arrested in its onward course; and that, like the Egyptian ophthalmia of old, its occurrence was to be but matter of history, in consequence of the unparalleled success of new and potent remedies. It now, however, appears that this somewhat sanguine view was premature, for we learn from official sources that in one union at least "99 are found totally blind, 134 blind of one eye, 80 under treatment, 9 about to lose both eyes, 6 to lose one eye, and 6 others are in great danger," and all notwithstanding the "methods of cure" which had proved so successful. Thus does the envious tell-tale Time betray the real state of the case; and thus is the country warned of the truth of the old adage, that "prevention is better than cure;" and the sooner the Poor-law Commissioners see it the better. Cure there is none for such a state of things: the only resource is to prevent its occurrence. But there lies the difficulty. This very ophthalmia suggests the question of questions—What is to be done with pauper children? The aged and infirm may be provided for without much stretch of ingenuity, or even much expense, and the sooner the able-bodied are left to their own resources the better; but the children, what are we to do with them, so that they become not blind or crippled? We put the question without any intention to attempt answering it ourselves, in order that those who are bound to do so should seek a solution. The members of the medical profession have called loudly for an opportunity to display their abilities as hygienic reformers, and now that they have it they must make good their promises. A very different report touching this matter must be laid before Parliament in 1853. We do not say this with any desire to throw blame on any one, much less to indulge in sinister predictions. We notice the matter to remind our official brethren that this is *one* of the great difficulties.

A CHAPTER ON HOMŒOPATHY.

In Ireland here we seem to view this episode in medical history more philosophically than our neighbours, perhaps because experience has taught us that human nature is not so perfect as others suppose. We perhaps see in it, too, the means by which another evil may be cured or corrected which far more endangers the character of the medical profession and obstructs the progress of medical science. Whatever tends to check the public appetite for drugs must be accepted as a benefit, however mischievous it may be in other respects. We have always said, we never minced the matter, that Hahnemann was a knave, an accomplished Dousterswivel; and we have always maintained that his medical disciples are, without exception, worthy of their master; but they are making a valuable experiment with impunity which honest men could not attempt. They are teaching us how far disease may be allowed to proceed unchecked without affecting the bills of mortality, for it amounts to that: they give no medicine whatever. This at a time when the practice of an honourable profession is every day degenerating into a vulgar and dishonest trade by the adoption of an opposite course is no small advantage. In fact, we shall presently discover the numerical results of the two methods of man-slaying, omission and commission, and ascertain whether the undertaker owes more to the homœopath than to the allopath. We are alluding to the two extremes, absolute denial of all medicine and poisonous drugging; we point at the one who sees his patient die before his face sooner than spoil his trade, and at the other who risks his life to swell the bill. What the result may be some may easily guess: we back the allopath against the homœopath in the contest. But be this as it may, one thing is clear, that honest men will have less cause to complain of the man of the small globules than of him of the large. The one puts him out and takes his place, the other puts him out and "calls in" a rival; the one corrupts not our profession, the other cannot live without doing so. Here, however, is the text which suggests these comments. The petition, the petitioners, and the petitioned, we leave to our readers:—

> The presentation of a monster petition to the superintending body of a university, praying them to concuss the consciences of its professors in the honest discharge of one of their most responsible duties, is an unprecedented event in the history of medicine in Britain, which deserves to be recorded in some more approachable quarter than the inaccessible records of a burgh magistracy. Therefore, as the petition has been printed and circulated, and thus becomes a legitimate object of criticism, we shall take leave to acquaint the reader with its contents, as well as its authors.
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> It is well known that last year the Medical Faculty of the University of Edinburgh found it necessary to remit for farther examination a candidate for the degree of Doctor of Medicine, whose principles of practice appeared to them unsound and dangerous, and who also showed an imperfect acquaintance with some branches of medical learning. Instead of rejecting him at once, as the faculty were fully entitled to do, they humanely granted him an opportunity of informing himself farther on the points in which he did not satisfy them, and allowed him a new trial in good time for the year's graduation, in the event of success. But the misguided youth, preferring to be made the tool of designing men, withdrew his name from the list of candidates, and has thrown himself into the arms of the enemies of his university. Of the various devices contrived by these enemies, with a view to damage its interests, and at the same time to keep themselves in the public eye, the newest is a petition to its patrons, the Town Council of the city of Edinburgh. This petition, after recounting the particulars of the candidate's adventures, as reported in our number for October last, proceeds to charge the Medical Faculty of the University of Edinburgh with "requiring from a candidate an explicit pledge, limiting his future course and practice," being "a fundamental change," adopted "arbitrarily, and without the authority, or even the knowledge, of the Senatus, or of the patrons of the university." It represents, "that this innovation, if adhered to, will be highly injurious to the progress of science, and to the morality of students, as well as greatly detrimental to the usefulness and to the reputation of the University of Edinburgh; and that those who find themselves thus debarred from pursuing their studies in whatever direction truth seems to call them, will be driven to other, and possibly to foreign universities, or to separate and independent institutions." It then goes on to glorify the species of quackery which has found favour with the petitioners;

prays that the patrons of the university will show it countenance; requests their "intervention, in order that any undue attempts to interfere with the full liberty of the students of medicine may be prevented in future, and that the honour, independence, and distinguished reputation of the university may be preserved." And it concludes by requesting more specially that "the honourable patrons will cause the irregularity complained of to be brought under the immediate notice of the senatus of the university, or will act otherwise as to their wisdom shall seem best."

The substance of the petition may be set aside in a few words. The sapient subscribers, who have maliciously, ignorantly, or inconsiderately signed it, object to a candidate for medical honours being required to give satisfaction that he is competent to practise medicine, with credit to the school where he was educated, and with safety to her Majesty's lieges, according to the views entertained on these points by his examiners and teachers. But they have no objection—on the contrary, they have taken a world of trouble—to require, that these examiners shall, in the discharge of the most solemn and responsible of all their public duties, violate their consciences and let loose upon society a set of men whom they honestly regard as either infatuated or designing, and in either capacity alike dangerous to the well-being of the community.

Looking at the matter in the point of view most favourable to the petitioners, and least favourable to the Medical Faculty, it is plain that, if the patrons of the university entertain the prayer of the petition, they will have to decide whether there is to be a concussing of the consciences of one or two possible young men, who will be thought by all but the petitioners to be in the wrong, and to whom, by their own showing, it is open to go elsewhere for what they want: or of twelve indubitable professors, who are believed by the world in general to be in the right, and who cannot evade a duty—at all times disagreeable—except, indeed, by the resignation of office, which it is possible that the patrons of the university will look upon as not a very desirable alternative. And as to the special and very unusual mode here chosen for guiding the judgment of the patrons, it is equally plain that they will have to choose between the opinions of 3337 labourers and bricklayers, carters and ploughmen, sailors and tailors, masons and quarrymen, weavers, bakers, joiners, shoemakers, policemen, &c. &c., and peers—whose names we find appended to this petition—and the sentiments of thousands of the educated classes of the community, and even in the medical profession alone, who would come forward in aid of the Medical Faculty, were the patrons entitled by law to interfere, and inclined to settle the question on the arbitrement chosen by the petitioners—that is, by the public voice.

But who are the petitioners? Eight peers, three members of the Commons, not being peers, eight generals, five admirals, a sprinkling of baronets, an Irish bishop and 170 clergy, chiefly of the English Church; a less proportion of the other educated classes of society, and a multitude of the merest labouring population; some of them so low in the scale of society that they can with difficulty write their names, or spell their designations. The peers are, the Earls of Wilton, Airlie, and Erne; Viscount Newport; Barons Kinnaird, Colville, Lindsay, and Gray. The members of the House of Commons, besides Lord Newport, are Lord Robert Grosvenor, Allan Elliot Lockart, and Charles Powell Loftie. The only bishop is the occupant of the see of Down and Connor. The generals are, Lieutenant-Generals Birch, Brook, Doveton, Greenstreet, Hawker, Herbert; and Major-Generals Simpson and Willshire. The admirals are, Rere-Admirals Cator, Gambier, Henderson, Hole, and Trowbridge. In this list of twenty-six individuals, constituting the *Dii majores* among the patrons of homœopathy in the three kingdoms—for England, Scotland, and Ireland have all been ransacked for subscriptions—we are not aware of any one remarkably known for wisdom, or possessed of any other qualification entitling him to dictate to others on a question of conscientious conduct in a profession of which they are all profoundly ignorant. As for the peerage, we confess ourselves to be agreeably surprised that it is so scantily represented; and as to the number of the clergy, we feel no surprise at all. Long before the invention of any English noun ending in *opathy*, England had constantly enjoyed the singular distinction among nations of possessing a genial clime for quackery. This singular privilege she greatly owes to two of her chiefest blessings—her peerage and her church. In these two orders of society, both of them alike powerful, alike opulent, and similar in some mental weaknesses, there has always existed throughout the country an atmosphere ready to propagate any delusion or imposture in physic, however gross. Whence may have arisen a connexion so startling, it is not necessary now to inquire. Sufficient for the present is the pregnant practical fact, that quack medicines, quack doctors, and quack theories, have ever found in England the readiest acceptance among its nobility and clergy. Homœopathy, therefore, like antecedent quackeries, could scarcely fail to find a peer and a churchman to back it.

A detailed analysis of the whole subscriptions is out of the question, because we have not the requisite local knowledge of the districts in England which principally supply them. But a sketch of those who constitute the great mass of petitioners north of the Tweed, will satisfy most readers what right these people have to obtrude their advice in such a matter. In the town of Selkirk, a dissenting clergyman heads a congregation, consisting of the town-clerk, a weaver, a dresser, a pressman, a slubber, a joiner, a mill-wright, a shoemaker, four cabinet-makers, and two tailors. In the adjacent parish of Ashkirk, the Free Church minister leads a flock of one stocking-maker, one joiner, one steward, a farmer and his two sons, two farm-servants, two labourers, and two millers. Not far off, in the same county, a farmer is followed by his gardener, two shepherds, six hinds, and two ploughmen; and at Ashkirk Mill, the miller and his men themselves contribute four sturdy signatures On the other side of the Forth, the whole gardeners in the grounds of Camperdown, seven in number, give their support to the cause. And in the same county, the stone quarries of Lochee, under the guidance of an aboriginal, who graduated last year at Edinburgh by successfully hiding his homœopathic talent, have supplied the heavy-handed autographs of three carters, four quarrymen, and fifteen masons.

In Edinburgh itself, 560 individuals have been prevailed on to sign the petition. Probably sixty of these, or seventy at the most, belong to the educated classes of the community. The remainder consists mainly of all sorts of handicraftsmen; among whom cabinet-makers, confectioners and carters; porters, printers, and painters; smiths, spirit-dealers, and shoemakers; bakers and bookbinders; labourers, grocers; joiners, masons, and tailors, are the most conspicuous—accounting, in fact, for at least 240 subscriptions. We must not omit to add, nine policemen, seven sailors, and three soldiers of the garrison. Preëminent above all tradesmen are the tailors, who alone number forty-six; and one sheet contains thirteen of them in a row, who seem to have signed as they sat on their board, and to have then smoothed down the sheet with their goose. At one place a builder is followed by no less than twenty of his masons. Hard work some of the poor fellows must have had to put down their symbols, and indicate their calling. One styles himself a "pinafortrte-maker." Alexander Murdoch is a "coach-bulder, Soutth clark streat;" Andrew Oliver is a "cabnit-maker;" and William Wilmore, a "jewller," might improve the orthography of a brother in trade—Thomas Jackson, "gewler," London. John Vickory, who designates himself "gentleman," appears to have dined before signing. Another, after vainly endeavouring to identify himself by a few desperate hieroglyphics, has been enabled by some fair hand to describe himself as "servant, George-square."

Among the educated classes of Edinburgh, are particularly distinguished four advocates, six clergymen of the dissenting communions, three accountants, five military men, six esquires of some place, chiefly temporary residenters, the Rector of the High School, the Auditor of the Court of Session, and eleven medical men, of whom eight may possibly be engaged in practice, two are retired practitioners, and one, who signs himself an "intending M.D.," was, to our certain knowledge, in the same predicament at least eleven years ago. We wish our limits would allow us to analyze the whole of this flaming catalogue. The result would surprise the reader. But for brevity's sake we must confine ourselves to the two most important denominations—the lawyers and the medical practitioners.

As for the four advocates, whose profession may seem, in such a matter, to give their opinion more weight than that of others, they possibly deserve little mercy at our hands for putting their honoured title to such mean uses; but, having more consideration for one or two of them than they have had for themselves, we shall simply say—what the fact entitles, and their interference calls on, us to do—that it is not the position of any of them at the bar which has warranted them to give the colour of a legal sanction to these proceed-

ings by appending their signatures and designations; and that, if the petitioners have no better authority for the lawfulness of the measures which they desire the patrons of the university to attempt towards the Medical Faculty, we apprehend the faculty may safely regard the question proposed to be raised as not yet absolutely decided against them.

The eight signatures of medical practitioners are the following:—George Edward Allshorn, M.R.C.S., Edinburgh, Homœopathic Chemist; George B. Cochran, M.D.; James Lawrie, M.D.; John Rutherford Russell, M.D., Edinburgh; John F. Paisley, M.D., Glasgow; James Russell, M.D., F.R.C.S.Edin.; George Easson Stewart, M.D., Edinburgh; Dionysius Wielobycki, M D., Edinburgh. These, for aught we positively know, may be all engaged in medical practice. One of them, however, we believe never to have been so engaged; two we never heard of before; two others do not even appear in the Edinburgh Post-Office Directory. Of the remainder, one is only remarkable for being second editor of a periodical print called *The British Journal of Homœopathy*, another is remarkable in no respect whatsoever; and the last is an expatriated Pole, who, with his brother, was educated for four years by the Medical Faculty of Edinburgh, and exempted from all university fees—a small kindness, for which both of them have expressed their great gratitude in the only way in their power, by signing this gagging petition. We miss the signature of the Coryphæus of Scotch homœopathy. Possibly he foresaw that a request to coerce twelve professors, if refused by the patrons, might be disagreeably suggestive of a plea and necessity to concuss the remaining thirteenth. Enough, we presume, has been said to illustrate the way of getting up a petition in favour of homœopathy. A few homœopathic practitioners signify their wishes to a few dupes, who have been their patients, in the learned professions and other educated classes, no matter what may be their credit in society; and straightway they come forth with a petition weighing four pounds, measuring sixty yards, and signed by a few thousand people, as insignificant, and as devoid of all weight and influence as their own infinitesimal globules and dilutions.

Much has been lately alleged of the number of Edinburgh graduates who are supposed to have been converted to the creed, or to have put on the mask, of homœopathy. We give them as they appear in this petition:—Francis Black, Clifton; John Blyth, Dublin; Samuel Brown, Portobello; George B. Cochrane, Edinburgh; William Cryer, Bradford; John Drysdale, Liverpool; James Devonport, Clapham; R. Ellis Dudgeon, London; Richard Frith, Newcross, Kent; James M. Gully, Malvern; Claudius B. Ker, Cheltenham; David C. Laurie, Brighton; Henry R. Madden, Brighton; James L. Marsden, Malvern; Charles Ransford, York; George Rogers, London; James Russell, Edinburgh; John R. Russell, Edinburgh; George E. Stewart, Edinburgh; George Strong, Ross, Hereford; William Traill, Belfast; Dionysius Wielobycki, Edinburgh; Severinus Wielobycki, London; W. Wright, Birkenhead; Neville Wood, London.

In the English Medical Directory, fourteen others are put down as homœopathic practitioners. We are also aware of the existence of one or two more; but we have to do here only with those who have given their countenance to the monster petition. Much has been said more particularly of the number of last year's Edinburgh graduates who are homœopathists; and six or seven is the number specified by the only individual who has committed his name to the statement. In this petition we find only one; who is that very individual, and a principal touter for the petitioners.—*Edin. Monthly Journal.*

PAYMENT FOR MEDICAL SERVICES.

The following is a gratifying piece of intelligence: the payment of Metropolitan Hospital Physicians and Surgeons by more legitimate and unequivocal means than usual is an improvement, and the payment of them by any means is still better. Our provincial brethren may well complain of our city officials making a bad precedent by their working without pay, and others may deplore the annual unseemly squabbles which the present system entails, but there it ends. The cure, however, for all this is "progressing," as they say in Yankee land. Hospitals once were worth something more than the paltry dividend of pupil money; they gave character, now it is otherwise:—

In the *Lancet* is mentioned the gratifying fact that the governors of the Royal Free Hospital had determined "that in consideration of the laborious and indefatigable exertions of the medical officers, one hundred guineas be presented to each of the physicians and surgeons of the hospital, and that for the future they shall receive each one hundred guineas per annum." This is a most important move in the right direction. It suggests to me to bring under your notice a subject which, for its importance, well merits your earnest attention, and the public ought to be enlightened upon it. I mean the entire non-payment of the assistant-physicians and assistant-surgeons of several of the large hospitals of this metropolis. The duties, as you know, of those gentlemen are very arduous, and yield not in importance to those of their seniors, and are even more binding as to attendance; consequently all other engagements must give way to this one duty, and often at a pecuniary sacrifice. That a body of talented and highly-educated men should be found ready and willing at all hours to bestow their time and intellect within the walls of an hospital, without any of the world's rewards, might well excite surprise, if we knew not the vast amount of unseen charity daily and hourly bestowed by the medical profession. But men ought not to be expected, in a country like ours, with a redundant, struggling, and active middle-class population, to pursue for years a course of unrewarded practical charity. The majority of the public believe that *all* the medical officers of *all* the hospitals are paid officials; and even many of the governors and subscribers are under the same impression, and many have looked rather incredulous on being told to the contrary. That the ruling powers of those establishments, consisting chiefly of men knowing well the value of time and labour, should continue to receive the benefits arising from so large a sacrifice of both, is an anomaly difficult to explain. I have been told that they uphold the practice of this injustice by alleging that the funds over which they, for the time being, preside, could not be so bestowed. I know not whether this point has ever been fairly settled; at all events we see that, from the lowest grade of porter up to an aristocratic house-governor, are all well, some liberally, paid; and upon what principle the practice is not carried out with those of the medical staff, who derive emolument from no other source, I cannot understand. We see, nevertheless, in many cases, a most lavish expenditure of those very funds in external decoration and alterations in the buildings, having no reference either to increased accommodation, the comfort, or more speedy restoration of the patients; but often to indulge the whims of a building-committee, and enrich the builder and architect. It is also alleged, that the prospective advantages to the assistants are great. But before these are realised, death may, as it has in several cases, remove from this sphere the hard-worked assistant; his services alike unrewarded, unrecognized, and soon to be forgotten. Is this a fair state of things? Is it what the benevolent donors meant? I think not. I believe that if the case were properly represented, many persons holding the doctrine that "it is better to be just, before they are generous," would willingly so apportion their gifts, as to provide a fund, from the interest of which a proper remuneration could be given to the at present hard-worked and unpaid assistant-physicians and surgeons; and this without encroaching upon the purely charitable funds of the hospitals.—*Letter in Lancet.*

CORRESPONDENCE.

THE GORT UNION.

TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—I find by your last impression that Dr. Nolan of Gort has again attempted to justify the course he has thought proper to pursue in reference to the working of the Medical Charities Act in that union; and that with that view, he not only denies the accuracy of the report which appeared on the subject in the Medical Press of the 21st ult., but that he actually charges your correspondent with "misrepresentations and misstatements" generally; and adds, that he has "cushioned" those parts of the discussion which might tell to *his* advantage with the readers of the Press.

If the fact of his having alluded to the additional duties of "attending bridewells and vaccinating" (which had been alluded to by others as well as by him), can un-damage him with his professional brethren, I have no objection that he should have the benefit of that "important point;" but certain it is that he can lay claim to no other defence of the interests of the profession (as far as I know or could learn) during the entire discussion, which, be it remembered, your correspondent did not profess to give in full. Had he done

so, and had you published it, it would have occupied your entire space, to the exclusion of all other matter. He, however, gave a strictly correct (Dr. Nolan's assertion to the contrary notwithstanding), though brief, account of *the argument adduced in justification of fixing the salary at so low a figure as £50 per annum*,* and that was—"That Dr. Nolan, having for the last twelve months attended ten electoral divisions (half the union) for £50 per annum—having never applied for an increase of salary—in fact, having never murmured or complained that his salary was too small, it was presumed he was content; and that being the case, what right would the board have to give a man more than what he asked; and if one medical man was content to attend half the union for £50 per annum, why should not the other half of the union be attended for the same?"

Such was the argument not alone on the first day of the discussion, but on every day since that the subject was before the board.

I now repeat, that Dr. Nolan being present on that (first) day, did not (at all events in the hearing of the speakers) utter a single syllable in reply to that argument. If he protested against the reduction of his salary when it was originally reduced from £91 5s to £50, as he stated in his first letter to you he did, why did he not say so when the contrary was asserted in his presence? Why did he allow an able and clever disputant to say in his hearing (in order to strengthen his argument and gain his point) that he never complained of £50 being too small a salary for the onerous duties to be discharged by him, and permit him to lay it down as the staple of his argument, if such was not the fact? But he says he "*did object*," and adds, "I have the satisfaction to know that there was present on the occasion an officer of the union of high character and veracity who heard my objection: it is possible my words may not have reached the ears of your correspondent."

Most certainly no such words reached the ears of your correspondent, although he was anxiously, but in vain, looking out for them. He, however, heard the complaints (after the discussion was over) of two as respectable officers as there are connected with the union, who expressed their surprise at the *studied* silence of their medical officer on the occasion; and one of them remarked to your correspondent—"One would suppose that he was afraid to open his lips:" and I would be very much mistaken if both one and the other of those officers would not be ready to come forward to repeat that observation at any time, if necessary.

I do not wish to say—by mentioning this incident—that Dr. Nolan did not tell the truth, when he says "he did object," nor that his observation was not heard by *an* officer of the union (*my* maxim being *not* to charge any man with a misstatement until it is so proved). What I wish to convey is this, that his objection was not heard by the speakers; and that, if made at all, it was made in so low a voice as neither to be heard nor noticed by the parties engaged in the discussion, and consequently of no value.

With regard to that paragraph in his letter which would certainly do justice to any special pleader of a nisi prius court, and in which he says—"My workhouse salary was *never reduced;* my workhouse and fever hospital salaries were *never united;* the motion of the guardians to reduce my salaries was *never defeated*, except by the Poor-law Commissioners refusal to sanction the reduction proposed; and on *no occasion* that the reduction of my salaries was under discussion was there a guardian present bearing the initials of D. J. H." I have only to observe, that of the presence or absence of "D. J. H.," or of the part taken by him on the occasion in question, it is not my intention to say another word, consoling myself with the reflection that he did but his duty, and that perhaps there is not another officer connected with the union who would think it his convenience to forget that he did so, except M. D. Nolan himself.

I must, however, claim your indulgence while I revert to the remainder of his *italicized* denials. He says his "workhouse salary was *never reduced*." I never said it was. But I said, on the occasion of a second attempt being made to reduce his salaries (those of the dispensary and fever hospital were previously reduced from £182 10s., to £100; consequently making this the *second* attempt) his fever hospital and workhouse salaries were included in one item, or *united* for the purpose of reducing them, and that the attempt *was defeated*. But he says "they were never united." I have before me at this moment the schedule made out by the clerk of the union for the board, on the occasion in question, and Dr. Nolan's name appears in it as follows:—

Names of Officers.	Appointments.	Present Salary.	Proposed Salary.
M.D. Nolan, M.D.	Dispensary,	£50	£40
M.D. Nolan, M.D.	Workhouse and Fever Hospital,	125	100

To be reduced from £175 to £140 by those very gentlemen who, as appears from Dr. Nolan's defence of them, are anxious to pay for every duty in regard to itself.

That scale was forwarded to the Commissioners, who wrote back to know the grounds upon which the board proposed to make those reductions before they would sanction them. A very able and explanatory report on the state of the union, showing cause for these reductions, was drawn up by the originators of the motion, and submitted to the board for adoption, as a reply to the query of the Commissioners. That report *was never adopted*, and consequently *never forwarded* to the Commissioners. Does Dr. Nolan pretend *not* to know to whom he is indebted for that fact?

I trust I have now shown the fallacy of the foregoing *italicized* denials. Indeed I had hoped that Dr. Nolan would have appreciated my forbearance in not being thus circumstantial in my former communications, and that instead of complaining of the obscurity of my diction, he would have felt obliged to me for not having entered into particulars which cannot redound, in a professional point of view, to his credit, although it may earn for him the esteem of poor-law guardians.

I never entered on a task that gave me greater pain, but I had a duty to perform, and his last letter left me no alternative. I would have willingly permitted him to enjoy the benefit of his fulsome flattery of a board of guardians, whom he once gloried in being instrumental in dismissing from office, even though that adulation was intended to damage your correspondent, with the "equivocal" initials to his name, in the eyes of those guardians; but I could not permit even him to designate what I, anxious for the welfare and independence of the medical profession, felt it my duty to do, "a misrepresentation and misstatement of facts," without at all events placing those facts in a clearer light than I have hitherto done before the profession; and leaving the profession to judge now between us, and assuring you that I shall not again trouble you on this subject, unless new matter be introduced, I remain, with many thanks, your obedient servant,

D. J. H.*

Kinvara, February 21, 1852.

[The above letter arrived too late for insertion in our last Number.—Sub-Ed.]

We have rather reluctantly devoted more space to this controversy than our subscribers may desire; but having somewhat inadvertently been the cause of its protraction, we could not in justice to either party cut it short. The subject is one of importance, and may perhaps be as well handled in this way as by editorial comment, which we always refrain from where "doctors disagree." Without expressing any opinion whatever respecting the matter at issue here, we may venture to say that, however essential to the general welfare the adoption of certain principles may be, in the present unsettled state of medical affairs individuals cannot be expected to assert them so firmly as they should on other occasions.

Appointment.—Mr. Toynbee has been elected Consulting Aural Surgeon to the Asylum for the Deaf and Dumb in London

* Since this discussion has occurred, the Loughrea board, acting on the precedent therein established by their neighbours of Gort, fixed the salaries of *their* medical officers at £60, instead of £80 (contemplated); and the Ballinasloe guardians, following both examples, reduced the £100, originally agreed upon, to £60 also!

* As these initials appear to be unintelligible to some parties, I refer them to you in the first instance for their meaning, and to Dr. Nolan of Gort in the next place, who, I am sure, will give all the necessary information on the subject to all parties concerned.

ON THE GASTRIC JUICE.

By Dr. H. Bence Jones, F.R.S., &c.

The action of gastric juice is promoted, first, by temperrature; for, at an ordinary temperature, say from 54 to 60 degrees, the temperature of this [lecture] room, no solution takes place. I have the contents of a stomach, which have been here for many hours, and probably there is not now a particle more in solution than when the contents were first removed; the temperature of the room has been sufficiently low to check all further action, and it must be raised to 96 degrees for a further solution to take place. The next great agent is motion. During the time of digestion a certain motion is, without doubt, constantly taking place in the stomach; but digestion may take place without any such contraction or gentle rubbing as one may suppose the stomach to be undergoing. This is proved by the fact that food will digest when placed in perforated balls which allow the mixture of the food with the gastric juice. Thirdly, salts are of importance in the process of digestion. Common salt, without doubt, promotes the secretion of acid by its irritation and by its chemical action on the mucous membrane of the stomach. If very much common salt, however, is taken, the process of digestion appears to be retarded. So also with other salts. It is probable that even calomel has this property of stimulating the mucous membrane of the stomach, and thus, at times, of aiding the digestive process. Another great agent in promoting the action of the gastric juice is, the removal of substances as soon as they are dissolved. As soon as the substances are dissolved they are enabled to escape, some of them by being absorbed into the veins, and some of them by passing out through the pylorus. That some of these soluble matters are constantly being removed from the stomach by the veins is proved by tying the pylorus, and finding that in the case (for instance) of a stomach filled with milk, the watery part of the milk will be taken up from the parietes of the stomach by the veins, whereby the casein is left and is much more slowly dissolved, it is certain that the solution is always going on, that a part of the contents of the stomach is always being dissolved, while the process of digestion is proceed ng. Lastly, it has been shown by the experiments of German physiologists, that atmospheric air is not at all necessary to aid digestion. If the contents of a stomach be placed in a perfectly air-tight vessel, and exposed to a proper temperature, digestion will take place.

We come, then, to the conclusion that the ferment in the saliva is the substance which acts chiefly upon the most important non nitrogenous constituent of our food—namely, starch; and that the ferment in the gastric juice acts chiefly upon the albuminous or nitrogenous constituents. Agents that stop fermentation stop digestion; for example, strong acids, alkalies, heat, alcohol. The stomach ferment differs from the saliva-ferment, in losing its action when heated, or when treated with strong acid or alcohol; also by its necessary union with an acid. The acid determines the mode of action and regulates it. If carbonate of potash or soda is added in excess, a totally different action of the ferment ensues, decomposition begins. Slightly altered ferment, like slightly altered yeast, may set up lactic or butyric acid fermentations, and there is reason to suppose that acetic acid fermentation may also occur.—*Braithwaite.*

TELEGRAPH IN ST. GEORGE'S HOSPITAL.

Messrs. Thomson and Grafton's telegraph for hospitals, prisons, and similar public institutions, has been in operation for several months, and continues to give great satisfaction. It has nothing whatever in common with the electric telegraph, is liable to none of the derangements of the latter, and costs absolutely nothing to keep it in work. It was constructed to convey orders and intelligence from the entrance hall to every ward in the hospital. In the hall there is a column about three feet high, having on its top a dial on which there are engraved a number of signals; on the walls of the wards throughout the hospital there are similar dials similarly engraved, but of a much larger size, that they may be seen from the remotest parts of the wards. On the dial in the hall there is an index or pointer, which can be moved by a handle to point to any of the signals on the dial. All the indices throughout the hospital are connected by mechanical arrangements with the index in the hall, so that when it moves all the others move precisely in the same way, If, for instance, it is desired to intimate to visitors that it is time to leave, the index in the hall is made to point to "visitors out," and not only will every index throughout the different wards of the hospital, point to the words "visitors out," which are painted in large characters on the dials, but at the same time a little hammer on the index will fall on a small bell, to draw attention to the fact that the index has moved. In this manner a vast number of signals are transmitted to the wards of the hospital, without the least noise or confusion. Formerly, when orders had to be conveyed to the nurses and attendants, the hall-porter rang a great bell in the hall, until it drew all the nurses into the corridors, and then, with Stentorian voice, shouted out the orders he had to transmit to them. It is obvious that all this noise must have been a source of discomfort to the patients. Since the adoption of the telegraph, upwards of fifty signals, amounting, for the twenty wards, to 1000 signals, are transmitted daily without the least noise, or any possibility of error. The adoption of this invention by the governors of St. George's Hospital, is an additional proof of their unceasing care for the comfort of the patients in that excellent institution.—*Lancet.*

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Feb. 22nd,	47.5	35.5	30.600	
Monday,	23rd,	48.5	37.5	30.720	
Tuesday,	24th,	50.5	35.5	30.628	
Wednesday,	25th.	44	36.5	30.500	
Thursday,	26th,	45	36	30.600	
Friday,	27th,	45	37	30.300	
Saturday,	28th,	48	43	29.900	

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Feb. 22nd,	49	34	30.296	45	43.2	39		NE
23rd,	49.5	40	30.413	48.8	45 6	42.1		NE
24th,	50	29	30.357	37.4	35.6	32.9		N
25th,	44	27.5	30.247	38.1	36.3	33.7		N
26th,	42	30.5	30.315	39.4	37 8	35.6		N
27th,	44	33	30.143	41.8	40.7	39 4		W
28th,	47	41	29.740	46.4	44	41.3	.014	Calm

THE PHARMACEUTICAL JOURNAL, MARCH 1,

CONTAINING THE TRANSACTIONS OF THE PHARMACEUTICAL SOCIETY.

Contents:—Progress of the Pharmacy Bill—Pharmacy in France—The Supply of Medicines to Merchant Vessels—Informations under the Medicine Stamp Acts—Conversazione of the Pharmaceutical Society—Quinidine—Adulteration of Quinine—Zea Mays—Spontaneous Decomposition of Gun-Cotton—Pharmacy in Finland—Manufacture of Oxalic Acid—Chlorinated Hydrochloric Ether—New Lebanon——Colchicum Autumnale—Digitalis—Artificial Essence of Fruits—Donarium, &c. &c.

London: John Churchill, Princes-street, Leicester-square; Maclachlan and Stewart, Edinburgh; and Fannin and Co., Dublin.

*** Volume X. may be had in boards, as well as the preceding volumes, price 12*s.* 6*d.* each.

UNIVERSITY OF LONDON.

Candidates for Degrees in this University are requested to take notice that certain Alterations have lately been made in the Scheme of the Examinations for the Degree of M B. and M.D. For the Regulations as amended they are referred to the University Calendar for 1852, published by R. Taylor, Red Lion Court, Fleet-street.

R. W. Rothman, Registrar.

Somerset House, February 27, 1852.

PROFESSOR PORTER'S SURGICAL WORKS.

OBSERVATIONS ON THE SURGICAL PATHOLOGY OF THE LARYNX AND TRACHEA.

Chiefly with a view to Illustrate the Affections of those Organs which may require the operation of Bronchotomy.

OBSERVATIONS ON THE SURGICAL PATHOLOGY AND TREATMENT OF ANEURISM.

By WILLIAM HENRY PORTER, M.D.,
Surgeon to the Meath Hospital and County Dublin Infirmary, Consulting-Surgeon to the City of Dublin Hospital, and Professor of the Theory and Practice of Surgery in the Royal College of Surgeons in Ireland, &c. &c.

Dublin: Fannin and Co., Grafton-street.

Mr. Porter is preparing for publication his Lectures on VENEREAL DISEASES, with additional Notes and Illustrations.

THE ROYAL MEDICAL HALL,
64, DAME-STREET, DUBLIN.

☞ *Change of Proprietorship.*

BEWLEY, OWEN, AND CO., APOTHECARIES,
(LATE BEWLEY, FISHER, AND CO.)

In announcing the entire change which has taken place in the proprietorship and management of

THE ROYAL MEDICAL HALL,

beg particularly to state, that henceforth

THE PREPARATION OF MEDICINES AND THE COMPOUNDING OF PHYSICIANS' AND SURGEONS' PRESCRIPTIONS

will constitute a *legitimate* and prominent department of the Business of their Establishment, and that special attention will be devoted to its cultivation. No pains will be spared in order to obtain the implicit confidence of the medical profession and the public, as well in regard of promptitude and carefulness in the execution of orders, as in the genuineness and quality of the medicines employed.

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embraces the SALE OF EVERY ARTICLE properly connected with the business of Pharmaceutical Chemists and Apothecaries, and of use in the sick room and nursery.

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Superior Dissecting Instruments well worth the inspection of the Student.

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G. O. AND CO.'S MEDICAL ESTABLISHMENT

is separated from the Retail to prevent interruption and irregularity, and obtains the especial care of the Proprietors. Anxious to give satisfaction to the Medical Profession, G. O. and Co. commenced dispensing medicine with the resolution to devote to it their *unremitting personal attention;* to employ none but experienced Assistants; to render prices as moderate as it is possible for any house that confines itself to the best articles; and to supply, either in the simple state or in combination, the most effective medicines that can be procured or prepared, and on which the Practitioner may rely.

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G. O. and Co. continue to be Supplied with the FOREIGN MINERAL WATERS FRESH from their various SPRINGS.

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ROYAL COLLEGE OF SURGEONS IN IRELAND.

SUGDEN PRIZE ESSAY.

NOTICE is hereby given, that the PRESIDENT and COUNCIL of this COLLEGE offer the SUGDEN PRIZE of TWENTY GUINEAS for the best Essay that shall be presented to them on the following subject—viz.:

"HYPOCHONDRIACAL INSANITY; ITS PATHOLOGY AND TREATMENT."

The Essays, distinguished by fictitious signatures or mottoes, must be lodged at the College on or before the FIRST day of October, 1852. Each Essay to be accompanied by a sealed letter containing the name of the writer.

By order of the Council,
H. MAUNSELL, Secretary.

February 18, 1852.

UNIVERSITY AND KING'S COLLEGE, ABERDEEN.

THE Examination of Candidates for the Degree of M.D. will be commenced on Monday, 12th of April, and will be continued daily, till finished; immediately after which the Graduation will take place. Those intending to become Candidates are requested to forward the necessary documents, on or before Thursday, the 1st of April, to the Professor of Medicine.

REGULATIONS.

I.—Those who possess a licence or diploma from any of the Royal Colleges of Physicians or Surgeons, or from the Apothecaries' Company, and who have been engaged for at least five years in the practice of Medicine, will be admitted to examination on producing their licence or diploma, along with satisfactory evidence of good moral character, and of having studied the classics at a university or at an academy of acknowledged reputation.

II.—Those who commenced their medical studies before October, 1840, and who have not been in practice for five years, will be admitted to examination on producing, along with their diploma, evidence of attendance at the classics, of good moral character, and of having been engaged in the study of medicine for four years, during which they must have attended, in a recognized school of medicine, the following courses of lectures:—

SIX MONTHS' COURSES.

Anatomy	Two courses.
Chemistry	One course.
Materia Medica	One course.
Surgery	One course.
Institutes of Medicine and Physiology,	One course.
Practice of Medicine	One course.
Midwifery	One course.

THREE MONTHS' COURSES.

Dissections	Two courses.
Practical Chemistry	One course.
Medical Jurisprudence	One course.
Clinical Surgery	One course.
Botany	One course.
Clinical Medicine	Two courses.

In addition to the above, Candidates must have attended for two years the wards of an hospital containing one hundred beds, and during three months a shop or dispensary for the compounding of medicines.

ANDREW FYFE, M.D.,
Professor of Medicine.

Aberdeen, February 12, 1852.

N.B.—Attempts having lately been made to impose on medical practitioners by offers to procure for them diplomas from the University and King's College of Aberdeen, without undergoing examination, it is hereby intimated that this University does not grant Degrees in Medicine unless Candidates submit to examination, conducted by the Medical Examiners, in presence of the Senatus.

TERMS OF SUBSCRIPTION (PAYABLE IN ADVANCE).

Twelve months, ...	£1 5 0
Six months, ...	13 0
Three months, ...	6 6

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London: John Churchill, 46, Princes-street, Soho.
Wednesday, March 3, 1852.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX"

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PROCEEDINGS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND.—FEB. 7.

Dr. JACOB in the chair.

ON SUDDEN DEATH IN THE PUERPERAL STATE.

By ALFRED H. MCCLINTOCK, M.D., F.R.C.S.I.,
Ex-Assistant of the Dublin Lying-in Hospital.

IT may be asserted without fear of contradiction, that the subject of death from sudden or latent causes is one which claims the deepest attention of the physician and the medical jurist. At any time the occurrence of this casualty excites painful and universal interest; but under no circumstances does it create feelings of such profound regret and dismay to all parties concerned as when it happens to a newly-delivered woman, and I question whether a man can meet with any reverse in his practice which so seriously or so unjustly prejudices his character in the estimation of the public.

Professor Meigs, in his treatise upon Obstetrics, has made the following remark:—"A woman lies down on the *lit de misère*, in order that she may give birth to a child; an attack of puerperal fever too often converts it into her bed of death. A man goes to his bed in fever under the apprehension of approaching death; he is *rescued* by the physician, but the accouchée who perishes is *lost*. There is a great difference in the sentiment connected with the cases." Now, if this observation be true of a death in childbed from obvious and progressive disease, and where the fatal result has from the first been apprehended, with how much more force does it apply to the cases of rapid and unexpected death in childbed? Occurrences of this kind happily are rare; but they are long remembered, and the panic they give rise to spreads far and wide, to the no small disparagement of the medical attendant's reputation. The records of innumerable examples of this fatal accident are to be found scattered through the periodicals and other works on medical literature; but notwithstanding their confessedly obscure nature, and the interest with which they are invested, no one, so far as I am aware, has made any attempt at collating them, or putting together in a connected, tangible form whatever fragments of information we possess on this most important subject. This, sir, constitutes the only apology I can offer for bringing the present communication under the notice of the Surgical Society. In it I shall endeavour to lay before you some at least of the causes which experience would seem to show were adequate to the sudden destruction of life in the puerperal state. In justice to the late Dr. J. Ramsbotham, it is right to state that he is the only author I can find who has given a distinct consideration to this subject. In the *Medical Repository* for 1814, he published some cursory observations "On sudden Death after Delivery," and these, with a few additions, reappeared in his "Practical Observations upon Midwifery," under the title of "Collapse after Labour." He relates four instances from his own practice of death taking place rather suddenly and without any very manifest cause soon after delivery. His remarks, however, do not tend to throw any light upon the pathology of this accident, and of the four cases which he recites one only was examined post-mortem, but without yielding any positive result.

Writers on medical jurisprudence recognize three diseases which may rapidly extinguish life and leave no morbid appearance, and these are, the simple apoplexy of Dr. Abercrombie, syncope, and the asphyxia idiopathica of M. Chevallier. No unequivocal example of the former in a puerperal patient has come to my knowledge, but of the two latter some instances may be adduced.* Idiopathic asphyxia "causes death almost instantaneously, or in a few minutes, or sometimes not for an hour and a half. The symptoms are those of fainting merely, and the only appearance in the dead body is flaccidity of the heart, with an unusual or total want of blood in its cavities." (Christison.) A very instructive example of this mortal affection has been recorded by Professor Beatty. The subject

* It may be remarked here, that some very competent authorities look upon the mortal affection described by M. Chevallier, as merely a form of syncope; and certainly very strong evidence can be adduced in support of this opinion.—(*Vide* Dr. Wright's "Pathological Researches on Suffocation and Syncope:" London, 1850.

of it was a healthy woman, aged 40, who was in the ninth month of pregnancy. She complained first of weakness and sick stomach, and almost immediately after fell back dead. He examined the body with the utmost care, and the appearances disclosed were such as directly led to the conclusion, that the cause of death was idiopathic asphyxia.

M. Chevallier's original paper on the disease was published in the first volume of the *Medico-Chirurgical Transactions*, and he there narrates an example of sudden death from this cause in the person of a lady who had given birth to twins about three hours previously. He himself conducted the post-mortem examination of the body, and from what he there found he inferred that death could only be attributed to this peculiar species of asphyxia. The same author also cites from Morgagni a case of rapid death in childbed, in which the necroscopic appearances led him to think that the woman's existence was terminated from the same cause. I am much indebted to the kindness of Mr. Barker of Cumberland-street for the permission to mention here the circumstances of two cases that came under his own observation some years ago, which serve very forcibly to illustrate this part of my subject. In each of these cases death took place quite suddenly and unexpectedly, not very many days after delivery. In both instances a coroner's inquest was held, which was the occasion of Mr. Barker's knowing anything about them. As may be well supposed, he submitted the bodies of these women to a very extensive and close scrutiny, but he failed in discovering anything to account for death, except an unusual flaccidity of the heart, with a complete absence of blood in its cavities. We may fairly conclude with him, therefore, that dissolution was the result of idiopathic asphyxia, or of some cognate syncopal affection.

These cases require no comment. The evidence they contain of death having been produced by the operation of a cause similar to that pointed out by M. Chevallier, is to my mind conclusive. That there are not more instances of the kind to be found recorded may in some measure be accounted for by the attention of observers being too exclusively directed to the abdomen in their examination of these cases post-mortem; and secondly, from the fact of the subject of M. Chevallier's paper not having been as generally known and understood as it ought to be. If the actual possibility of such a cause of death as this be admitted, there is no reason that I can see why a puerperal woman may not be the subject of it. Further, if we look upon the idiopathic asphyxia of M. Chevallier as nothing more than a variety or form of syncope, the liability of its invading a woman in childbed becomes still more apparent from the state in which her constitution is left by the act of parturition—a state of which the prominent characteristics are, an unusual proclivity to diseased action—an excitable condition of the vascular, and a morbid susceptibility of the nervous system. The shock of labour is not recovered from for many days, and during this period (the length of which necessarily varies under different circumstances) the *vis vitæ* is minus: hence any impression of a severe kind, whether affecting the mind or body, is not met by the same vital resistance as at other times. With these well-known facts before us, there need be little hesitation in our drawing the conclusion that many of the unexplained cases of sudden death in the puerperal state are to be ascribed to idiopathic asphyxia, or fatal syncope. Under the head of "Dystocia Syncopalis," Dr. Merriman gives the following history:—"An accoucheur was once attending a young woman in labour of her first child. Soon after it commenced, and during his absence, she fainted without any obvious cause. On his return the circumstance was mentioned, but as by this time she appeared perfectly recovered, no further notice was taken of it, and she was safely delivered without any other unusual symptom. On the third day after delivery she took a dose of some aperient medicine, and while in the act of relieving herself fell back and immediately expired. Probably no care would have prevented this unfortunate event. It was perhaps inexpedient to give the patient a purgative under such circumstances, a clyster would have been a more appropriate remedy, and at all events an erect posture should have been strictly forbidden."

Let us now pass on to the consideration of some of the other reputed causes of this catastrophe. It is an acknowledged law that protracted pain exhausts the principle of life, and in this way it is attempted to account for some of the anomalous cases of speedy dissolution after delivery. Touching this point, Mr. Travers has given some observations which it would be culpable to omit, coming from so high an authority. "Pain," says this author, "when amounting to a certain degree of intensity and duration, is of itself destructive. Difficult and protracted parturition is every now and then fatal from this cause; and even in cases in which neither extraordinary difficulty nor protraction was experienced, a fatal prostration has sometimes supervened which has admitted of no other explanation. The delivery has been complete, without any degree of physical injury, and not more than an ordinary quantity of blood has escaped from the vessels of the uterus. Yet the woman, in spite of the encouragement derived from the consciousness of safety to herself and infant, and of comfort from the conclusion that her sufferings were at an end, has never rallied either in strength or spirits; but after an interval, not exceeding a few hours, passed in a low and sinking state, has unexpectedly, and with little perceptible alteration, expired." (Inquiry, 2nd ed., p. 48.)

In a large proportion of the cases where this state of prostration or collapse has manifested itself, there had existed for some time previously a strong mental impression or foreboding of disaster, which presentiment, as it is termed, must have contributed materially in bringing about the fatal result. That a lengthened occupation of the mind by one dominant idea of a gloomy character should exercise a marked depressing influence upon the vital energies, is a fact of which every physician is fully aware, and of which there are innumerable examples on record. "I am well convinced of the fact," says Dr. J. Ramsbotham, "that the existence of a permanent despondency during the latter stages of pregnancy has a powerful influence in diminishing the beneficial agencies of those powers by which the necessary changes subsequent to labour are completed." (Pract. Obs., p. 119.) Mr. Travers even goes so far as to admit that among newly-delivered women "cases have undoubtedly occurred demonstrative of the fatal effect of this depressing cause;" and in illustration he relates two cases, one of which may be here quoted:—"A young lady, happily married, impressed probably by some unexpectedly fatal occurrence in the circle of her friends, entertained, from the commencement of her pregnancy, a morbid fear of death in childbirth, which, although unwarranted by any indication, became, from its continuance and increasing strength, a source of anxiety to one of her immediate and confidential relatives. She was attended by a skilful and experienced accoucheur, who was also her relation. He assured me that the labour was in all respects easy and safe, and that not a single unfavourable circumstance attended it. The child was still born and imperfect. The mother died suddenly in six hours after delivery. Every region of the body was examined with care by an eminent anatomist, and presented the appearance of health." Many other examples of a similar nature could be brought forward were it necessary for my purpose, or did time permit.* One case, however, of recent occurrence I must here relate, as it cannot be so appropriately introduced elsewhere. My best thanks are due to Dr. Gartlan of Dundalk for favouring me with the notes of this case, and also for the permission to lay them before the Society. Although the history is imperfect in so far as there was no examination of the body after death, still it is deeply interesting, and may serve to illustrate some of the pathological features of this melancholy class of cases:—"The late Mrs. K., aged 35, was confined of her first child, a live

* The uncle of Dr. Merriman, the author, once met with a very striking instance of the fatal effects of violent mental emotion in a parturient woman.

girl, on the 16th of March, 1850, after a tedious labour, which I had to terminate with the forceps. She recovered well, and after nursing for about four months, again conceived. Towards the end of her pregnancy she became full of apprehensions and fears for the result of her illness. She expected her accouchement in May, and about the middle of that month her anxiety and alarm so much increased as to require my paying her a morning and evening call, though in every other respect her health was perfectly good. On the evening of the 26th she felt more than usually uneasy and nervous, and early the following morning she awoke from a sound sleep, in pain, and after a very brief illness gave birth to a large and healthy girl. In three quarters of an hour after the expulsion of the child, she had a gush of about eight ounces of blood, whereupon I immediately removed the placenta which was lying in the upper part of the vagina. She then seemed as well and as free from all uneasiness or hæmorrhage as any patient could be, and continued so for about an hour, when she reiterated her forebodings that "something bad might still happen." In about half an hour from this she complained of pains like after-pains, and felt getting weak, so that I gave her some sherry and water, and at her own request a little brandy. Being apprehensive of hæmorrhage, I made a most careful examination, and satisfied myself there was no bleeding outwardly, nor into the cavity of the uterus, which was perfectly contracted. This examination I repeated several times subsequently. In spite of an opiate the spasmodic pains persisted, and the abdomen began rapidly to swell, accompanied with oppression of the breathing. I then applied a turpentine stupe to the belly, administered an enema, and gave a stimulating carminative draught, containing ether, laudanum, and aromatic spirits of ammonia. No improvement followed this treatment; on the contrary, the tympanitic distension of the abdomen had proceeded to such an extent that the patient exclaimed she would burst unless relieved. This induced me to send to my house for the long rectum tube. At this period Dr. Brunker gave his valuable help in the case, and we introduced the tube, and repeated the stimulants, but all to no purpose, as she was visibly sinking, the act of respiration being seriously impeded by the enormous bulk of the tympanitic abdomen. She expired six hours after delivery, and four from the first sensation of pain and distension." Such is Dr. G.'s history of this case; he has appended a few observations which I think it well to read. "I am fully convinced that hæmorrhage could have had nothing to do with this lady's death, as there was none externally, and both Dr. Brunker and myself repeatedly ascertained that the uterus was well contracted, thus showing there was none internally. She was a very fat person, of a nervous leucophlegmatic habit, she occasionally had complained of some pain in her left side, but never evinced any symptom of heart disease. During the menstrual periods, she had always been affected with great gaseous distension of the abdomen. The most remarkable feature, however, in her history was the strong presentiment she entertained for some time before her labour that she would not survive it. The mother of this lady, I may remark, died rather suddenly two or three days after her birth; and the knowledge of this fact very much fostered, if it did not actually give rise to, the long train of dark anticipations which possessed her mind for so many weeks before the occurrence of labour." It is sufficiently plain, I think, that the mere loss of blood in this case was not *per se* sufficient to destroy life, as the labour was rapid and easy. After a protracted and difficult labour, it is surprising how small an amount of hæmorrhage will occasionally prove fatal; in illustration of which I would beg leave to narrate the facts of a case which was communicated to me within the last few days. It occurred to Dr. Cuppaidge of Castlerea, who obligingly favoured me with its history. It is as follows:—"In the beginning of last month I was sent for one morning at ten o'clock a.m. to see Mrs. C., a farmer's wife, who was the mother of five children, and of rather delicate constitution. Her last labour had been very tedious, and was terminated by instrumental assistance, the forceps I believe. On my arrival I learned that she had been in strong labour for three days and nights. She seemed much exhausted and was perspiring freely, with a feeble rapid pulse. The pains were frequent and violent, the fœtal head was pretty low in the pelvis. After waiting some time, and seeing that the child made no advance, I applied the forceps, and extracted it with ease, but not in time to save its life. The placenta came away in a very few minutes, and I put on the binder tightly. In about a quarter of an hour, observing her to yawn and appear restless, I examined if there was any discharge, and put my hand over the uterus. It felt rather relaxed, and on making pressure it contracted, expelling a small quantity of blood. By this she seemed improved, but in about twenty minutes began again to sigh, and yawn, and toss her arms about, which made me grasp the uterus more forcibly, whereby a few coagula were dislodged. Symptoms of prostration, with extreme restlessness, dejection of countenance, and rapid intermitting pulse, now began to develop themselves, and though I gave her abundance of burnt whiskey—the only stimulant procurable—she continued to sink, and expired an hour and a half from the time of delivery. I can safely say the whole amount of hæmorrhage in this case did not exceed what I have repeatedly seen to occur in other patients, without producing the slightest symptom of weakness or syncope."

About the year 1808, Le Gallois, in the course of some experiments upon animals, observed in three different cases air to penetrate into the vena cava from the uterine veins, and that this was followed by instantaneous death. His son, writing twenty-one years afterwards—viz., 1829, after citing these experiments, asks this question: In many of the cases of sudden death after delivery, might not this event have been caused by the entrance of air into the circulating system through the uterine vessels? We find Ollivier repeating the same suggestive query in 1833, in the article "Air" of the *Dictionnaire de Médecine*. Since then, the advance of obstetric knowledge has placed nearly beyond a doubt the possibility of such an occurrence, and thus added one other to the manifold causes of death in the puerperal state. To Dr. Rose Cormack belongs the praise of having elucidated this very obscure subject; and of his instructive essay I have largely availed myself in the subjoined remarks. His experiments and reasoning, together with subsequent observations, justify our drawing the following conclusions—1st, that the admission of a certain quantity of air into the current of the circulation is capable of destroying life almost instantaneously—a fact, indeed, which the records of surgical practice fully corroborates; 2ndly, that the possibility of air occasionally finding an entrance into the vascular system through the uterine vessels, seems highly probable; and 3rdly, that in some few instances of sudden death soon after delivery, the only cause for the catastrophe which a minute inspection of the body could discover, was the existence of air-bubbles in the heart and vena cava.

It would be irrelevant to my present purpose to enter into the general question of the history and pathological effects of the presence of air in the veins. Those who are desirous of an enlarged acquaintance with this interesting topic, I would beg leave to refer to an essay by the late Dr. John Reid, published in the same volume with his other researches. This will be found to contain a most able and comprehensive analysis of all that is known on the subject.

The mechanism, so to speak, by which the introduction of air into the uterine veins can be effected, admits of being explained in a few words. The veins of the gravid womb present four remarkable characters—namely, their extraordinary large size; their freedom of inosculation; the total absence of valves; and their termination on the internal surface of the uterus at the site of the placenta, by large open orifices. If the uterus be examined soon after delivery at the full term, the majority of these apertures will readily admit a goose quill, and some will even

allow the little finger to penetrate without laceration. During contraction of the uterus, all these openings are hermetically closed, but when it is relaxed they again become proportionately more or less patulous. From this it is manifest that the same condition of the organ which causes flooding, is exactly that which is indispensable for the ingress of air; so that the latter, when it does take place, is almost of necessity preceded or accompanied by hæmorrhage. This fact is of some value, viewed in connexion with the history and progress of those cases where it was supposed that air had gained admission into the circulation through the uterine veins after delivery; for Amussat found in his experiments upon the entrance of air into the venous system, "that the period of death was hastened considerably in those animals whose vessels had previously been depleted of part of their blood." (Reid.) But, it will naturally be asked, does the air ever gain access to the uterine cavity, for otherwise it could not possibly find its way into the vessels of the womb? This question, I am of opinion, can safely be answered in the affirmative. Confining ourselves to the simple matter of fact, it may suffice to state, that Professor Meigs assures us he noticed the expulsion of air from the uterus immediately after delivery, "a great many times." Dr. Rose Cormack has made the same observation; and I have myself remarked a similar occurrence on at least three or four different occasions. Dr. Meigs, in his Letters to his Class, minutely describes the process by which the air is drawn up into the uterus; but it is unnecessary to delay you by quoting his remarks. With these considerations before us, then, we are in a position to adopt the language of Dr. Cormack:—"I have, therefore (writes this gentleman), not only no difficulty in believing, but am constrained to admit that, should any impediment be offered, in such cases, to the free exit of air by the os uteri, it must be forced into the uterine veins, were their mouths not protected by coagula; and thence it would rapidly pass, by the current of the circulation, up the vena cava into the right auricle." *(London Journal of Medicine*, vol. ii., p. 941.)

The intensity of the symptoms when air is taken up by the uterine veins would seem, as in other cases, to depend very much on the quantity, and on the condition of the patient. Death may ensue in a few moments from the rapid distension of the right auricle with air, and its consequent inability to contract. This first danger over, she may still perish at a remoter period from asphyxia, induced by gradually augmenting pulmonary obstruction.

Dr. Cormack refers, in support of his views, to seven cases from different authentic sources, in all of which death was supposed to have been more or less directly occasioned by the passage of air through the uterine veins into the vena cava and heart. These cases, taken collectively, form a body of evidence which it is hard to refute. In six of them, the presence of air in the veins was demonstrated upon inspection of the body, and no one of these cases exhibited any other morbid lesion adequate to account for death. In all, with a single exception where there was prolonged retention and putrefaction of the after-birth, the fatal event took place within a very few hours after parturition. The symptoms which presented themselves in these cases were very various; and those most frequently observed were by no means pathognomonic. Great anxiety of countenance, embarrassed respiration, with a sense even of impending suffocation, and a weak, rapid, faltering pulse, seem to have been the prominent features of the cases where there was time for the development or observance of symptoms.

Besides the seven instances above alluded to as being adduced by Dr. Cormack, I find another recorded in the *Provincial Medical and Surgical Journal* for November 27, 1850, by Mr. Berry. The leading features of this case it may be well to give. A woman, aged 22, was delivered of her first child after a natural labour, at seven in the evening of June 17, 1850. The placenta came away in twenty minutes, unattended by any immoderate loss of blood. At half-past eight, she expressed herself comfortable, and at eleven took some gruel. At one o'clock of the same night, her husband, who lay in the room with her, became alarmed by the patient's difficult breathing and feeling of faintness, and immediately sent for her medical attendant, but before his arrival, at two o'clock, she was dead. She lived seven hours after delivery. "The cause of death could not be accounted for as there was no hæmorrhage, and apparently nothing in the condition of the patient to prognosticate such a termination. . . . . Upon opening the abdominal cavity, the uterus was seen midway between the umbilicus and pelvis, the peritoneum covering it, and the intestines healthy, but pale; the stomach contained a small quantity of fluid; liver healthy; the kidneys presented a granulated appearance, and the urine which remained in the bladder was ascertained to be, by the application of heat, slightly albuminous. Upon cutting into the uterus it was found empty, and the vessels where the placenta had been attached, patulous; the vagina contained, at its superior part, a moderately sized clot of blood; within the chest, both lungs were congested, and contained scattered tubercles within upper lobes; the heart was the size of a male heart, and apparently distended. Upon making an incision into it, a gush of air escaped, and the organ became flaccid; no blood was found in its cavities. About an ounce of serum was observed in the pericardium. The brain was healthy in every respect. No signs of decomposition existed in any part of the body." From the remarks of the writer of this case, it is plain the impression on his mind was, that the immediate cause of death could have been no other than the air in the heart. If this conclusion be denied, we are met by the question—How, then, is the woman's sudden decease to be accounted for? It is hardly possible, I think, that the granular disease of the kidneys which she appears to have had, could have brought about the fatal event. This, however, I leave for the Society to determine. One point in the case deserves some consideration before admitting it to possess any value, and it is this, the examination of the body was not made for at least fifty hours after the woman's death, which, be it remembered, took place in the month of June. Mr. Berry has expressly stated that there were no signs of decomposition present; still the fact I have mentioned diminishes in some degree, perhaps, the importance that would otherwise justly belong to the unusual circumstance of air being present in the heart. Dr. John Ramsbotham narrates a case which I am tempted to introduce here, from the resemblance in many of its features to the foregoing history, and from the presumptive evidence it affords that if special search had been made for it, air might probably have been found in the heart, and thus explained the cause of the patient's unexpected death. It was the lady's first child, and the labour was tedious, requiring the use of the forceps. "A dead child was soon produced into the world without any particular difficulty or accident, and as soon as it was born a quantity of offensive gas, with that olive coloured fluid elsewhere mentioned, escaped from the vagina. Uterine action did not seem disposed to return, and after waiting some time a separated placenta was withdrawn. After this the uterus felt well contracted, and the woman was left in a favourable state between two and three o'clock. In the evening my friend called to inform me that this poor woman had died very suddenly and unexpectedly between five and six. All he knew about the matter was, that he was called in a hurry to the poor woman, who was represented to be in a fit, but he found her dead, with her belly much swelled. Anxious to learn the cause of so melancholy an occurrence, leave was obtained to open the body, which was inspected the next morning. . . . . On dividing the parietes the intestinal canal was seen somewhat distended with gas, but the rest of the viscera were healthy. The uterus was much extended and felt flaccid; and on pressing it a quantity of fœtid gas escaped from per vaginam; after its escape the organ became still more

flaccid. On opening into its cavity there was only one small coagulum at the os uteri. The appearance of the uterus on dividing the abdominal parietes was not unlike one at the fifth or sixth month of pregnancy. I must confess (continues Dr. R.) that before the uterus was handled or opened, I suspected death to have been occasioned by internal hæmorrhage: that certainly was not the case." (op. cit., p. 122).

Now, sir, from what has preceded, it may be safely asserted, that if the possibility of death from the admission of air into the uterine veins be not established on conclusive evidence, enough has still been adduced to show the absolute importance of making special examination for its presence in all obscure cases of sudden death following parturition. In conducting this examination our attention should be chiefly directed to the heart and vena cava. If air exist in the latter, it will probably be discoverable through its coats; at all events, before cutting into it the heart should be taken out. Previously to doing this the great vessels leading to and from the organ should be tied, and then after its removal the right auricle and ventricle are to be carefully opened under water, by which process the escape of any air will at once be demonstrated.

There are strong grounds for believing, as has been already hinted, that the idiopathic asphyxia of M. Chevallier is merely another name for syncope. Discarding all preconceived opinions, and looking only to facts, we find very many examples recorded of sudden death from fainting, in which the condition of the heart was precisely similar to that described as having existed in M. Chevallier's cases. The decision of this question, however, does not affect my present object, nor the remarks which I have ventured to offer, though I admit that it is one of no small interest and importance.

I must now, sir, bring this communication to a close; on a future occasion I hope to resume the subject, and to proceed with the examination of the other causes which may suddenly destroy life in the puerperal state. So far you perceive I have been chiefly occupied with two only—viz., syncopal attacks and the entrance of air through the uterine veins. If I have succeeded in placing the detached fragments of our knowledge with respect to these in anything of a tangible or connected form, my humble endeavours will have been amply rewarded.

Dr. H. Kennedy said that although he could not speak from experience, concerning the causes of sudden death in puerperal patients, yet he might say that he had met with it in other instances, which might be considered—at least to a certain extent—as bearing upon the subject of the present communication. In phthisis, for example, he had on some occasions known sudden death to occur long after the general symptoms which might lead to that result had subsided; and upon examination of the body after death the heart was found in the same flabby or atrophied condition, as it was found in the majority of cases of sudden death connected with the puerperal state. He was at a loss to understand why the heart should not be as frequently affected with debility as the brain, lungs, and other organs of the body. For his own part, he had reason to believe that a weak acting heart was far more common than was supposed, and if the heart of a puerperal patient was in this state, it was easy to understand how sudden death might take place in the way described by Dr. McClintock. With regard to the presence of air in the heart and veins, he was inclined to suspect that it was, in every case, the result rather of secretion or exhalation than of the entrance of air through the veins of the uterus, as suggested in the communication before the Society. He had seen it in connexion with a fatty heart, and in one case the air had formed under the mucous membrane of the stomach. In two or three instances he had seen it in the heart and veins. In the case at Dundalk, mentioned by Dr. McClintock, the patient was remarkable for fatness, and if a search had been instituted, air would in all probability have been found in the heart and veins. Dr. Kennedy also observed that in many cases of fever, death had rapidly supervened during the convalescence of the patient. In his own practice he had not met with any instances where death had taken place under these circumstances; but many such were upon record; and he had seen one case where death suddenly occurred, in a patient who made an exertion, which the system was not fitted at the time to undergo, in consequence, as he supposed, of the weak action of the patient's heart.

Dr. McClintock said that Dr. Kennedy's statement appeared to him to be one of considerable value. He (Dr. H. K.) had stated that on two or three occasions he had found air in the heart and veins. The cases in which he had seen it, were not, he believed, puerperal cases, but that circumstance did not affect what he was about to say. It had been assumed by Dr. Rose Cormack, that air never, under ordinary circumstances, existed in the vena cava, as, for example, in the case of a woman who died after a rupture of the uterus or some other accident, not resulting from positive disease. Such was the assumption, and certainly it was the most probable side of the question; but it should be borne in mind, that in questions of a medical or physiological nature, nothing ought to be taken for granted; and though Dr. Cormack had assumed that air had never been found in the heart or vena cava at a post-mortem examination, yet it was easy to believe that if air had made its way into those cavities, it might readily enough escape observation. With regard to the air being a secretion, he supposed he was to understand from what Dr. Kennedy had advanced, that it was secreted before the patient's death. Now, if such were the case, it seemed reasonable to expect that some symptoms would have occurred to throw light upon the post-mortem fact; but if, on the other hand, the air was generated after death, he must look upon it as a fact of great importance, and worthy of further investigation.

Dr. Kennedy mentioned that some time since Professor R.W. Smith laid before the Pathological Society the details of a case of flabby heart, in which a quantity of air was discovered in the vena cava.

Dr. Geoghegan—Devergie has recorded more than one case in which sudden death took place where no cause capable of explaining it could be discovered, except a spontaneous evolution of air which was observed in the right cavities of the heart and vena cava. The bodies were quite free from putrefaction. With reference to the entrance of air *ab externo* into the uterine sinuses, such an occurrence was rendered probable, not alone by the fact stated by Dr. McClintock of the occasional indications of air in the maternal passages after labour, but was also borne out by analogous facts observed lately in some inquiries relative to the condition of the cerebral veins after decapitation. These latter were found loaded with air-globules, which had no doubt entered through the patulous orifices of the divided venous trunks. Now, between the condition of the inner surface of the uterus immediately after delivery, and that of a recent wound, there is (as maintained by French writers) a good deal of analogy.

MEDICAL SOCIETY OF LONDON.

Mr. Haynes Walton exhibited some calculi, containing beans, that were taken from the bladder of a man by the operation of lithotomy, by Dr. R. Mackenzie of the Royal Infirmary of Edinburgh. David S——, a labourer from the county of Kinross, aged 46, admitted under Doctor Mackenzie into the hospital, September 17, 1851, suffering from the usual symptoms of vesical calculus, which had been more or less urgent for six months previously. The lateral operation was performed on the 13th of October, and five stones were removed. The prismatic shape and uniform size of the calculi were remarked at the time as being curious; but the presence of a foreign body as a nucleus was not suspected till some days afterwards, when the stones and their nuclei having been deprived of their moisture by evaporation, it was accidentally discovered that one of them rattled. The history of the origin of the patient's symptoms was very imperfectly obtained at the

time of his admission into the hospital; but on a more strict investigation, after his recovery from the operation, the following account was obtained:—About the end of March of the present year, after a carousal with two fellow-labourers, with whom he lodged in a barn attached to his master's farm, a quarrel arose, in which he was knocked down and overpowered by his two companions. From the injuries he received, and his state of intoxication, he was rendered senseless, and while he was in this condition, the following cruel trick was perpetrated on him by his assailants:—He was stripped of his clothes, and a quantity of beans (the common field or horse-beans, used for feeding cattle) were thrust into his mouth, and into the rectum, and several were introduced into his urethra. The manner in which these found their way into the bladder is unknown; but it is probable that several were introduced, one after another, into the orifice of the urethra, and then pushed back along the canal by pressure of the fingers on the penis and perineum. On the following morning he was found in a state of insensibility, with his genitals covered with blood. His companions had made off, and have ever since escaped detection. A number of beans were vomited, and passed per anum, on the day following the assault, and during this and the subsequent day he suffered great pain in voiding his urine, which was mixed with blood, and contained several fragments of broken beans. He was confined to bed for several days, but at the end of a week he had nearly recovered from his injuries, and his urinary symptoms had considerably abated in severity.—The patient made a speedy recovery, and left the hospital in perfect health on the 27th of November, the wound having been quite healed for ten days previously to his dismissal.

Mr. Canton brought before the Fellows of the Society, a beautiful specimen of

COMPLETE OSSIFICATION OF THE RETINA AND CAPSULE OF THE LENS,

which he had removed, after death, from the eye of an elderly man. An accident had, many years previously, destroyed the sight, and the eyeball by degrees had become atrophic. Calcareous material had been deposited in the cornea at the site of the injury by which vision was lost; and the specimen was shown which demonstrated this point. Mr. Canton stated that the so-called ossification of the retina he believed to be a deposit of bone-salts exterior to the membrane, and that the retina itself underwent absorption in consequence of the pressure thereby exerted upon it. Though similar instances had been recorded, the *extent* of the deposits in the present example might be regarded as rare.

Dr. Wagstaffe read a paper

ON TOPICAL MEDICATION IN THE TREATMENT OF DISEASES OF THE PHARYNGO-LARYNGEAL MEMBRANE.

After remarking upon the value of topical medication in the treatment of many local affections of the mucous membrane, he gave a history of the introduction of the plan of treating diseases of the pharyngo-laryngeal membrane by local applications by Sir Charles Bell, in 1816, and of its adoption by many physicians, awarding to Dr. Horace Green, of New York, the merit of having furnished to the profession irrefragable proof of the harmlessness and efficacy of this therapeutical measure. But while he thus accorded to Dr. Green great praise for the energy and talent which he has displayed in the development of this important branch of practice, his experience obliged him to state, that he could not agree with the assertion made by Dr. Green, of the facility of introducing a sponge-pointed probang through the rima glottidis into the trachea, and down even to its bifurcation. After several years' experience in the use of this remedial measure, he (Dr. Wagstaffe) had arrived at the positive conclusion, that an instrument cannot be passed with facility, and without danger, below the rima glottidis. But he was equally decided in the opinion, that a practised and skilful manipulator will seldom find a case in which he will be unable, after a suitable education of the parts, to pass the sponge-armed probang into the cavity of the larynx down to the chordæ vocales. He thought that much of the opposition that existed against this valuable plan of treatment had arisen from the assertion of the ease which attends the passage of an instrument to the bifurcation of the bronchia, and also from the exaggerated claims for its almost universal efficacy and applicability. Dr. Wagstaffe then exhibited the instruments which he employs for effecting an entrance into the larynx. These, he said, varied but slightly from those used by Dr. Horace Green, and consisted of a bent spatula, fixed in a handle, slightly concave on the under surface, so as to conform somewhat to the convexity of the tongue, and a whalebone probang, variously curved to suit the different conformations of the mouth, to the end of which a small, rounded piece of fine sponge is firmly attached. By pressing the tongue firmly down, and drawing it forward from its base with the spatula, the laryngeal surface of the epiglottis may be exposed; when this organ is in view, its posterior base being insensitive to touch, it may be used as a guide for the introduction of the sponge into the larynx. Dr. Wagstaffe also exhibited an instrument for introducing powders into the larynx and trachea—the process of insufflation. He has found a combination of nitrate of silver with sugar, in the proportion of one part of the former to six of the latter, triturated to an impalpable powder, a useful application in some chronic alterations of the mucous membrane of the trachea and bronchia. He applies the crystallized nitrate of silver, dissolved in water, in strengths varying from twenty to eighty grains to the ounce. In passing the sponge into the back of the mouth, much care should be taken to avoid a contact with the pillars or the pharynx, as the moment these are touched a more or less violent retching action is produced, by which the larynx is elevated to a contact with the epiglottis, and thus the possibility of entering it is for a time entirely precluded. He observed that, in the short space of time allotted to the reading of a paper, it would be impossible to give a detailed account of the various affections in which he had found topical medication with a solution of nitrate of silver efficacious; he would therefore confine himself to a brief statement of the diseases, and the manner in which the application might, in his opinion, be employed with the greatest prospect of success. He then gave an account of the method in which he employs these topical medications, and their value, in acute and chronic catarrhal affections of the pharyngo-laryngeal membrane, and the organic alterations which result from these, as well as from acute and chronic inflammations of this organ; also of its use in those various forms of chronic laryngeal disease which have been usually spoken of as one affection, termed "clergyman's sore throat." He likewise remarked upon its use in laryngismus stridulus, hooping-cough, and true membranaceous croup.

Dr. Cotton remarked that the operation to which the paper had reference was a very important one; it would be difficult at first, but would be facile after a few attempts. He had found a spatula for pressing upon the tongue, somewhat in the form of a horse-shoe, better than the one employed by Dr. Green. By depressing the tongue with this, the epiglottis might be seen distinctly; he had seen the sponge enter the glottis. He had found the application of nitrate of silver of much use in cases of loss of voice, in hawkers, and others who called their goods; in hysterical aphonia, and in laryngeal phthisis, when the pulmonary disease was not far advanced. He saw no use in passing the sponge beyond the larynx, because when the sponge was passed into the larynx, a spasm came on and squeezed the sponge, the fluid from which trickled down the trachea. He had never passed the sponge beyond the rima glottidis, though he had seen Dr. Green pass it to the bifurcation of the trachea.

Dr. Halley mentioned a case of cut-throat in University College Hospital, in which great difficulty was experienced in passing an ordinary probang into the trachea. He had found it difficult to pass the epiglottis in a child.

Mr. Harding said that the passage of the sponge was easy enough: the idea of difficulty had arisen from the fear of spasm, consequent upon the irritation which would arise. He had been the subject of laryngeal disease, and could pass the sponge into his own larynx, with the greatest facility, at least fifty times. There was by no means the irritation produced which some had asserted, by passing the sponge into the larynx. The irritation was not distressing. He had retained the sponge for fifteen seconds at a time. He had not found the sponge pressed upon by the sides of the larynx in the manner mentioned. The passing of the sponge was easy both in adults and children; in the latter the pressure of the finger was alone sufficient. He could not believe that the instrument had been passed down to the bifurcation of the trachea. He had never succeeded in passing it beyond the larynx. There was no pain from the application of the solution of the nitrate of silver of a drachm to the ounce. He believed that the solid nitrate might be used without suffering. He deprecated its use in the early stages of hooping-cough, in which he had seen it do great injury, producing chronic irritation of the larynx of a permanent character. In acute inflammatory diseases, he thought its use was questionable.

Dr. Cotton said that the irritation differed in different persons. He had not seen dangerous spasms in his own practice; but had seen one instance in which almost fatal effects resulted from an attempt to pass the sponge violently down the larynx; and in another case severe cough and hæmoptysis followed the use of the sponge. He had employed it in about 100 cases, and in nineteen out of twenty with such benefit that the patients wished for its repetition.

Mr. Hird remarked that no one would deny the value of the application of the nitrate of silver to diseases of the mucous surfaces. He was at a loss to understand how it could do good, however, in hysterical aphonia. He had had some experience in applying this remedy to the larynx, and he could not believe that Dr. H. Green had passed the sponge to the bifurcation of the trachea; there was no necessity, in many cases, to pass it even into the larynx, for when the tongue was pulled forward and depressed, the epiglottis could be seen, and the sponge might be squeezed by means of a forceps, and the fluid would pass into the larynx. He had seen unpleasant effects from too much fluid having been used, but they soon passed off. In cases of local inflammation, he thought we should apply the nitrate before the inflammation had arrived at its climax.

Dr. Cotton had merely mentioned the fact of the remedy affording relief in hysterical aphonia, without attempting to explain it.

Mr. Dendy had not applied the solution of caustic to the larynx, but had found no difficulty in using the solid stick in cases of tonsillitis, &c., without any spoon or spatula. The nitrate of silver might do good in cases of hysterical aphonia, by acting as a powerful astringent on the relaxed mucous membrane of the larynx.

Dr. Handfield Jones said that the glosso-pharyngeal was the incident nerve to the par vagum, and thus the pharyngeal contractions were brought about when the foreign substance was in the neighbourhood of the epiglottis; and that, when such substance was in the upper aperture of the larynx, or in the rima, the stimulation of the superior laryngeal, which was incident to the recurrent nerve, induced contractions of the muscles of the larynx.

Mr. Harvey, having thanked the author of the paper, expressed his regret that no case in detail had been related. Were the local applications the only means employed in these cases? Had the author of the paper observed, in follicular disease of the throat, that there was occasionally noise in the ears, &c., from the extension of the disease to the Eustachian tube and tympanum? He had found cases like many of those alluded to in the paper, connected with cachexia, and requiring tonic treatment. When Dr. H. Green's book appeared, he (Mr. Harvey) had gone fully into its merits, and agreed with the pathological views which had been advanced by that author. He questioned, however, whether the treatment advocated would be found so generally efficacious as Dr. Green had stated.

Mr. I. B. Brown had cured a case of crowing spasm by two or three applications of the solution of the nitrate of silver to the epiglottis. He had used no medicines except aperients. The solution of the nitrate of silver should be applied in the active stage of the inflammatory sore throat; in scarlet fever it prevented the spread of the disease to the deeper tissues.

Dr. Wagstaffe, in reply, said he had been much pleased to find that no Fellow of the Society doubted the possibility of performing the operation which he had recommended in his paper. He thought the spatula which he had exhibited, had one advantage over that of Dr. Cotton, inasmuch as the handle was out of the way. He must express his doubt of Dr. Green having passed the sponge down to the trachea; he thought it must have passed down the œsophagus—a mistake, he believed, often made. He had not seen cases like Mr. Harding's, in which the instrument was allowed to remain for any time, for almost immediately on its introduction it gave rise to an expulsive effort. Notwithstanding the fact that in Mr. Harding's case no trickling from the sponge occurred in consequence of the spasm, still this was a common result. He had found the application to the larynx useful in cases of hooping-cough, but it was most difficult in young subjects to use the remedy continuously and assiduously. With regard to its use in hysterical aphonia, he had known one instance in which it appeared to do good in that affection, after an uterine disease connected with it had been treated with success. He thought it should be used early in cases of inflammation of the mucous membranes. Constitutional treatment was also of course necessary in cases in which the local treatment was adopted. He had not seen any cases in which follicular disease of the mucous membrane of the throat had been associated with noises in the ears, or in which the glands of the Eustachian tube had become enlarged. He had used the nitrate with success in a large number of cases of true croup.—*Lancet.*

When we copy such articles as this from the London journals, our readers will of course understand that we do not vouch for their value as helps to prudent practice. There is evidently a rivalry prevailing amongst candidates for "general practice" in England which leads to dangerous interference in the treatment of disease. All deviations from the ordinary condition of parts are to be "cured," and whoever "cures" his patient with the greatest amount of physic and the most violent methods is the greatest doctor. To allow a patient to "get well" is sheer imbecility and gross ignorance of the resources of the healing art.

LONDON HOSPITAL REPORTS.

St. George's.

Hip joint Disease; Removal of the Head of the Femur.

By Mr. Cæsar Hawkins.

We had occasion to mention, but a very short time ago, that Mr. Stanley had removed the head of the femur, at St. Bartholomew's Hospital, for scrofulous disease of the hip joint in a little girl. The same operation was performed February 12, 1852, by Mr. Hawkins, on a little patient of the same sex, and about ten years of age, who had been suffering from hip-disease for the last four years. It may well be supposed that during that period the best efforts were used to obtain anchylosis, but it would appear that no favourable results were obtained.

Mr. Hawkins made a longitudinal incision over the joint, which brought the trochanter into view; and when the dissection had fully laid bare the latter process, a portion of the shaft, and the head of the bone, which was lying upon the dorsum ilii, Mr. Hawkins sawed through the shaft about one inch below the trochanter; the latter, with

the head and neck of the bone, were then easily removed. Portions of the acetabulum had now to be cut off by the common bone forceps, and a few vessels were tied. The shaft was so soft, that a few splinters were removed with the ordinary scissors.

Mr. Hawkins stated that the little emaciated patient was so situated, that even had she recovered, which event had appeared doubtful, the limb would have been completely useless. He did not consider that the removal of the head of the bone was justifiable, as long as anchylosis was likely to occur; and that the success of this case depended mainly on the state of the acetabulum. Mr. Hawkins had found that cavity, after the removal of small portions of its rim, covered with lymph, and of a pretty healthy aspect, and he hoped that a soft substance would be thrown out between the acetabulum and the shaft, to facilitate the movements of the part after recovery. He had removed some part of the shaft, in order that no obstacle should be offered to such movements. Mr. Hawkins further stated, that diseased action might nevertheless go on in the acetabulum, but the patient had certainly at present a better chance of recovery than before the operation.

In examining the parts which had been removed, it was found that a great portion of the head of the bone had been destroyed by caries; there was no actual necrosis, but the cancelli of the process had evidently undergone the changes usually effected by a slow ulcerating process. A little hæmorrhage took place after the child's removal into the ward; but this was easily arrested, and the progress was pretty favourable for a couple of days. Still it would appear that the little patient's strength had been so materially diminished by the long-continued diseased state of the hip, that she could not withstand the shock of the operation, as she died on the third day after it.

The post-mortem examination did not reveal any facts of importance, except as regards the state of the acetabulum. This cavity was filled, as had been stated by Mr. Hawkins, with a fibrinous mass, which occupied almost the whole area of the acetabulum. As this product was not firmly adhering to the bone, the finger could easily be insinuated under it. By this examination, it was found that the bottom of the cavity was in a carious condition, the centre being completely perforated, so as to allow the index-finger to impinge on the fascia lining the iliac fossa.

London.

Gunshot Wound of the Eye.

Mr. Curling has for the last few weeks had under his care a youth, aged 13, who suffers from amaurosis of the right eye, the cause of which is rather obscure. The boy was admitted January 19, 1852, and it appears that about two months before that date, whilst walking by the side of a hedge, he received in his face a charge of shots, fired, doubtless inadvertently, by a person on the other side.

The patient was not knocked down by the blow, though he bled much from the face, which was considerably ecchymosed. The parts around the left eye swelled immediately; the globe, however, remained uninjured, for the boy says that by raising the œdematous lid he could see very well. The right eye suffered a little more, some conjuctival inflammation (as it would seem) occurred, and some shots lodged in the maxillary bone, just below the inferior lid, where they can now be felt. But the inflammation did not run high; by simple means the patient was pretty well in a week, with good sight on the left side, but loss of vision on the right.

When admitted for this latter symptom, the globe of the right eye presented no abnormal appearances, *except a small clot under the conjunctiva*, which clot was being rapidly absorbed. The pupils of both eyes acted pretty equally, and though somewhat sluggish, answered the stimulus of light. When the left eye is closed the patient endeavours to obtain some vision on the right side by forcing the globe of the eye towards the inner canthus; but this effort, though it gives him a slight perception of light, does not allow him to distinguish any object. When he attempts to walk towards a given part of the ward, with the left eyelid held down, he takes the proper direction, but slants gradually away from the place which he is trying to reach. Mr. Curling ordered small doses of mercury with opium, so as to bring the patient under the influence of the metal, but this measure had no influence on the amaurosis. Blisters on the temple were also used, but no improvement took place.

St. Bartholomew's.

Amaurosis preceded by Hæmatemesis.

By Mr. Lawrence.

James P——, aged 49, was admitted into Henry VIII. ward, October 8, 1851, under the care of Mr. Lawrence, with complete amaurosis. The patient is a strong healthy-looking man, a cabinetmaker by trade; he is married and has several children. His habits were not very intemperate, but he used to drink pretty large quantities of malt liquor up to the time of the present attack. No blow or fall on the head can be remembered, but there was at the scrobiculus cordis, about a fortnight before the loss of vision, a sense of sinking and gnawing; these symptoms did not, however, prevent him from working at his trade.

After this uneasiness at the stomach had lasted about two weeks, the patient felt, at four o'clock in the morning, when getting up, a great depression of spirits; at six, after taking some coffee and an aperient pill, he felt suddenly sick, and threw up about a quarter of a pint of florid red blood. Up to this time, the sight had been extremely good, though it was sometimes much tried by reading. The man became naturally alarmed; he took some brandy and a little exercise; but at ten o'clock he threw up about the same amount of blood, but much darker than on the previous occasion, and looking very much like coffee-grounds. Some medicine was now obtained at the London Hospital; but at four o'clock in the afternoon of the same day, he vomited about three pints of clotted blood, which was so firm, that it looked, as he terms it, like pieces of liver. Much debility naturally followed this loss of blood. The patient was now attended by a surgeon, and went on for several days, throwing up now and then a little blood, and becoming very weak. Questions were carefully put to him, to avoid confusion between hæmatemesis and hæmoptysis; but it remained clear that the blood was all this time coming from the stomach.

On the sixth day after the onset of these symptoms, the patient experienced towards the evening a sensation in the left eye, as if the setting sun were surrounded by a brilliant circle. He went to bed, and on rising the next morning he was completely blind. During the whole week which preceded this sudden amaurosis, he had had a sensation in his head as if he heard a steam-engine working noisily and regularly, the sounds being louder and more distinct when his head lay on the pillow; but there was no actual cephalalgia, nor had there been any flying pains in the head.

This state of complete loss of vision lasted for about three weeks, after which the power of distinguishing light from darkness was regained. The patient now sought relief at different hospitals, among which was the Ophthalmic Institution in Moorfields. The treatment was mostly of the tonic kind; but no improvement was obtained; and when admitted under the care of Mr. Lawrence, the total blindness had lasted eleven weeks. No vomiting of blood had occurred since the attack of amaurosis, nor had the patient lost the use of any of his limbs.

On admission, the pupils were found motionless, the cæcity complete, but no visible alteration had taken place in the structures of the eyes, which presented the usual fixity so characteristic of amaurosis. Mr. Lawrence ordered good diet, steel, and blisters behind the ears. A very slight improvement was at first noticed; the general health continued very good; the man became very stout; but no actual change in the state of vision took place; and the patient was discharged six weeks after admission, in about the same condition as he was when first received into the hospital.—*Lancet.*

ORIGINAL COMMUNICATIONS.

CASE OF DIFFICULT LABOUR FROM EXTREME RIGIDITY OF THE SOFT PARTS.

By Alexander Cullenan, M.D., of Kilmacow.

TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—The following case, which I consider peculiarly interesting, I beg to submit for your perusal, and if you think it merits a place in the Medical Press, I will feel obliged by your publishing it.—I have the honour to be, sir, your very obedient servant, Alexander Cullenan, M.D.

Kilmacow Dispensary, February 26, 1852.

I was called on last Saturday evening, January 31st, to Knockmoyland (Thomastown Union), to attend a woman, aged 35, in her first confinement. On the previous Wednesday night, she was suddenly awoke by a pain, which ruptured the membranes, when a gush of water immediately followed, alarming her very much. From that period she had lingering pains up to six o'clock on Saturday morning, when the most *violent labour* set in; this I was led to believe continued, almost without intermission, during the day. At the time I first saw her (six p.m.), she had what I would call *raging* labour at intervals of less than two minutes: her agony was intense, and the only idea I could give of my own feelings, heartrending indeed, and those of the other beholders, is what is felt by persons witnessing the most violent puerperal convulsions, which I much apprehended would take place. I found it nearly impossible to make an examination per vaginam, in consequence of the extraordinary and perhaps unprecedented rigidity of the soft parts, both internal and external. Having at length succeeded, I found a hand in the pelvis, the lateral diameter of which could not be more than two inches, whilst that from the pubis to the sacrum was of a natural proportion. The head of the child was pressing on the upper aperture, the pressure being only slightly increased by the *action* of the uterus being more of excessive irritability than contractile force.

Under these distressing circumstances, without much hope of her being delivered even with the crotchet, I intimated to her friends my wish to have the coöperation of another medical person, and advised them to send to Waterford for my friend Dr. Mackesy, or his son Dr. J. P. Mackesy. To this they assented, and a messenger was forthwith dispatched. Finding that she passed no urine from an early hour in the morning, I relieved her with the catheter, and administered an enema, the bowels being for some time constipated. To allay the excessive irritability of the uterus, I gave forty drops of tinct. opii; but finding after the lapse of three quarters of an hour that it had no effect, I gave thirty drops more, which in a short time caused a slight remission of her sufferings. I afterwards gave twenty drops. From this time (half past eleven) until a quarter to one (when Dr. Elliott, one of the physicians to the Workhouse and Lying-in Hospital, arrived, both of the Drs. Mackesy being preëngaged), her sufferings, although very severe, were not of the agonizing character which she before endured. Dr. Elliott agreed with me that it was one of the most embarrassing, and apparently the most untoward case he ever met. In course of the night a more regular and bearing-down labour set in; but so violent were some pains that we thought a rupture of the uterus almost inevitable, and were impressed with the belief that the Cæsarian operation would be the only means of giving her a chance of her life. About eight o'clock in the morning the head of the child was about half way in the pelvis, firmly impacted, the hand and wrist immoveably jammed between it, the head, and the pubis; whilst the humerus was as immoveably fixed between the other side of the head and the sacrum, the forearm forming as it were a belt or hoop round the presenting part, and almost entirely blocking up the passage to it, owing in a great measure to the narrowness of the pelvis, as well as to the still unyielding state of the soft parts. At this crisis we determined on the expediency of delivery in some shape, and having placed her in a proper position, I commenced, under a forlorn hope, to introduce an unusually long forceps, both of us having failed in the attempt some time previously; however, by patiently manœuvring, to my great satisfaction, I succeeded in adjusting both blades, and locking them. By gradually increased exertion, of course resting occasionally, in about twenty minutes I brought down the head, preceded by the forearm, hand, and part of the humerus. After having extricated the other arm there was a slight effort at respiration in the infant; I then finished the delivery quickly as the case admitted, and divided the funis after a slight pulsation, which was there, ceased. I must here remark that the child never could pass through such a pelvis, with the other circumstances of the case, only it was rather small, and the bones of the cranium capable of much overlapping. Dr. Elliott then took charge of it, whilst I tended the mother. Owing to his (Dr. E.'s) continued and judicious exertions, animation was completely restored. It was also owing to his unremitting attention that a laceration of the perineum did not take place, in consequence of its extremely rigid state. In about half an hour regular pains commenced, which gradually brought down the placenta, the poor woman exclaiming that "she was quite well," that "she was in Heaven." When preparing to take our departure after a reasonable time, we asked to take a peep at the child, which, to our mortification, we found *killed with kindness*: the woman who had charge of it, wrapped it up in a large woollen shawl, covering the head, and placing the face against her bosom. She then rolled her cloak round herself and the child "to keep it warm," of course excluding the air, which must have caused immediate suffocation. Thus ended one of the most tragic scenes I have witnessed: from the extreme intensity of the patient's sufferings for some hours, the extraordinary rigidity of the soft parts, even the glutei muscles, more like tanned leather moulded to the shape than flesh, the narrowness of the pelvis, the curious position which the hand of the child after it was first found in the pelvis assumed, and lastly, the manner of its death.

DEATH FROM A FOREIGN BODY IN THE LEFT BRONCHUS.

I was requested to visit a child aged two years and a half. On entering the room where the child was, I was forcibly struck by its appearance as it sat before me on its mother's knee. On inquiry, I learned that about five weeks previously the child had been at play in the garden with its brother, and was carried in to the mother by a neighbour, who accidentally found him apparently suffocating; and his little brother, four years and a half old, said he had swallowed a stone. A surgeon was immediately sent for, and he was of opinion that the foreign substance was something large and rough, which had passed down the œsophagus and lacerated the throat in passing. He was led to this conclusion by finding blood on his finger, and feeling, as he said, a hard substance when he introduced it into the child's throat. Beyond this, and administering an emetic, he seems not to have done much; never examining the chest by means of percussion or auscultation. Thus seventeen days passed. The child, however, getting worse every hour, with constant and harassing fits of coughing, and wasting of the body, I was asked to visit him. As I before said, I was forcibly struck with his appearance: it was that of a person labouring under hectic fever; and whilst I sat looking at him for a few moments, before proceeding to examine the chest, as I at once surmised that it was there I should find the cause of all his symptoms, he was seized with three or four fits of very distressing cough, and my attention was arrested by a peculiar whistling or cooing sound in the chest, and which I remember once before hearing in a similar case. On stripping the chest and making percussion over it, I found a dull sound pervading a space about four inches in diameter, an inch or two below the left clavicle, and a little to the same side of the sternum;

on applying my ear directly to this part (which I did for two reasons: first, that I had forgotten my stethoscope, and secondly, that from the restless state of the child, it would have been almost impossible to apply it accurately), I heard most distinctly, not only the cooing sound before mentioned, but also a peculiar rough, rasping sound, as of air passing a foreign substance which had almost blocked up the tube. On applying my ear posteriorly, directly opposite this place, the same sounds were heard. I then examined the right lung, in which I detected puerile respiration and moist crepitus, and at once informed the parents that the substance was lodged just at the bifurcation of the bronchi, rather more in the left one; and from the debilitated and wasted state the child was in, my prognosis was very unfavourable. In answer to the mother's inquiry, whether anything could be done, I explained to her the possibility of recovery by having recourse to the operation of tracheotomy; that in all probability the admittance of cold air into the lungs would bring on a fit of coughing, and that the substance, whatever it was, might be expelled; if not, I would advise inverting the child, and applying percussion between the shoulders. Being urged to invert the child without this operation, I at once pointed out its danger; stating that unless a counter-opening existed, there was risk of suffocation. The father not being at home, I recommended them to wait and consult with him. I said that even before I would undertake the operation, I should wish for a second opinion, and I also warned them that it was not at all unlikely that death might ensue suddenly, should the foreign body become loosened in the bronchus, and be coughed up into the trachea or larynx.

The parents could not make up their minds to the step I recommended, and the result was, that on Sunday morning, February 8th, the father came for me in a great hurry, saying he was afraid I should not reach his house before the child was dead. Having nearly a mile to go, the result was as I had foretold: a violent fit of coughing had come on after the child had breakfasted, and the mother stated that she heard the substance come up into the throat, when the child fell back in her arms, became black in the face, and after one or two gasps for breath, *ceased to breathe*. When I arrived, life had been extinct for five or ten minutes. On examination of the trachea, the larger bronchi, and the root of both lungs, a horse-bean was found impacted within the two upper rings of the trachea, and at the root of both lungs were evident marks of *recent inflammation*; there was purulent infiltration on the left side, and a considerable quantity of pus issued from the bronchus on the right side. There was a roughness on the surface of the upper portion of the *left* bronchus.— *r. McCormack of Southampton in Lancet.*

MEDICAL TRIALS.

IMPORTANT TO DRUGGISTS.—FRAUDULENT USE OF SIR JAMES MURRAY'S NAME.

BAKER *v.* LANGMAN.

In this case Mr. Rupert Kettle of the Oxford Circuit, instructed by Mr. Pinchard, appeared for the plaintiff, and Mr. Whitehouse for the defendant, in the Wolverhampton District County Court, before Mr. Sergeant Clarke.

Mr. Kettle, in stating the plaintiff's case, said that Thomas Baker was the plaintiff, and Mr. F. Langman, who carried on the business of a chemist and druggist in this town, was the defendant; and although the action was brought to recover a very small sum of money (2*s.* 9*d.*), being the price paid to Mr. Langman for certain boxes of pills, purporting to be "Sir James Murray's Concentrated Cod-liver Oil Pills," yet the question was of very great public importance, and his Honour would infer from the fact of the plaintiff's case being entrusted to counsel that the plaintiff was the agent of other parties, who had taken these means for the purpose of endeavouring to prevent the continuance of a gross fraud upon the public, and a great injustice to that eminent chemist, Sir James Murray. Now he should satisfy his Honour from experiments of analysis (as far as the advanced state of chemical science would permit) what these pills really contained, and that they were utterly useless for the purpose (as stated in the printed advertisements) for which they were sold. He should call Sir James Murray himself, who was in attendance, to give evidence. He (Mr. Kettle) would read from a small handbill (in which the pills were wrapped up) a statement of what Mr. Langman professed to sell to the public. The handbill commenced with the words "Under Royal Patronage. Consumption Curable by the Use of Sir James Murray's Concentrated Cod-liver Oil Pills." Now, that there might be no mistake as to who the individual here referred to was, the bill went on to state—"Murray's Concentrated Fluid Magnesia having proved a great and lasting benefit to the public, has induced him to turn his attention to the concentration of Cod-liver Oil." Now, this statement would, in the first place, induce any one to suppose that it was possible to concentrate cod-liver oil as a medicine, which was most absurd, and could only delude the ignorant portion of the population of this district. But the bill went on to say, "and happily for the public he has succeeded, by a process known only to himself (the gentleman who would be called as a witness—Sir James Murray), in concentrating the whole of the medicinal properties of an ounce of the finest oil into four pills." Now, an experiment had certainly been made to show that this was impossible. Perhaps it was not necessary to go into that excessive proof, as the possibility of producing such a result was quite absurd. The bill went on to say—"which he now offers to the well-thinking public, for the cure of coughs, colds, influenza, asthmas, consumption, and all diseases of the chest and lungs." The bill then proceeded according to the usual course adopted by empirics of this kind, to quote all the eminent names of physicians in Europe in order to prove that they had used cod-liver oil, and that it could be concentrated in the way stated. In one of the bills, specific directions were given for the use of the pills. It was stated—"In consumption, two pills should be taken every four hours, with a teacupful of linseed or dandelion tea after each dose," and it was also stated that one pill might be given to a newly-born infant; the words used being—"It may be added here, that this medicine is so perfectly innocent that it may be given to an infant immediately after birth." Now, Mr. Langman had sold these pills. On one occasion he was seen personally by the plaintiff, and said that the pills were quite as efficacious as cod-liver oil, and that they were now selling a large quantity of them. Now, he should call Sir James Murray, who had succeeded in doing that with magnesia which had been done with Peruvian bark, where chemists had been able to disengage the valuable part of the plant, or of the substance, and concentrate it in a form convenient to administer as a medicine, and disengage it entirely from those matters which were rather an incumbrance to the medicinal part of the plant. He would prove that Sir James Murray had nothing to do with these pills—in fact, that he was indignant that his name should be used in such a way; and he would also prove by a practical chemist of competent skill, who had analyzed the pills purchased from Mr. Langman, what they were composed of, and that it was impossible to concentrate cod-liver oil into pills.

His Honour here said it was unnecessary, in order to sustain this action, to prove that it was impossible to introduce cod-liver oil into pills. It was sufficient to show that they were not pills prepared by Sir James Murray.

Mr. Kettle observed that he wished to show that they did not contain cod-liver oil.

His Honour replied that, for the benefit of the public, he had no objection that this should be given in evidence, but it was not necessary in order to sustain this action.

Mr. Kettle resumed—It had been found that these pills contained prussic acid in the shape of bitter oil of almonds.

His Honour—Not quite the thing for a new-born infant.

Mr. Kettle—Yes, not quite the thing certainly for a new-born infant. They also contained (as far as could be ascertained) a small quantity of liquorice, ammoniacum, and magnesia, but not the smallest portion of cod-liver oil; and these were the pills as to which Mr. Langman advertised that "None are Genuine unless signed Sir J. Murray's Cod-liver Oil Pills, on the Government Stamp, to imitate which is Felony." He would now call the witnesses in support of the case for the plaintiff.

Thomas Baker stated that on the 15th of November last, he went to Mr. Langman's shop and asked for "Sir James Murray's Cod-liver Oil Pills," when he received the box produced, for which he gave 4½*d.*; he went again on the 28th of November, and purchased two boxes; he saw Mr. Langman

on that occasion, and asked him whether the cod-liver pills were as efficacious as the cod-liver oil itself; Mr. Langman replied, "quite as much, and more palatable to take;" he (witness) said to him, "I suppose you sell a great many of them," he replied, "Oh! yes, we can't make them fast enough" (loud laughter); he bought some other boxes of the same pills on the 19th of January in the present year; he had paid 2*s*. 9*d*. altogether for the boxes he had purchased. In cross-examination by Mr. Whitehouse, witness said he had occasionally carted goods for Mr. Bailey, the chemist; he was not in his service when he purchased the pills; he had not taken any of them, but he should have done so if he had not afterwards been informed that they were not Sir James Murray's pills; had they been his pills he would have tried them on the reputation of Sir James Murray; he had seen Mr. Bailey in reference to this case since he had bought the pills; it was Mr. Gibbons, manager for Mr. Bailey, who informed him that they were not Sir James Murray's; he was not told this until after he had bought the first box; he then said, "If they are not Sir James Murray's, I'll go and see if they will try to impose upon me; he was sure he did not take any of them; from the information which he had received, he should say that they were more likely to kill a man than to cure him (the droll manner in which the witness gave utterance to this sentiment drew forth loud laughter); in point of fact, he (witness) was appointed to purchase the boxes in question; he should have taken the pills if they had been genuine; Mr. Gibbons had paid him the 2*s*. 9*d*. which he had given for them; he had not returned the pills to Mr. Langman, or tendered them at his shop; he bought the pills for Mr Gibbons.

Sir James Murray stated that he resided at Monkstown, Dublin, and was a physician and a licentiate in pharmacy and chemistry; he was also the original inventor of the process of making fluid magnesia, and Mr. Bailey was the agent for the sale of that chemical in this district, but it is still prepared under his (Sir James's) own care.

His Honour—And a remarkably good medicine it is.

Sir James Murray—He had never concentrated cod-liver oil into pills; it was impossible to do so; it was a monstrous fraud to say that it could be done; he had never given instructions to any one to use his name as the manufacturer of such pills; he would not be guilty of such a fraud and deception on the public; he had submitted these pills to analysis, and had seen them analyzed; the result of the experiments showed that they contained no cod-liver oil, but an oil which was very fatal to human life—the oil of bitter almonds, and this could be proved by any one who rubbed them in a cup in hot water, which would produce a smell that would fill that room; the pills also sent forth a garlicky kind of smell, but the prussic acid overcame all the rest when the pills were rubbed in hot water; a pennyworth of the stuff of which they were composed, could be made into a pound's worth of pills, but they would not be worth a penny still; the makers of these pills knew that they were cheating the public as much as if they were issuing forged bank notes; they could not possibly cure all the diseases mentioned in the bills, because what would cure one sort of disease (even if it were a good medicine) would not be fit to administer for the cure of other diseases; it was a monstrous calumny on him to use his name in connexion with these pills; he would never be connected with such a system of roguery and fraud and dangerous imposition. First, the prussic acid was sufficient to poison an infant, and even if did not poison the child it would choke it if it were attempted to be rammed down its throat, and that was another monstrous calumny on him to say that they were fit for children, and to issue such a placard was villanous, absurd, and monstrous; it was so villanous that he did hope the parties would be punished both for defrauding the public and injuring his name. In cross-examination, Sir James said that his magnesia was called "Carbonated Solution of Magnesia;" there was a villain who some time ago gave Mr. Griffiths a very dangerous dose in London, under the pretence that it was his (Sir James's) magnesia, and Mr. Griffiths brought an action against the blackguard who cheated and nearly poisoned him; there were a thousand villains substituting a thousand forgeries for his magnesia, but there was no villian who ever substituted anything so bad as these pills; he had read the report of the trial of the action brought by Mr. Griffiths; no doubt the report of that trial had been distributed about the country.

His Honour here intimated that this course of cross-examination was irrelevant; Sir James had stated that they were not his pills, and he (the learned Judge) thought the plaintiff was justified in recovering back the 2*s*. 9*d*.

The witness further stated, in reply to Mr. Whitehouse, that Mr. William Bailey was his agent, and he was intimate with him.

His Honour remarked, that even if Mr. Bailey had employed the plaintiff to purchase the pills in question, it was not of the slightest importance with reference to this action.

Mr. Joseph Turner, chemist, in the employ of Mr. Bailey, said he had analyzed the pills in question, and found that they did not contain the slightest quantity of cod-liver oil; they contained a quantity of oil of bitter almonds, liquorice, and gum ammoniacum; it was quite impossible in the present state of chemical science to concentrate an animal oil; an ordinary dose of cod-liver oil would be half an ounce, and he had found that if this quantity were made up into pills, it would require not less than sixty—not pills, but boluses—to contain it; he did not find the slightest quantity of cod-liver oil in these pills.

His Honour here observed that it was quite possible that Mr. Langman might have been deceived by those from whom he had purchased these pills, but he must say that there was no fraud more dangerous than that such pills should be offered to the public; he had already stated that he considered all which was necessary to be proved, in order to sustain this action, was that these pills were sold as Sir James Murray's pills,

Mr. Whitehouse was about to make some remarks in justification of Mr. Langman, when

His Honour again observed that he did not impute anything to Mr. Langman; some traveller probably came down from London, and said to Mr. Langman he had got some excellent pills; Mr. Langman received them and sold them, knowing nothing himself of the ingredients of which they were composed.

Mr. Kettle remarked that perhaps Mr. Langman would get into the witness-box and submit to a cross-examination no that point.

Mr. Whitehouse proceeded to argue that Mr. Langman was not personally liable to this action; that he was not present when the sales took place; that the pills were not sold as Sir James Murray's, but as "Sir J. Murray's," which was a mere descriptive term for the pills.

The learned Judge here said there could be no doubt that whoever issued these bills did so with the grossest fraudulent pretension, in order to induce the public to believe that they were pills prepared by Sir James Murray, and that his character was used for the purpose of giving credit to those pills in the estimation of the public.

Mr. Whitehouse was about to make some further remarks, when

His Honour intimated that he had better not say any more, as it was quite clear that the pills were utterly worthless, and were falsely described. If he went into a grocer's shop and asked for three pounds of moist sugar, and he was supplied with sand instead, had he not a right to recover back the money which he had paid?

Verdict for the plaintiff, with costs.

POOR-LAW PROCEEDINGS.

BELFAST UNION.

The Clerk read the following letter from the Commissioners in reply to a communication from the Board on the subject of medical aid to certain classes:—

"Poor-law Commission Office, Dublin, Jan. 17, 1852.

Sir,—The Commissioners have had under consideration a minute of the Board of Guardians of Belfast Union, of the 4th instant, stating that a medical officer of the Belfast Dispensary District had been noticed, by a relieving officer, that he would be required to attend upon a poor woman in her confinement, which was expected to take place in eight or ten days, and requesting the Commissioners' opinion or instructions upon the question, whether the committee of management should order the medical officers to attend all such cases of labour, ordinary as well as extraordinary.

In reference to this inquiry, I am to state that the Commissioners are of opinion that the duties of the medical officer of a dispensary district under the Medical Charities Act extend to cases of labour, when required to attend such cases by a ticket signed by a member of the dispensary committee, relieving officer, or warden, in pursuance of section 9 of the act, under which it will be the duty of the medical officer of a dispensary district to attend or afford medical advice or me-

dicine to any poor person resident in the district, to whom a ticket may be given in accordance therewith, and with the regulations which have been issued under section 12 of the act. The 7th section further provides that if any person who shall obtain a ticket for medical attendance from any relieving officer or warden, or from any member of the committee, shall, at the next or any subsequent meeting of the committee after the issue of the ticket, be declared by a majority of the members then present not to be a fit object for dispensary relief, the ticket shall be cancelled and the holder thereof disentitled to further relief.

The Commissioners are not able to give any more precise definition of the persons who will be fit objects for receiving medical relief under these provisions than that afforded by the act itself. The legislature appears to have relied on the exercise of a proper discrimination on the part of those individuals who are authorized to afford medical relief, by the issue of tickets, as above pointed out, subject only to the power of the dispensary committee, collectively, to cancel orders or tickets given to persons who may be improper objects for such relief.

The Commissioners, however, deem it right to observe, that if the course indicated in the guardians' minutes of issuing tickets in such cases—eight or ten days before the time of the labour—were adopted as a general practice by the relieving officers, or other persons authorized to issue tickets, it is to be apprehended that the time of the medical officers would be occupied to so great an extent (in cases of this kind) as materially to interfere with the due performance of their duties in affording medical relief to other classes of patients receiving tickets for medical relief, and that the indiscriminate issue of tickets for medical relief, in the cases contemplated in the guardians' minutes, would be liable to lead to abuse, and to cause charges to be brought upon the poor-rates where the parties may be able to provide themselves with the requisite attendance.

The Commissioners are informed that it has been a practice at dispensaries, heretofore existing, to afford assistance in labour cases to poor women unable otherwise to obtain it, by the employment of a midwife, the medical officer's attendance being only required in unusual or difficult cases; and in the latter case it would be competent to require his attendance by the issue of a ticket requiring him to visit the patient, and the Commissioners believe that a competent and experienced midwife being employed, this course has been found satisfactory, without engrossing so much of the time of the medical officer in attendance on this class of cases as to prevent the due performance of his duties in regard to the sick poor generally.

The Commissioners will be prepared to consider any proposition which the guardians may make for providing the assistance of a midwife for poor women in labour, who may be unable otherwise to obtain such assistance, if the guardians deem the employment of such a person necessary for the Belfast district, in addition to the officers already appointed for that district.—By order of the Commissioners,

W. Stanley."

Dr. McGee here rose and said—I wish to state distinctly, and I believe the board will bear out my statements, that the desire of this board was not to heap additional labour on the medical officers—that we had no such wish or object in view in forwarding the letter to the Commissioners to which this is a reply. I think you will recollect that our sole object was to ascertain whether or not the medical men could be compelled to attend to these cases, as, if they were obliged to perform all these duties, their other duties should necessarily be neglected—that there was a desire, on the part of the board, to relieve them of these extraordinary and unnecessary duties. Some observations on the subject have appeared in a public journal, concluding with expressions of surprise—Oh! oh! Whether the meaning of that was, that the board was acting harshly, I do not know; but to prevent any possibility of misconception on the subject, I now state distinctly that it was our desire to relieve the medical men of the labour that might be thrown on them, but which should not properly be thrown on them. It now appears that the Commissioners take somewhat the same view of the matter as we did. I am glad, therefore, that the letter has been sent, because the reply states that orders for attendance should not be given in ordinary cases. If people had taken the trouble to look into the act for themselves, the matter would be set at rest, for the words of the act are, "in cases of sickness or disease." Now, an ordinary midwifery case cannot be termed a case of disease, it is merely the performance of a natural function; and as for providing attendance in such cases, which the Commissioners seem to think has been the practice with us in Belfast, it never was the practice here; on the contrary, the only case of Cæsarian section which did occur was sent into the General Hospital, in order that the operation might be there performed. There is a lying-in hospital in Belfast, but it has only ten beds, and limits admission to married females, so that it is of no use, strictly speaking, in cases where the great proportion of applicants are unmarried persons. We have hitherto used the workhouse—parties have from time to time been taken in here in order that they might be confined—but I have no hesitation in saying that, if the duty is imposed on the medical men of attending all these cases, not six men, nor sixty men, would be sufficient to do it, unless they neglected their other dispensary duties (hear, hear). The case referred to took place within three or four days after notice had been given to the medical officer; it is the first case which has occurred under the medical relief act here; the woman was not a married person, but that makes no difference in the case; the medical officer was occupied attending upon her until two o'clock. His patients remained waiting all day; they were obliged to go away unattended, and got no medical relief till the day following. That is a state of things that we should not permit; we must make some provision to meet it, and if not we do an injury to society. As for the appointment of midwives, it would lead to great inconvenience, great expense, and, perhaps, even to some jobbery. I have now to move that a copy of the Commissioners' letter on this subject be forwarded to the dispensary committees for their information, with a request from the board that they will take the whole matter into their consideration, and report to us what provisions they would suggest for securing proper attendance on instrumental and difficult cases. I would now, before I sit down, ask Mr. Senior if it be lawful for our dispensary attendants to order into the lying-in ward—as we have a ward here for the purpose—any urgent or difficult cases where the females have no husbands.

Dr. Kidley seconded the motion proposed by Dr. McGee.

Mr. Senior—Before the motion was put from the chair, said he found in no part of the united kingdom that it was the practice for persons of this class to receive medical aid generally. In England, the experience of centuries did not show any such provisions to have been made, except, indeed, in extraordinary cases of difficulty; and if such a rule was not found necessary in that country, it should not, *a fortiori*, be adopted in this, where the poorer classes were so prone to rely on the rates for aid. Nothing could be a greater incentive to vice to hold out to females of the lowest classes than the assurance that they should all be provided for on such occasions. And as regarded the power of medical attendants to send into the workhouse cases of labour in destitute persons, he (Mr. Senior) was of opinion that it should be done only through the relieving officer. The medical attendant has power to send the person into the house only in case of contagious diseases, but he may send a notice to the relieving officer, in cases of difficult or protracted labour, to make provision for the patient.

Dr. McGee—Mr. Senior reminds me of the most important part of the cases. The cases which the Commissioners point out are the very cases where the doctor cannot give effective relief in their own houses or hovels. In instrumental cases how is it possible that he can attend? It is absolutely necessary for the preservation of human life that he be given the power of sending them to some hospital.

In reply to a question from Mr. Murney, whether nurse-tenders or midwives had not been appointed in Londonderry, Mr. Senior replied that he was not aware, as that union was not in his district; and in reply to another question from Mr. Watson, as to whether it was usual in England to appoint such officers, he said it was not usual, adding, that he should hesitate very considerably before he would venture on appointing another new set of officers.

On the suggestion of Mr. Senior, a caution was then given by the Chairman to give no tickets for medical aid to persons in cases of ordinary labour.

In the course of a rather discursive conversation that ensued, Mr. Murney referred to the application from the relieving officers for an increase of salary, in consideration of the increased duties which this act had thrown upon them, and Mr. Senior expressed himself opposed to any increase in salaries, but in favour of the appointment of a subsidiary relieving officer.

Dr. McGee mentioned the rule on which relief had been

previously given from the dispensaries—none to servants living under their employers' roofs, nor to persons being members of clubs and charitable societies, of which several existed in town, nor to persons having spirit licences, nor to persons occupying the entire of a house valued at £10 a year. Any of these which they thought useful might be adopted for the direction of the relieving officers.

Mr. Senior—No person can be relieved by our relieving officer who is able to pay for his or her medical attendance.

Some other conversation on the same subject then took place, and the board proceeded to the admission and discharge of applicants.

We copy the following highly characteristic discussion to remind our readers that guardians sometimes entertain strange views:—

TRALEE UNION.

The letter of the Commissioners, calling on the board to form five dispensary districts, instead of three, as the guardians had proposed to do, was read.

Mr. Hurly, in reply to Mr. Horsely, said that when the population was greater that it now unfortunately was, no inconvenience arose from the want of those dispensaries.

Mr. Horsely said that the taxation would only come to about 1½*d.* in the pound.

Mr. Hurly—The law was made when disease was stalking through the land. If the legislature were to consider the different state of things which now exists, they would legislate differently. As to the formation of districts, as pointed out by the Commissioners, if the guardians were consulted, their knowledge of the different localities would lead them to point out proper places, instead of going to the Listowel union, and fixing on the Causeway for a dispensary station, as the Commissioners had done.

Mr. Horsely, in reply to a guardian, said it was not he who suggested the Causeway, but the Medical Inspector, who did not, it would appear, know the precise boundary of the union at that point. He (Mr. H.) only *suggested* that there should be five divisions.

Mr. James O'Connell said he was the person who had the honour of seconding Mr. Denny's proposition, that three medical should be appointed. His opinion was unaltered that, with great respect for the legislature, a more useless piece of legislation never emanated from the British parliament as regards Ireland. Of all the wants that we had—and we have had many—the want of a doctor to go about and administer mere salts and jalap was the last that any one who knew the country would have dreamed of. It was really monstrous. It was right of course that the board should bow to the opinion of the Commissioners in most cases. It was fortunate, constituted as society is in this country, that they have a veto on the acts of guardians. But questions will arise, like the present, of permanent taxation, not a farthing of which of course the Commissioners will have to pay. If in providing for the wants of the people, we must all naturally feel more interested about them, residing amongst them as we do, than the Commissioners, we ought to make a stand against them if, upon the arbitrary principle of *sic volo sic jubeo*, they insist upon inflicting five dispensary districts on the union. It is always with regret that I differ from my friend Mr. Horsely, to whose opinions I look up to on most occasions. In conclusion, Mr. O'Connell proposed, with a view to prevent all cavil on the part of the Commissioners, that there should be four divisions of the union for the purposes of the act.

Mr. T. B. Hurly said there had been frequent and ample discussions on this subject already, and the opinion of the board had been fully recorded on the matter. Now, if the guardians were of any use, they ought to be allowed to do something. Here was a board of guardians, consisting of over forty members, gentlemen and rural guardians, intelligent, well acquainted with business, and having a knowledge of the different localities, endeavouring to do everything they could for the ratepayers and the paupers; and if all their acts were to be made a nullity of by the Commissioners—if the Commissioners were to come down despotically, like a parcel of Napoleons, by a *coup d'etat*, and deprive them of the constitutional exercise of their duties as guardians, let the Commissioners appoint paid guardians at once.

Mr. Denny said that, judging from the last paragraph of the Commissioners letter, it would be well if the board would concur in Mr. O'Connell's view of the subject. Though he agreed to a great extent with Mr. T. Hurly, that a great many of the acts of the Commissioners were in no small degree of an arbitrary nature, still for all that the Commissioners were persons appointed by the government to administer the act, and if this was an unwholesome arrangement, it was for the legislature to deal with it. Guardians should deal with the act as they found it. But to come to the matter in hand: If the guardians adhered to only three medical districts, and three medical men, the strong probability was that the Commissioners would take the matter into their own hands, and appoint those five districts they so strongly suggested in their letter. That being the case—though he still thought, in the present state of the country, that it would be more prudent to adhere to three districts, and see how that would work—he would recommend that Mr. O'Connell's view should be adopted, suggesting, in addition, in order to follow out their views, that a committee be appointed to consider the districts to be divided into four.

Mr. Talbot—It would be better to give what the doctors will cost to the poor to enable them to sow a handful of potatoes in the ground. That would be the best medicine for them.

Mr. O'Connell and Mr. Denny's proposition was then adopted, and a committee appointed.

BORRISOKANE UNION.

The following resolution was proposed by Wm. H. Head, Esq., and seconded by Thomas Goold, Esq.—"That this board is of opinion that the medical officer of the workhouse ought *not* to be a *candidate* for the situation of medical attendant to any of the dispensary districts, in consequence of the very onerous duties attached to his office."

As an amendment, the following was proposed by John S. Dwyer, Esq., and seconded by Thomas B. Stoney, Esq.—"I move the direct negative, it not being expedient or within our power to pass the resolution."

On a poll there appeared—for the resolution, 11; for the amendment, 3.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, MARCH 10, 1852.

SURGICAL CURE FOR MEDICAL MALADIES.

PARTURIENT mountains they say produce muscipular abortions, and the happy delivery of our medical Parnassus, so long in lingering labour, has verified the adage: notwithstanding the superhuman exertions of the professorial muses who dwell upon it, the conception has led to the birth of but a diminutive offspring. The parturition, it is true, has been happy (although the presentation was that untoward one in which another prominent part took the place of the head), owing doubtless to the matchless skill of her of the nine who discharges the functions of Lucina. In plain words, *mons parturiens, nascitur ridiculus mus.* After six months of deliberation, negotiation, stratagems, and expedients, carried on without blush or scruple, the following is the result of the late "commencements:"—

UNIVERSITY OF DUBLIN—DIPLOMA IN SURGERY.—Mr. Samuel Gibson, M.B. Scholar, T.C.D., having been solemnly examined on two several days, by the Medical and Surgical Faculty of the University, has received the Diploma of Licentiate in Surgery.

UNIVERSITY INTELLIGENCE.—Mr. Samuel Gibson, A.B., M.B., having been solemnly examined on two several days by the Medical and Surgical Faculty of the University, has received the Diploma of Licentiate in Surgery.

We print the intelligence as it appears in a morning paper, first as an advertisement, and next as a formal announcement in triumphant capitals, and we learn that great have been the rejoicings therefore. Yet when we come to inquire more particularly we discover that the event does not present such flattering prospects as the elated Profes-

sors fondly anticipate; for it appears that this proselyte to the new faith is in nowise a profitable one; being neither more nor less than the Anatomical Professor's Assistant. How far the bait or decoy may prove effectual, time alone can tell; but as the matter stands, it is but a sorry result, after all the moving appeals to students in lecture assembled, all the newspaper puffings, and all the canvassings, promises, and entreaties expended. When the "demonstrator" of the concern is the only available victim *pour encourager les autres*, there must be sore lack of converts. But there is something in this announcement which provokes a feeling somewhat graver than that which elicits irony, a feeling of deep regret that a statement should be publicly made under such sanction so devoid of truth as this before us. We every day hear of denunciations, loud and long, of the obscurer members of our profession who disgrace their order by newspaper announcements of equivocal character, but never has it been our lot to see any so calculated to wound professional character as those which refer to this matter. Here is a public announcement conspicuously paraded in the newspapers, and obviously promulgated to lead to the belief that it emanates from official authority, yet so destitute is it of authenticity that the authors do not venture to attach a name to it. Then it asserts that this "Mr. SAMUEL GIBSON" has received the "Diploma of Licentiate in Surgery," which is a deliberate assertion of what is manifestly untrue; for be the nature of the certificate proposed to be issued what it may, it cannot be a *licence*, for the University cannot grant a licence even in Medicine, much less in Surgery. Then it asserts that there is a Medical and Surgical Faculty in the University, which is another gross misrepresentation, no such body having any existence there. In these days, we are aware, that this method of "doing business" entails no reproach, public or private—*nous avons changé tout cela*; but nevertheless we cannot refrain from alluding to the matter. For our own parts, we feel no surprise, for we have long since learned the value of caps and gowns, bands and hoods, as evidence of the wearer's truth or integrity, and we have never participated in the vulgar delusion which leads to the belief that they who live in squares and ride in coaches engross all the honour and honesty. But be all this as it may, the futility of these miserable expedients are demonstrated by the results of this same "commencement." What will our readers say when we inform them that these same Professors had not one single candidate to present to the heads of the University for the degree of M.B. on the occasion? Two were presented for that of M.D., one being no less a personage than the present President of the College of Physicians, who, by the way, has ingeniously contrived to wriggle himself in amongst these University Professors: in fact, the Medical School of the University is all but defunct, and its Professors, who have brought about this happy consummation, can find no other method of consoling themselves than pulling down the College of Surgeons along with it. We would, however, fain hope that the heads of the University will open their eyes to this monstrous state of things, and even now perceive the mischief to which the institution is exposed by this unlucky combination. It is as clear as the sun at noon-day that the interests of these medical gentlemen are not identical with those of the College at large. The object of the University is of course to provide a liberal education for all classes, the medical included: the object of the Professors is to open a back door to admit the uneducated. It is literally so. While the great gate in College-green is open to admit those in pursuit of knowledge, a back door is open in Park-street for the dunces, and these dunces are to be foisted on the surgical profession. We cannot believe that the Provost and Board will still allow themselves to be so grossly cajoled by these functionaries as they have been. The mission of the University is general, not professional, education, and we can assure them that the sooner they hand over that of medical and surgical practitioners to the Colleges of Physicians and Surgeons the better.

PAYMENT FOR MEDICAL SERVICES.

IT cannot but be gratifying to the profession to learn that Drs. WHITE and NUGENT, the Inspectors of Lunatic Asylums, uphold its character and position by their advice and interference in procuring for the medical officers employed in their department an honourable remuneration for their time and trouble. The beneficial effects of this protection were well evinced at the last meeting of the Board of Governors of the Cork District Asylum, when a salary of £430 a year, with a very superior suite of apartments, was allotted to Dr. POWER, resident physician to that institution.

MIDWIFERY DUTIES OF DISPENSARY SURGEONS.

WE have to direct the attention of our readers to the report of the proceedings of the Belfast Union respecting this matter. The views entertained there, and especially as expressed by Dr. MCGEE, are both sound and rational. Had we not better at once declare that every member of the labouring class in Ireland is under poor law care, and that both wet and dry nurses should be provided for all babes requiring such attentions. Foundling hospitals, too, should be revived, with a proviso that the "medical officers" shall look after the infants without additional charge. If guardians are so gallant as to provide thus for the ladies, they must also provide for the payment of their accoucheurs, for the imposition of such duty on the Dispensary Surgeon is absolutely out of the question. In our former allusion to this matter we meant not to reflect on this Board; on the contrary, aided as they are by such an intelligent member as Dr. MCGEE, they are, we believe, doing good service.

AUDACIOUS PIRATICAL PROCEEDINGS OF QUACKS.

THE large space devoted to the trial in which Sir JAMES MURRAY successfully establishes the illegality of the practices pursued by these pests of society, prevents us from dwelling on the subject at present. It now remains for others similarly assailed to do likewise.

CORRESPONDENCE.

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—In the 13th section of the Medical Charities Bill, it states that—"The medical officer of every dispensary district constituted under this act, shall, and he is hereby required to vaccinate all persons who may come to him for that purpose, subject to such regulations as may be issued by the Commissioners in that behalf, and which regulations the said Commissioners are hereby required to make and issue, &c." Are the guardians bound to contract for the supply of vaccine matter to the medical officers of each union? or will each medical officer be obliged to subscribe (out of his small salary) to the Vaccine Institution, Sackville-street, in order that he may have always at hand a constant supply of genuine infection? In my opinion the eighth section of the act solves this question. It provides as follows:—" . . . . and

shall provide such medicines and *medical appliances* as may be necessary for the medical relief of the poor in the said district, &c." Surely vaccine matter must be considered as a medical appliance in the same category as splints, bandages, surgical instruments, &c. &c.—I am your obedient servant,

March 4, 1852. A SUBSCRIBER.

In this we entirely agree. It is vain to fence with the law. Medical relief must be afforded and paid for.

TO THE EDITOR OF THE MEDICAL PRESS.

SIR,—Allow me to suggest to the President and Council of the Royal College of Surgeons in Ireland (through the medium of your journal) the propriety of conferring on their Licentiates and Fellows the title of Doctor in Surgery, similar to the University of France. This would add to the respectability as well as the utility of the College, it being already acknowledged to be as much a College of Physicians as Surgeons in a practical point of view, qualifying the holder of its diploma to practise medicine as fully and as freely as any M.D. or member of any College of Physicians. It behoves the Council to do something at a period like this, when we have the Queen's Colleges in existence and the University of Dublin tampering with surgery by arming their students in medicine with the title of Licentiate in Surgery, under the direction of a medical and surgical faculty, and thus in a *trivial manner encroaching* on the privileges of the Royal College of Surgeons in Ireland.—I am, sir, your obedient servant,

A LICENTIATE OF THE ROYAL COLLEGE OF SURGEONS, IRELAND.

This suggestion is worthy of serious attention, and it is, we believe, in course of careful consideration. The College of Surgeons of Ireland is to all intents and purposes a College of Medicine and Surgery, and now that other institutions have raised the free trade banner it cannot remain passive. The rights of its Fellows and Licentiates must be asserted, and in no way can this be better done than by the course here proposed.

DEEP PENETRATING WOUND OF THE CALF OF THE LEG, BY A REAPING-HOOK, FOLLOWED BY PROFUSE HÆMORRHAGE.

By E. L. HUSSEY, Surgeon to Radcliffe Infirmary, Oxford.

THIS wound was produced accidentally, by means of a reaping-hook, upon the person of Isaac Carter, aged 66, and of feeble general appearance. It is described as "on the middle of the back part of the left leg, extending in a transverse direction about two inches, penetrating deeply into the muscular substance." On Mr. Briscoe, the house-surgeon, removing the handkerchief which had been tied round the leg immediately after the infliction of the injury, a gush of arterial blood followed, and it was found that the wound extended further than the finger could reach, on the tibia and interosseous membrane, under the deep muscles.

It was clear that some deep-seated vessel of magnitude was wounded, which it was imperatively necessary to secure; and as it did not seem prudent to wait, I proceeded to search for it without sending to Mr. Hitchings, whose week of attendance it was.

A tourniquet being thrown round the thigh, and the man placed on his side, with the limb partly flexed, I made an incision about four inches long through the skin upon the inner edge of the gastrocnemius, over the course of the posterior tibial vessels, meeting the tibial extremity of the transverse wound at about a right angle, and, dividing the other tissues interposed, came at once upon the anterior tibial artery, both ends of which were seized and tied without difficulty: the distal extremity, though easily recognized, was not bleeding. The artery, as well as the nerve, was completely divided by the original injury. The clots in the wound were then turned out, and some muscular branches which seemed inclined to bleed were next tied. Profuse hæmorrhage still continued with violence, but of a dark venous character, welling up from the bottom of the wound; this, however, became lessened on removing the tourniquet. To get at the source of it I enlarged the wound upwards toward the knee, and some bleeding points were tied upon a tenaculum—an operation of great difficulty, from the patient's restlessness and the depth of the wound. One vein, larger than the rest, and apparently in close connexion with some tendinous structure, seemed to be wounded at more than one point. Ultimately, the hæmorrhage was stopped by passing three ligatures, at intervals of half an inch, under this vessel and the surrounding tissues by means of a needle in a firm handle. The wound was drawn together with strips of plaster, a compress of dry lint placed on it, and the whole secured, and even pressure maintained by a bandage round the leg; and the patient, cold and perfectly pulseless, replaced in a blanket in bed. Wine and brandy were administered freely during the operation, and on his return to bed he was supplied well with hot brandy and water.

About nine o'clock at night Mr. Hitchings saw him; he was then warm; the pulse was weak, but distinctly perceptible at the wrist. The finger placed on the dorsum of the foot distinctly recognized, for the first time, the anterior tibial artery; the posterior could not be felt. He was still as restless as ever, throwing himself about, and with difficulty kept in bed; he had twice torn the bandage off the leg, without, however, any return of hæmorrhage. The muscles could be seen acting spasmodically under the bandage. A drachm of spiritus etheris sulphurici compositus, with forty minims of vinum opii, was administered in mistura camphoræ; it was speedily vomited, when a grain and a half of opium in substance was given and retained. He continued very restless till towards three o'clock in the morning, when he went off to sleep.

On the succeeding day he seemed to have rallied a little. There was a slight watery discharge from the wound, tinged with blood. Beef tea, and brandy and water were administered, and as no urine had passed, the catheter was introduced. On the 14th, however, fatal symptoms supervened, and he died quietly, forty-eight hours after receiving the wound. On a post-mortem examination being made, it was found the ligatures had been correctly placed on the divided extremities of the posterior tibial artery. The three additional ligatures had been placed upon one of the venæ comites. The tendon of the plantaris lying immediately over the vein had interfered with the application of the ligatures. It would have been better to have divided this tendon. The extremities of the vessel were nearly an inch distant from each other, owing to the retraction of the muscles. The cause of death was evidently from the inability of the system to rally from the severe loss of blood previous to admission.

The chief point of interest in the case is, that it shows with what ease the posterior tibial artery may be exposed when necessary, in the upper part of its course, by cutting through the muscles covering it; and the unfortunate termination of the case does not seem a sufficient reason for withholding the publication of it. The operation, I venture to suggest, may be done by cutting upon the edge of the gastrocnemius, and then through the substance of the soleus, with less difficulty—as it seems more directly in the course of the vessel, which there lies at less depth—than by cutting, as proposed by Mr. Guthrie, through the belly of the gastrocnemius as well as the soleus; though that operation seems more practicable than the older mode of cutting upon the edge of the tibia, and reflecting the muscles attached to it, notwithstanding the preference given by Dr. Harrison of Dublin. This mode of operating was suggested to me some years ago by Mr. Coote. On the *dead* subject it appeared undoubtedly to be preferable, but I had not till now had an opportunity of putting it in practice on the living.—*Braithwaite's Retros.*

MODE OF EXHIBITING BALSAM OF COPAIBA.—M. Guibourt uses thirty parts of balsam to four of suphuric acid, stirred together in a glass mortar. A solid mass is the result, which is readily made into pills, and covered with sugar, or silvered, according to the taste of the patient. This process affords a good test of the purity of the balsam, as if it is adulterated with castor oil it will not solidify.—*Jour. de Chimie.*

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UNIVERSITY OF ST. ANDREW'S.

NOTICE is hereby given, that the next Examination for the Degree of Doctor of Medicine will commence on Wednesday, the 5th of May. Fellows and Members of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin, of the Faculty of Physicians and Surgeons of Glasgow, and Licentiates of the London Apothecaries' Company, are eligible for examination.

Every Candidate is required to communicate by letter with Dr. Day, the Professor of Medicine, fourteen days before the period of Examination, and to present himself to the Secretary for registration on or before the 4th of May.

By order of the Senatus Academicus,
JAMES MCBEAN, A.M., Secretary.

St. Andrew's, March 4, 1852.

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ROYAL COLLEGE OF SURGEONS IN IRELAND.

SUGDEN PRIZE ESSAY.

NOTICE is hereby given, that the PRESIDENT and COUNCIL of this COLLEGE offer the SUGDEN PRIZE of TWENTY GUINEAS for the best Essay that shall be presented to them on the following subject—viz.:

"HYPOCHONDRIACAL INSANITY; ITS PATHOLOGY AND TREATMENT."

The Essays, distinguished by fictitious signatures or mottoes, must be lodged at the College on or before the FIRST day of October, 1852. Each Essay to be accompanied by a sealed letter containing the name of the writer.

By order of the Council,
H. MAUNSELL, Secretary.

February 18, 1852.

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SURGICAL SOCIETY OF IRELAND.—FEB. 21.

Dr. JACOB in the chair.

FRACTURE OF THE SPINE—HYPERTROPHY OF THE BLADDER CAUSED BY LONG-CONTINUED DISEASE OF THE SPINAL CORD.

By Professor HARGRAVE.

(Reported by Mr. ARTHUR H. TAYLOR.)

R. D——, ætat. 36, Ringsend, sailor, admitted into the City of Dublin Hospital, under the care of Dr. Hargrave, at about ten o'clock on the morning of November 3, 1851.

About half an hour previous to his admission he had been crushed under a ten-ton boat which he had been assisting to raise, it slipped, and fell on the back of his neck whilst leaning forward, thus forcibly pressing him forwards and downwards. He was kept in this position nearly two minutes before he could be extricated. When admitted, he was in a partial state of collapse, the extremities being cold, face pallid. There was an acute angular projection posteriorly of about the ninth or tenth dorsal vertebra, evidently produced by fracture of some part of the osseous column. There was very extensive ecchymosis over the middle dorsal vertebræ, and considerable irregularity of the spinous processes, both above and below the fracture, the line or curve of this irregularity deviating to the right side. There was complete paraplegia, loss of motor and of sensitive power, retention of urine, and on drawing it off with the catheter (which had to be done throughout the whole progress of the case) he did not feel the passage of the instrument. Two o'clock: Reaction having set in, pulse 98, but rather weak, he was ordered to have

Venesectio ad ʒxij.

4th. Appears better; says he has been very much better since the bleeding; the ecchymosis has decreased.

℞ Calomelanos, gr. viii.
Pulv. opii, gr. i.
Theriac. q.s. M. ft. pil. viii. Capt. i. mane nocteque.

5th. Pulse 98, stronger; slept well during the night; more natural warmth in lower extremities; still lower in temperature than the rest of the body; says he feels better, and does not complain of any pain. The following plaster to be applied over the prominence on the back:—

Habeat emplast. belladonnæ.
Fiat venesectio ad ʒviii.

7th. Partial priapism; complains much of thirst; lower extremities warm, but not morbidly so.

Aqua hordei, lb. ii.

8th. Priapism disappeared almost entirely; pulse 108, weak; on drawing off the urine to-day, some blood was found mixed with it; the bladder was washed out with tepid water, or rather water with the intense cold removed; this was done every day whilst under treatment; both urine and fæces pass involuntary; increased thirst. Ordered effervescing draughts during the day, along with the following draughts:—

℞ Acidi gallici, gr. xv.
Mucil. gum. acaci, ʒiv.
Aquæ distillatæ, ʒiiss.
Syrupi zingiberis, ʒiv. M. Divide in haust. iii.
Capiat i. tertiis horis.

10th. Pulse stronger; feels much better; less blood in urine, and much clearer.

Rept. haust. injec. enema. terebinth.

11th. Pulse 96; urine clear; no blood in it; is now becoming ammoniacal; restless night.

12th. Good night; feels drowsy; tongue dry; countenance becoming worn and hollow; some pus and blood in the urine, which is now highly ammoniacal. Beef-tea diet.

Rept. enema. et haust. acidi gallici.

℞ Decocti matico, ʒvi.
Tr. matico, ʒiv.
Tannin, gr. xxiv. M. Divide in haust. vi.
Capiat i. ter in die.

14th. Slept none; decreased quantity of pus and blood in urine; says he feels faint; this was almost the first time that he made any serious complaint; there are two large bedsores on the back over the sacrum; his back was dressed carefully every day and washed with camphorated spirit; he has also been kept on a water-bed for the last week, but without effect; for though it gave him great

ease, yet it has not succeeded in preventing bedsores; these are now sloughing. Wine ʒii.; arrow-root.

15th. Feels weak; appetite good; less blood in urine; increased purulent deposit; he says he would like some meat. Ordered a lean chop.

16th. Sleepless night, but appears better; ate his chop with good appetite.

℞ Decoct. matico, ʒv.
Tr. matico, ʒiv.
Acidi tannici, gr. xxiv. M. In haust. sex.
Capt. unum ter die.

17th. Feels a more agreeable sensation of heat about the feet; does not feel pinching; no morbid heat; bedsores increasing; scrotum excoriated by the constant dribbling of urine and irritation of the fæces, which are continually passing involuntary; urine contains a quantity of muco-purulent matter, with some blood, but less than at first; the bladder is injected every morning and evening; bedsores to be dressed with strong solution of nit. argent. and lint.

19th. He is much the same; appetite good; pulse stronger and fuller than usual; considerable deposit in urine, which has all along and now is highly ammoniacal.

Acid. muriatici dil. gtts. v. with each injection of bladder.

20th. Considerable decrease of mucus and blood; feels much better; bedsores greatly improved by the dressing with nitrate of silver solution; it completely checked all further tendency to increase; the penis has been œdematous for the last two days, and is now very much so.

27th. From the last note he went on very much the same way; appetite remaining good; bedsores increasing a little; urine, however, becoming extremely fœtid, and containing a quantity of mucus, pus, and a little blood. Ordered to have the bladder injected twice a day with the following:—

℞ Sol. chlorid. sodæ gtts. vi.
Aquæ, ʒii.

This had a great effect in correcting the extremely fœtid smell.

29th. Sinking rapidly; pulse very weak; great flaccidity of muscles of leg; foot forcibly extended by the extensor muscles of the leg. Ordered wine ʒii.

December 1st. Two very large humid sloughs separated from the bedsores; there was some bleeding from the parts, but not much; he has a slight cough; appetite failing; feet becoming œdematous; countenance haggard and sunken; the angular prominence of the fracture appears to have diminished considerably. Wine ʒiv.

3rd. Tongue dry; pulse 108; had some vomiting yesterday; says he feels very weak.

5th. Pulse very small and weak; some cough and considerable dyspnœa. Ordered to have a mustard sinapism to the chest, and pil. scillæ co. gr. v. ter in die.

6th. Patient sank slowly, and died at about eleven p.m.

Necroscopia twenty three hours after death.—Spinal column: Fracture of the body and transverse processes of one of the last dorsal vertebra. The body of the injured vertebra was shortened, thickened, or widened out, apparently owing to the cancellated structure of which it was composed having been driven into itself, or impacted. Medulla spinalis: The cord itself was bent at an acute angle over the fractured bone, and broken across. The cauda equina was ruptured, and the marrow softened. There was effusion of blood between the cord and its theca, and between the latter and the bone. There was a formation of small pellicles of an osseous nature, six or seven in number, and somewhat larger than a pin's head but flat and thin, lying on the surface of the cord between it and its membranes. Kidneys: Left kidney perfectly healthy. Right kidney enormously enlarged, and completely disorganized in the whole of its upper portion, the only part not diseased being a small portion at its inferior extremity. The urine found in both kidneys *gave an acid reaction with litmus paper.* The bladder presented an extraordinary appearance, it was highly disorganized, being sacculated and marked on its internal surface by a number of muscular bands, somewhat analogous to the carneæ columnæ of the heart. Its parietes were very much thickened, in some places being about an inch thick. Throughout its thickened structure there were depositions of round, apparently fatty bodies. The neck of the bladder was filled with a collection of lateritious substance having the appearance of common mortar. The urine found in the *bladder* was highly alkaline or ammoniacal.

The most interesting pathological fact afforded by the post mortem examination of this case was the greatly hypertrophied condition of the muscular coat of the bladder, which seems to have commenced long prior to the accident. Such an increase of muscular structure could not have taken place in the short period of four weeks and six days, for which there was no cause or impediment in any contracted condition of the urethra, as the catheter was always passed with facility into the bladder, which was perfectly passive in its functions of expulsion, as the urine and muco-purulent secretions mixed with blood were daily removed by the catheter, whatever incontinence of urine occurred being due to an over-distended bladder, still requiring the use of the catheter to remove it and the accumulated tenacious mucus, also for the purpose of injecting deterging fluids into the bladder.

This increase of the muscular fibres of the detrusor urinæ was dependent on the chronic disease in the spinal cord close to the cauda equina, as was evidenced by the osseous deposits in its structure, and which appears to me to have existed long previous to the accident.

That I am borne out in this opinion appears to be established from a specimen of pathology I prepared some years since of a boy in whom the bodies of the dorsal vertebræ, from the third to the twelfth, were completely removed in a case of Pott's curvature; their spinous processes were united by osseous matter to preserve the spinal column in something of a normal condition; the bladder was hypertrophied in its muscular coat; the urethra was perfectly free and healthy.

Dr. Geoghegan—Dr. Hargrave's case which he (Dr. G.) had an opportunity of observing while in hospital, afforded a most interesting illustration of the reflex function of the spinal cord, as developed by Dr. Marshall Hall. From the fact that the paralysis of the lower limbs coincided with a total absence of reflex movements (on tickling, pricking, &c.), he (Dr. G.) had ventured to predict that the cauda equina would be found compressed, as now seen in the preparation. As respects reflex movements, therefore, the lower extremities were in the same predicament as if the great nervous trunks supplying the latter had been divided: thus affording a marked contrast to those instances of paralysis from injury or disease higher up in the spinal column, in which such movements are remarkably evident. The paralysis of the bladder, in the present case, seems to have depended on compression of the *nervous trunks of the cauda equina*, and not *on that of the cord*; for although the lower part of the cord being enveloped by the superior portion of the *cauda* was necessarily compressed, still the pressure was exercised at a point inferior to the origin of the nerves of the sacral plexus, and hence the interruption of the excito motory circle, on which urination depends, could not have taken place *in the cord.*

Dr. Stapleton would thank Dr. Hargrave to inform him, if the retention of urine continued up to the very close of the patient's life; or if, towards the end of his days, there was not rather a dribbling of the urine?

Dr. Hargrave replied that the catheter was used three or four times a day, not only to draw off the urine, but to enable them to introduce a cold water injection, with a view to correct its alkaline and fœtid character.

Dr. Stapleton said he must dissent altogether from Dr. Hargrave's view as to the hypertrophy being produced by disease of the spine. On more than one occasion he had seen bladders, whose coats had been greatly thickened in the space of a month or six weeks, and in those cases there

was reason to believe that the hypertrophy was in a great measure due to the change which had taken place in the character of the urine. In some instances, which had fallen under his observation, ulceration of the bladder had occurred, and in one remarkable case an opening was made into the rectum, and in another at a point where it gave rise to infiltration near the neck of the bladder. His opinion was, that the hypertrophy of the bladder in Dr. Hargrave's case, instead of being induced by disease of the spine, was the natural consequence of injury which it underwent at the time of the accident, the alkaline urine having of itself given rise to induration and thickening of the coats of the bladder.

Dr. Hargrave had seen cases where urine of an alkaline character had led to some degree of hypertrophy of the bladder, and where a mortar like discharge of the same kind as was found in the present instance lined the interior of the organ; but in no former occasion had he encountered a bladder so enormously hypertrophied as the bladder of this patient appeared to have been: and coupling this state of the bladder with the existence of the morbid products found in the spinal cord, there was, in his judgment, abundant evidence to prove that the patient must have suffered from chronic disease of the spinal marrow for at least some years before he met the accident in question.

Mr. Collis inquired of Dr. Hargrave whether any increase of temperature was observed in the paralysed limb?

Dr. Hargrave replied that no increase of temperature from the time of the man's admission into the house up to the moment of his death. Neither sensation, nor reflex action of any kind, could be detected in the paralysed limb. A somewhat remarkable symptom in the case was that on the fifth day after his admission the man was affected with priapism.

Mr. Collis mentioned that a perceptible rise of temperature took place in the limbs of a patient, who was brought into the Meath Hospital about two years ago, with his spinal column almost completely severed.

ACADEMY OF MEDICINE, PARIS.

SPONTANEOUS DEVELOPMENT OF GAS IN THE BLOOD, A CAUSE OF SUDDEN DEATH.

By M. Durand Fardel.

M. Durand Fardel read a paper before the Academy of Medicine of Paris on the spontaneous development of gas in the blood. The history of the following case, which formed the principal part of the paper, may be looked upon as a description of the disease, which, notwithstanding the writings of Morgagni, of Reyrolles, and Ollivier, is still only imperfectly known.

A lady, living at Versailles, aged 56, rather tall and fat, came to Vichy, along with her husband, who was affected with gravel. It appeared that this lady had enjoyed very good health, not having been indisposed, at least for some years back. She had ceased to menstruate about six or seven years ago, and had been subject to no hæmorrhoids nor epistaxis; did not complain of headache, nor any other disorder; her digestion seemed to go on regularly; she never suffered from deafness or loss of memory; she had a good appetite, and led a regular life; belonged to the middle class of society. She did not complain of rheumatic or gouty pains, but she sometimes complained, not of palpitations, but of a slight difficulty of breathing. Her breathing was habitually short, as frequently happens to fat people, and which she never attributed to any other cause.

This lady, being at Vichy, wished, as is the fashion, to take the baths, and obtained authority for that purpose from the physician who attended her husband. She also drank some glasses of the mineral water, but in small quantity.

July 20, 1850. She proceeded to the thermal establishment to take her second bath at four o'clock in the morning. She had been in good health in the evening, had dined as usual, and had slept well. In going to the establishment, her respiration was more difficult than usual; she had to rest herself sitting before taking the bath, and the attendant seeing her so oppressed, advised her not to take the bath for that day. At the end of half an hour she wished to get out of the bath; her maid, who had not left her, had not remarked anything particular about her. But she did not feel at ease, and when she got up from the bathing-place to change her dress, she appeared agitated, and complained of oppression; then she got out, and sunk into a chair before she could be covered with a dry sheet. Respiration had become difficult, although she made violent efforts to breathe; she had lost the power of expressing herself. In the meantime, I had been sent for at the first symptoms of the affection. Five minutes had not elapsed before I was with her. She was then dead.

I found her sitting in a chair, supported by the persons who surrounded her, still covered with her wet bathing-shift. The face had completely lost its colour; the lips slightly violet; the face not distorted or disfigured; no froth on the lips; the limbs were flaccid, and quite insensible; complete absence of pulse and sounds of the heart; pupils dilated and immoveable; conjunctiva insensible to the touch.

Although this state left no doubt of the reality of the death, I made a large opening in the median basilic vein of the right arm. There flowed immediately a little blood, not black, but violet and frothy; that is to say, accompanied by bubbles of gas, of unequal volume, which came from the vein at the same time. I remained more than a quarter of an hour making useless endeavours, tickling the uvula, applying ammonia to the nostrils, &c. During this time I did not quit the arm, examining the exit of the frothy blood, which continued to flow from time to time, under the influence of pressure applied on the forearm from below upwards. One time, a jet squirted out with some force, and lasted for five or six seconds, as if driven out by a bubble of gas, which was developed in the interior of the vessel; a slight quantity of white froth showed itself at the lips.

The autopsy was made twenty-two hours after death, the 31st of July, at three o'clock in the morning. The body presented no appearance of putrefaction; some lividity only on the depending portions of the trunk and members. The heart was very large; the right cavities distended with liquid blood, rather violet-coloured than black, syrupy, very frothy; the bubbles of gas enclosed were some (very numerous) as big as the head of a pin, others, less common, as large as peas. When pressure was applied over the course of the two venæ cavæ, the blood which flowed into the right auricle was frothy, like soap and water. The parietes of the right cavities of the heart presented a superficial violet colour; the left side was completely void of blood, and not coloured; the left ventricle was considerably hypertrophied; the orifice of the heart did not present any appreciable alteration, as also the aorta. All the abdominal venous system was distended with violet and frothy blood; also numerous bubbles of gas were found in the blood of the splenic and portal vein. The lungs filled the chest; presented a few adhesions, and some appearances of emphysema; their colour was reddish outside, but of a deeper tint internally, where it presented traces of considerable sanguineous congestion, without infiltration of blood. There was considerable frothy congestion in the more depending parts. The bronchi contained some whitish frothy mucus. The abdominal organs presented nothing more worthy of notice than a considerable sanguineous congestion of the liver, spleen, kidneys, and a remarkable congestion of the veins of the epiploon and mesentery. The epiploon was very fat; the stomach rather large, and containing about half a glass of clear colourless mucus. The intestines were not opened. The encephalon did not present the same degree of congestion as the other organs; the sinuses of the dura mater contained only a little liquid blood, not frothy. The brain and origin of the spinal marrow, examined as soon

as possible, appeared completely natural, a little injected with blood; no bubbles of gas appeared in its vessels.

We publish this case in all its details, as science possesses as yet very few cases of this kind. The observations of Morgagni, wanting in certain details, do not allow of a certain judgment. M. Reyrolles, in two cases of death by hæmorrhage, found the blood frothy in the heart and veins.

Finally, M. Ollivier of Angers, published a case (*Ann. Gen. de Méd.*, 1838) which leaves no doubt as to the existence of the disease which M. Durand Fardel observed in this case. A curious circumstance, doubtless observed before, enabled M. Durand Fardel to state the existence of gas at the moment even of death. The bleeding performed at the arm gave issue for more than a quarter of an hour to blood, which, trickling from the vein of a body deprived of life, carried with it numerous bubbles of gas.

To what cause can the origin of this gas be attributed? This is a question still undetermined, and which may be perhaps solved at some future time by the chemical analysis of the gas found in the blood. Whatever it may be, the observations of M. Durand Fardel tend to prove that it is owing to a spontaneous exhalation from the veins, caused by a spontaneous alteration of the fluid, of which we know neither the nature nor the cause.—*Presse Méd. de Bruxelles.*

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

FORMATION OF AN ARTIFICIAL ANUS.

By Mr. Adams of the London Hospital.

The patient was a lady, aged 35, the mother of children. She had for a considerable time complained of great difficulty in passing her motions. This was accomplished with pain and much straining, and she was the subject of hæmorrhoids. She was hereditarily predisposed to cancer. About a year ago, a surgeon pronounced her case one of cancer of the rectum, with ulceration. The bowels were constipated nine days, and the usual purgatives were administered, and scruple doses of calomel, without effect. Her sickness was allayed by opium and sucking ice. The rectum-tube could not be passed above four inches. Scirrhous rectum, very high up, was presumed to be the cause of the obstruction. Metallic mercury to the extent of two pounds, was given, a small quantity of which passed soon after. The operation was performed according to Mr. Luke's method. The descending colon and sigmoid flexure were undistended. In the course of a few hours, a large quantity of fluid fæces passed, and the relief was complete. She continued to progress favourably, and since the operation has been better than she had been for some years. Occasionally a small quantity of fæces pass per anum, but it is nearly all discharged by the wound; there is also occasionally a small quantity of bloody mucus passing per anum. A light truss is used to restrain the constant passage of the fæces, and there is a distinct tendency to pass them twice daily. A large quantity of the mercury passed by the wound soon after the operation, but a very considerable quantity was retained until a short time ago, and it then passed per anum. The patient was slightly salivated, apparently from the calomel, the mercury being unaltered.

TWO CASES IN WHICH THE OPERATION FOR ARTIFICIAL ANUS WAS PERFORMED.

By Mr. W. J. Clement, F.R.C.S., Shrewsbury.

Case 1.—The author visited, on the 8th of October, 1841, a married woman, aged 47, who was suffering from obstruction of the bowels of fourteen days' duration, accompanied by great distension of the abdomen, hiccough, incessant vomiting, which during the last two days had become fæcal; the countenance was anxious; the pulse small, rapid, and fluttering. It appeared that for the previous seven or eight years the patient had suffered from habitual constipation, and had required the constant use of drastic purgatives. The abdomen was tympanitic on percussion everywhere except on the right inguinal and iliac regions, where it was dull. It was evident, from the fact that several pints of fluid could be injected into the colon, that the obstruction was not in its descending portion. On the 10th, the symptoms having undergone no abatement, and the patient's state being evidently hopeless unless relief could be obtained by operation, it was proposed by the author, and performed on the same day. The patient was placed on her belly; the incision was made midway between the last rib and the crest of the ilium, extending from close to the spinal column to a line cutting the anterior superior spinous process of the ilium perpendicularly. The colon was found to be distended. It was secured by a couple of ligatures passed through its coats; and a vertical incision being made into it, a large quantity of liquid fæces escaped, together with much flatus. Immediate relief was obtained; the unfavourable symptoms ceased; the fæces were passed more or less freely through the wound, and at the end of six weeks the patient was able to walk a mile. About this time the discharge through the artificial anus became gradually less; at the end of seven weeks vomiting and colicky pains returned, but ceased after the expulsion of a mass of plum-stones, when a free exit for the fæces was again established. The patient lived for more than three years after the operation, enjoying tolerable health, and able to walk a considerable distance, and to attend to her domestic affairs. Aperient medicines were taken regularly, and the passage of fæces was pretty free. Plum-stones were passed at intervals; the total number collected was 116. The patient's health declined for some months before her death, the appetite decreasing, the strength failing, and emaciation progressing. On examination, a very complete stricture was found to exist in the transverse colon, which would not admit even the passage of a bristle. It was about a quarter of an inch in length. The coats of the bowel at this point were of a dense, white cartilaginous structure. The muscular coat of the cæcum and ascending colon was much thickened, and there was great distension of the gut behind the stricture. No traces of inflammatory action were to be found in the peritoneal cavity, with the exception of three membranous bands, which extended in a lateral direction, connecting the lower part of the ilium with the cæcum and ascending colon.

Case 2.—The driver of a mail coach, a stout muscular man, aged 43, consulted the author in January, 1847, suffering from constipation and external piles. In the month of March the constipation had become more obstinate, and the patient was obliged to give up his occupation. The symptoms were relieved by cupping on the loins, calomel, and other purgatives. On the second of April, rigors, which had occurred once during the month of March, returned, and were followed by vomiting, which continued for two or three days. Examination of the rectum showed the existence of a stricture about six inches from the anus. The attempt to pass rectum bougies of the smallest size failed. An elastic gum urethra bougie passed the obstruction, and upon withdrawing it, liquid fæces and flatus were voided. This operation caused great constitutional disturbance, rendering bloodletting, leeches, and calomel and opium, necessary. The discharge from the bowels was very slight; the vomiting recurred frequently. On the 12th of May, three small fleshy bodies, with a little feculent matter, were voided. No fæces passed from the rectum subsequently. During the remainder of the month of May the patient suffered greatly from hiccough, vomiting, and most troublesome tenesmus. On the 30th, the formation of an artificial anus was proposed, but declined by the patient. On the 18th June, feculent vomiting began, and returned on the 20th, and the patient then consented to have the operation performed. Examination of the rectum with the finger had given evidence of a morbid growth within the rectum, which was increasing in bulk. The operation was performed on the 20th June. No feculent matter having passed the rectum since the 12th of May, the abdomen was enormously distended. The incision was made on the left side, in the same direction as in the former case, but of greater extent. The bowel was secured by

ligatures, and a free incision made into it, but nothing but flatus escaped. As moderate pressure over the abdomen had no effect in causing a discharge of fæces, the patient was placed in bed on his left side. The vomiting and hiccough continued; about eight hours after the operation an immense discharge of liquid fæcal matter took place, with some abatement of the symptoms. The author gives a detailed report of the patient's state during seven days following the operation, during which there was considerable constitutional irritation, with much tenderness of abdomen, and retention of urine. The catheter was passed repeatedly, but the secretion of urine was very scanty, the fæcal discharge continuing more or less constant and copious. At the end of the week the improvement was very decided, and continued for ten days—viz., until July 8th, when acute pain in the left side of the abdomen and rigors occurred, followed by enlargement of the glands in both groins; and sloughing of the skin over the sacrum and right hip, which had begun four days after the operation, but subsequently had appeared likely to cease, began again to extend itself, in spite of the partial removal of pressure by means of the water-bed, &c. It was found, on examination, that the morbid growth occupying the rectum had increased very much, and it was evident that the difficulty attending the emptying the bladder, was caused by its pressure. A tumour projected through the sphincter ani a few days before the patient's death, which bled on being touched. The enlarged glands in both groins continued to increase in size, and the skin in the left groin began to ulcerate. Death occurred on the 26th of July. No examination of the body took place.

THE DESCENDING COLON OPENED IN THE LEFT LOIN.

By A. Baker, Surgeon to the General Hospital, Birmingham.

On the 15th of August, 1849, the author was called to visit Mrs. T——, aged 62, who was suffering from severe pain in the umbilical and hypogastric regions, with retching and vomiting, fulness in the abdomen, flatulence, and constipation. The symptoms were at first attributed to her having eaten indigestible food, and were treated with that view. The symptoms for the most part disappeared, but the pain continued from time to time. On the 1st of October she had a recurrence of the symptoms, not referrible to any obvious cause; and again on the 11th. On the 9th of November, the author was summoned to her, and found many of the signs of intestinal obstruction present, and within reach of the tip of the finger the rectum was found obstructed by a firm growth, occupying its whole circumference. Attempts were made for a few days, and with partial success, to unload the bowels, by passing a small œsophagus-tube into the stricture, by injections, and the use of purgative medicines. In a few days, however, constipation returned, and with symptoms of peritonitis. These symptoms were subdued, and diarrhœa came on; but this ceased spontaneously, and constipation returned, and increased gradually; and on the 17th of January, 1850, perfect obstruction took place. On the 23rd, the symptoms were so urgent, that an operation was proposed and assented to. The descending colon was opened in the left lumbar region, an incision being made transversely across the left loin for five inches. After the division of the muscles and fascia, the quantity of fat which presented itself was so great, that it was necessary to cut away part of it. The intestine was attached by four sutures to the skin before opening it. The opening was followed by the escape of a large quantity of semi-liquid fæces. The daily reports of the state of the patient after the operation are given by the author. She went on favourably, and on the 18th of April, it is reported that she got up, three weeks after the operation; that her general health is good; and that she has gained flesh. The lumbar opening is large enough to admit the index-finger, and the motions pass easily through it. She wore an ivory plug, attached to a padded steel plate, fastened by a belt; but after a time the plate was found inconvenient, and the plug was attached simply to a plate of vulcanized India-rubber. Up to this time, she has remained free from symptoms of intestinal obstruction; but within the last few months, has been attacked with symptoms which indicate that the morbid growth in the pelvis has extended to the abdomen. The author then gives his reasons for preferring the operation in the loin, in this case, to that proposed by Littrè, which were—1st. That there was less risk of rekindling inflammation of the peritoneum. 2nd. That the presence of femoral hernia, which existed in this case, might have given rise to displacement and adhesion of the intestines, so as to interfere with the finding of the large intestine, in an operation at the groin. 3rd. That as the point of obstruction was ascertained, there was no need of any exploratory incision: and he then points out the general advantages of the operation selected. In commenting on the operation at the loin, the author adverts to the fact, that the appearance of the anterior layer of the lumbar fascia may induce the supposition that the intestine is arrived at, as it has at times a bluish-green colour, and looks like intestine. But the longitudinal fibres which characterise the large intestine will not be seen; and on making a careful puncture of the fascia, a protrusion of loose renal fat will take place; and until this fat is reached, the operator may be sure that he has not arrived at the bowel. In speaking of the tendency which always exists, after these and all similar operations, to contraction of the cicatrix, the author expresses his belief that this tendency, in the present case, was materially lessened the habitual use of the plug, which, he says, was a great comfort to the patient, as it enabled her to go about, and mix with the world, without the fear of the accidental escape of the contents of the bowel; and he adds that the patient was able herself to adjust the apparatus, and attend to the evacuations and to the dressing of the wound, without requiring the aid of any second person.

CASE OF INTESTINAL OBSTRUCTION.

By Mr. J. Luke, Surgeon to the London Hospital.

A blacksmith, aged 30, was admitted into the hospital on the 16th December, 1851, under Dr. Pereira, complaining of rheumatic pains in the hips and knees, and with a history of having suffered from rheumatic fever seven years since. It was found, moreover, that there had been no passage through his bowels for five days, that the abdomen was tympanitic, very painful and tender to the touch, and that there was vomiting of all food and drink. The last motion passed had been a copious one. There was inguinal hernia on the left side, reducible. The usual means were employed for four days after his admission, without any abatement of the symptoms taking place. On the third day, the vomiting became fæcal. A stomach-pump tube introduced into the rectum met with obstruction at four or five inches from the anus. The secretion of urine was plentiful; the pulse ranged from 80 to 90; soft and compressible. On the fourth day after admission, a consultation was held, when it was agreed that the seat of obstruction was probably in the upper part of the rectum or sigmoid flexure of the colon. Owing to some abatement of the symptoms this day, the operation was not determined upon. The next day, another consultation took place, and the patient's state having become worse in the interim, the operation was determined upon, and performed by the author. A perpendicular incision, about two inches long, was made above Poupart's ligament, on the outside of the course of the epigastric artery. The incision through the peritoneum was about an inch long, through which the finger being introduced, it was found that the portion of the rectum within reach of the sigmoid flexure, and the descending colon above it, was contracted and healthy. The small intestines were distended, and a portion of them, on being drawn through the aperture, was found to be discoloured. The incision was enlarged to the extent of three inches, and a careful exploration was made, but without discovering the seat of stricture. The patient becoming exhausted, the wound was closed, and he was sent back to bed with an opiate, which was ordered to be repeated at intervals, if

necessary. The symptoms of obstruction increased, the pulse became accelerated and more feeble, and the patient died on the fourth day after the operation. On examination, the small intestines were found to be much distended, and there were marks of recent but not very intense inflammation. The whole length of the colon was found to be empty and contracted; the cæcum contained a hard lump of fæces. About four feet of small intestine above the valve were empty and contracted, beyond which there was a sudden distension of the gut. At this point the cause of the obstruction appeared to exist in a narrow band, which completely encircled the gut from one surface of mesentery to the other, and which was considered to be congenital. About three or four inches below the band there was a diverticulum three inches in length. Adhesions had taken place between the surfaces of the wound, and also between it and the omentum lying in contact with it.

The time of the Society having expired, and there being another paper on the subject unread, it was arranged that Mr. C. Hawkins' paper should stand over until the next meeting, and the discussion on all the cases take place afterwards.

February 24, 1851.

CASE OF STRICTURE OF THE COLON, SUCCESSFULLY TREATED BY OPERATION AFTER THIRTY DAYS' OBSTRUCTION; WITH AN ANALYSIS OF FORTY-FOUR CASES OF ARTIFICIAL ANUS.

By Cæsar H. Hawkins, Surgeon to St. George's Hospital.

In this case a lady, aged about 44, was relieved by the performance of Amussat's operation on the descending colon, in August, 1851, from the effects of nearly complete obstruction in the sigmoid flexure of the colon, and continues in good health to the present time, experiencing so little inconvenience as to be able to enter as usual into society, the artificial anus being kept free by means of an ivory plug of proper size and length, the natural passage being only in part restored. The author proceeded to say, that although M. Amussat could only find six instances of artificial anus, when he brought forward his Memoirs in 1839 and 1841, the operation had been performed in almost every year since that time, and four persons were now living in London, whose lives had been saved by its performance, and therefore he thought that sufficient cases might now be brought together to show what was the real value of the operation in surgery. He had therefore framed tables of every published case with which he was acquainted, and of seven unpublished cases besides his own, for the particulars of which he was indebted to the operators. The tables were divided into those which had been operated on through the peritoneum, seventeen in number, and those in which the bowel had been opened external to the peritoneum, which amounted to twenty-seven cases; and they showed the name of the operator and the date of the operation, with references to the published accounts of each case; the sex and age of each patient; the nature of the obstruction; the part which had been opened, and the mode in which the operation was performed; and the result, with the date of the death or of the last account of the case; and finally, the cause of death and the condition of the patient if alive. The *results* of the operations were next tabulated, from which it appeared (omitting one case in which the operation was performed for fistula) that ten had died within forty eight hours after the operation, and twenty-one within the first five weeks; and that twenty-two only could be fairly considered as having recovered from the operation. It was next shown, that of the twenty-two which recovered, six died in about six months from the time of the operation; others were still alive, or were so at the last known date; and that only *nine* patients were as yet known to have survived as much as one year. Against this apparently unfavourable result the author brought forward proof that, whatever the time was that the patient had survived, the life had in every case been clearly prolonged by the operation, since Mr. Luke's case was the only one in which the fæces had chiefly passed by the natural anus after the operation; in Mr. Clement's case, which lived three years, not even flatus had passed per anum; and in Mr. Maitland's case none whatever had passed naturally after the first two years, although the patient survived the operation seventeen years. A number of tables were next brought forward, but were only partially read at the Society, to show how far the results might be influenced by different circumstances. The sex of the patients did not appear to have any influence; the table of ages showed the curious fact that of eight persons not exceeding thirty, who had been operated on, no less than five had died, while of seven exceeding sixty, only two had died; but nevertheless, the age exerted less influence than might be supposed from this circumstance, since the cases below forty and those above fifty, each showed nearly an equal number of deaths and of recoveries. The table of diseases for which the operation was performed, showed that no less than seventeen were believed to to be cancerous; but although the immediate deaths were slightly increased by the debility of cancer, the deaths of those that recovered were not produced at an earlier period than in non-malignant diseases. It was next shown from the tables of the assigned or apparent causes of death, both in those who recovered, and in those who died in the first five weeks, that scarcely any died of the operation, but that organic changes or other effects of the disease itself could in almost every case be clearly traced as the ground of want of success at first, or of death at an early period after the operation. The tables of the situation in which the artificial anus was made, led to remarks on the comparative propriety of Littrè's or Callisen's operations, from which it appeared clearly right to operate externally to the peritoneum on the right side of the body; but the question was left undecided as to the descending colon, so far as the much smaller number of eight cases, compared with twenty, could decide the point; the dangers of peritonitis, the facility of keeping open the artificial anus, and the errors of diagnosis, being discussed *seriatim*, with reference to the choice of the mode of performing the operation. With regard to the latter point of the diagnosis, Mr. Hawkins showed that very few errors appeared to have been committed in deciding whether the opening ought to be made in the right or left colon, and consequently that there was no necessity for always operating on the right side, as M. Baudens had advised, even when the obstruction was believed to be in the rectum or sigmoid flexure. But the author brought under notice several cases, showing the difficulty of distinguishing whether an obstruction was situated in the small intestines or in the large, and that even when the peritoneum was opened, the seat of the obstruction had not always been discovered, the difficulty being, as it seemed, liable to be increased still further by the existence or supposed existence of a hernia, of which some instances were also given at the conclusion of the paper.

Mr. Norman begged the attention of the Society to one or two considerations in respect to the diagnosis of such obstructions—the real point of importance and difficulty in the question. These had occurred to him for cases that had come under his notice in practice, and he thought them deserving of attention. In the first place, the existence of diarrhœa prior to the complete obstruction. This had been alluded to as occurring in the case given to the Society by Mr. Adams on the former evening, and was the occasion of doubt and difficulty in a case that he (Mr. Norman) had attended some years ago. The subject, an elderly female, had laboured for some days under an attack of diarrhœa; the purging was frequent, though not profuse; and when it ceased, vomiting, which eventually became profuse and stercoraceous, with tympanitis and entire cessation of the ordinary fæcal evacuations, showed that there was a complete obstruction of the bowel at some part. This did not seem to be in the great intestine, on account of the large quantity of fluid which could be injected in enemata, and retained, and there was an entire absence of symptoms by which he, or others who saw the

patient with him, could determine the situation of the obstruction. The patient died, and on a post-mortem examination, the coils of small intestine were found so matted together by old adhesions, that they could with great difficulty be separated from each other, and at length in the lower third of this gut was found a stricture, occasioned by the contraction of the plastic effusions of an old attack of peritonitis, which had reduced the calibre of the gut to that of a crow quill; nevertheless small scybalæ or pellets of solid fæcal matter, were found below the stricture. These had probably passed the stricture in a fluid state, and become more firm by subsequent absorption of the more liquid parts. In the next case that he would name, the diagnosis of the cause of obstruction was rendered difficult by the fact that a previous attack, of a similar character, had terminated happily under medical treatment, and several years of perfect health had been enjoyed. The patient, a respectable tradesman, aged about 50, called on Mr. Norman for advice. Two evenings before, he had "felt bilious," and had taken a dose of pills, which produced some action of the bowels, but without relieving him from any uncomfortable feeling of pain and fulness in the belly, nausea, and flatulence. Severe symptoms of intestinal obstruction, with distension of the belly, vomiting, and a constant pain on the left side of the umbilicus, set in. At length, by the various means used, the symptoms abated, the bowels began to act, the patient came down stairs, and seemed to be convalescent, so that two days before his death he cut out a pair of trousers, being a tailor. The same night, pain and the other symptoms returned with more severity, and were soon followed by a fatal termination. On a post-mortem examination, a loop of small intestine was found strictured in a ring produced by an appendix vermiformis at the end of a diverticulum of the small intestine, which crossed that bowel over the front of the spine, and adhered to the brim of the pelvis on the right side. The obstruction was altogether on the right side of the umbilicus, and below it; the pain altogether in the left side, and above the umbilicus. The patient was attended during his illness by Dr. Babington, Dr. Hare, and Mr. Balderson, along with Mr. Norman. It was in cases such as the above that information was needed to guide us in practice. As regarded the resort to surgical operations, when the rectum was the seat of obstruction, it appeared to him (Mr. N.) from all he had heard, and read, and seen, that the course was pretty clear, and that much important light had been thrown upon the subject by the excellent papers of that and the preceding evening.

Mr. Adams said that the presence of diarrhœa before the occurrence of obstruction, as a diagnostic mark in these cases, had been illustrated in his own case; and he then briefly stated the chief points in it, which will be found in the abstract preceding.

Dr. Murphy inquired whether Mr. Cæsar Hawkins had performed the operation for artificial anus on infants with imperforate rectum, and whether it was likely to succeed in such cases? He (Dr. M.) had had it performed in one case, but it failed—mainly, he thought, from having been resorted to too late.

Mr. Adams remarked that he had omitted to state that, in the case he had related to the Society, the patient now evacuated the bowels comfortably twice a day, and was healthier than she had been for years.

Mr. Cæsar Hawkins had not performed this operation on infants. It had, however, been performed, sometimes with success, sometimes without. Of course much would depend on the individual case and the seat of obstruction.

Mr. Partridge had, in one case of an infant born with imperforate anus, performed Amussat's operation. The child lived a few days.

Mr. Hodgson said that undoubtedly the diagnosis of these cases was the most important point connected with them, and was surrounded with difficulties. It had been stated that the distended appearance of different parts of the intestines would aid us in pointing out the seat of obstruction, but this was an uncertain sign, and liable to lead us into error, for in fat persons, or where the obstruction had long continued, there would be a general fulness, and no certain information could be gained from this sign. We should be aided much in our diagnosis, however, by a very careful study of the history of the case, going fully into its particulars, and inquiring as to where distension was first perceived, and other symptoms. From these inquiries, we might often form a pretty accurate guess where the obstruction was; but the most certain symptom as to whether the obstruction existed in the large or small intestines was to be found in the existence of vomiting and the history of this symptom. When the obstruction was low in the colon, the vomiting did not generally come on until some time afterwards, but when it was situated in the small intestines, it was an early symptom; and if in such cases the vomiting is not stercoraceous, the obstruction may be fairly supposed to be in the small intestines. When the obstruction was in the large intestines, the vomiting became fæcal after the obstruction had existed for a shorter time than when it existed in the small intestines. The cases which had been read at the last meeting of the Society bore out this observation. He thought the preferable operation, when it was decided that the seat of obstruction was below that point, was Amussat's, in the left colon; for it was important that the site of the artificial opening should be as low in the intestinal canal as possible. When the opening was made in the small intestines, the patient became imperfectly nourished, and soon sunk. In Mr. Clement's case, in which the opening was made in the caput coli, and the patient lived about three years, and death seemed to have been induced by atrophy, the body, when opened, was found very attenuated, probably from want of that part of alimentation which was consequent upon the processes which went on in the colon. It was best, therefore, that the opening, when practicable, should be made in the left colon. When this could not be effected, from the circumstances of the case, then the opening should be in the right colon. An artificial anus from the small intestines was justifiable, when the patient was informed that its chance of prolonging life to any considerable length was but very small. The objection to Amussat's operation was, that there was a great disposition in the orifice to contract, and to render the passage of the fæces difficult or impossible. This was no doubt the fact in some cases, but the considerations relating to nutrition above noticed, were sufficient to make an opening in the left preferable to one in the right colon, and still more so, in his opinion, than in the small intestines. After speaking of the services rendered by the authors of the papers to the settlement of the question, he said this operation, as proved by statistics, had been performed with as great a degree of success as many of the great operations in surgery.

Mr. De Morgan remarked that in a case which had been under the care of Mr. Moore, at the Middlesex Hospital, a very simple mode of proceeding was hit upon to determine, in a case of obstruction, that it was not in the large intestines. There was tympanitis to some extent. A tube was passed up the bowel some distance, and an injection thrown up. The stethoscope was then applied to the abdomen, and on changing the position of the patient, the fluid was distinctly heard to traverse the right side. From this it was inferred that the large intestines were free from obstruction. This proved to be correct, as after death a band was found encircling a portion of the small intestine.

Mr. Macilwain thought that in cases of obstruction the operation for artificial anus should be resorted to only as a last resource. He made some strong observations on the employment of powerful purgatives in cases where obstruction existed, and he related some cases, to show their evil tendency.

Mr. Cæsar Hawkins had little to say in reply. With respect to the diagnosis of the seat of obstruction by the distension of the colon above the seat of stricture, this could not be depended upon. This might be air alone, and mislead us in our diagnosis. When there was a soft

and solid state of the colon on examination, it was more likely to aid us in our diagnosis. With regard to the vomiting as a symptom of the seat of obstruction, no doubt, as a general rule, this would hold good, as this symptom generally came on earlier when the small than when large intestines were the seat of obstruction. But in many cases, however, vomiting came on as early when the obstruction was in the large intestines as when it was in the small, and the converse of this also obtained. In his own case, vomiting was an early symptom, but it ceased after a few days. —*Lancet.*

ON THE TREATMENT OF FRACTURES IN THE VICINITY OF THE ANKLE-JOINT; WITH OBSERVATIONS ON THE PRACTICE OF TENOTOMY, AS FACILITATING REDUCTION OF THE BROKEN BONES.

By Richard G. H. Butcher, F.R.C.S.I.,
Examiner on Anatomy and Physiology in the Royal College of Surgeons of Ireland, Surgeon to Mercer's Hospital, &c. &c. &c.

In the *Dublin Quarterly Journal* of last month, there is a practical paper by Mr. Butcher, illustrative of the treatment of fractures in the vicinity of the ankle-joint. A number of instances are recorded, some of them of the most complex nature, yet by the treatment laid down, and the apparatus recommended, the "integrity of the limb and its normal functions were in every instance preserved to the sufferer." Space will not permit a lengthened detail of the several cases and their management, but the concluding observations on the practice of tenotomy in similar cases, we shall transcribe in the author's own words:—

"One of my chief reasons for wishing to place these cases on record is the practice lately brought into requisition in London, in the management of the special fractures under consideration. I allude to *tenotomy*, the division of the extensor tendons, to facilitate reduction, as practised by Meynier, Bérard, Laugier, and other French and German surgeons. A lengthened discussion not long since took place before the 'Medico-Chirurgical Society of London, on the practice of tenotomy, in some cases of fracture, when Mr. C. De Morgan related some cases in illustration.'* In the first cited, the tendon was not divided until the day after the accident. 'The second case occurred in the author's own practice. The patient was a female, aged 66, of drunken habits, and was admitted into the Middlesex Hospital in March, 1849. She had been knocked down by a cab, and both bones of one leg were fractured a little above the ankle.' The report goes on to say:—'The author divided the tendo-Achillis on the ninth day, with instant relief to the suffering of the patient, and immediate removal of all untoward symptoms.' A very important feature in the management of these cases has been omitted altogether: the manipulation adopted for the reduction of the fracture, and the position in which the limb was placed afterwards. In the second case, it is stated that 'the tendon was divided on the ninth day.' I can easily understand that this might be requisite, if the fracture, with its attendant deformity, was left unreduced for that length of time; failure of the therapeutic means employed; and the spasmodic action of the extensor muscles thus prolonged; for if fractured bones be left unreduced for such a lengthened period as this, *permanent* spasm seizes on the muscles and becomes established; a fact clearly pointed out and insisted on by Sir A. Cooper. Mr. De Morgan goes on to say—'In the cases related, the chasm between the divided portions at first did *not* exceed a quarter of an inch, that being sufficient to get the bone into position; and in a short time after there was no appreciable space at all.' This admission goes still further to proclaim that there is no necessity for division of the tendon to effect reduction, if the case is seen early; for by flexing the thigh as I have recommended, we can relax the extensor muscles more than 'the quarter of an inch, that being sufficient to get the bone into position.' I am of opinion that in ninety-nine cases out of a hundred, there will be no necessity for division of the tendon to effect reduction, if the limb be treated as I have advised; nay, on the contrary, I think, in some instances, the division of the tendon would be very injurious, as removing the support posteriorly from the ends of the broken bones, and thus permitting displacement in that direction. The mode in which the fracture box, which I have described, supports the leg in a horizontal line, with the thigh slightly flexed, padded, and cushioned, as illustrated by the foregoing cases, meets every requirement of the surgeon. Dupuytren's splint, in conjunction with these means, as used in some of my cases, is a most admirable adjunct; but, taken by itself, it will not answer as well for the management of the form of fracture under consideration; for if the limb be done up as directed by Dupuytren, and placed flexed upon its side, some lateral displacement will take place; or if, with the splint so applied, the leg be allowed to rest upon the heel, it is unsteady, and rolls about, and the entire limb is in the extended position—a posture very objectionable, as making tense the tendo-Achillis.

From a review of these cases, and the observations upon them, the following facts are, I think, deducible:—

1st. That by proper position of the limb, and early reduction, co-aptation of the broken fragments can be effected, and spasm averted.

2nd. As the result of the broken bones being kept in accurate position, irritation is subdued, excess of callus prevented, and the motions of the joint left unimpaired; a fact of great practical importance here, for the experiments of M. Cruveilhier prove that various forms of irritation will make the periosteum and ligaments ossify, and it has been ascertained that in some cases of fracture near the joints the ligaments have sometimes been converted into bone, and M. Rayer has observed, from numerous interesting experiments, that a similar change may be exerted not only in the fibrous but also in the cartilaginous structures.

3rd. That tenotomy is not called for in the vast majority of cases, being perhaps only admissible when permanent spasm has located in the extensor muscles, owing to neglect of early reduction."

* I quote from Braithwaite's Retrospect.

INFIRMARY REPORTS.

REPORT OF THE SLIGO COUNTY INFIRMARY.

By W. S. Little, A.B., M.D, T.C D., L.R.C.S.I., and Licentiate in Midwifery, Lying-in Hospital, Rotundo.

In presenting you with a Second Annual Report of the Sligo County Infirmary, I have preserved the form and arrangement of the statistical tables, which (as on a former occasion) will be found to embrace a full, accurate, and faithful account of the proceedings of the past year, ending January 5, 1852; comprising minute details of the financial and professional ministrations of the institution, so classified and arranged as to be comprehended almost at a glance.

The system of professional attendance adopted is as follows:—I am never myself absent for a day, except when engaged in urgent and distant country business; but the number and nature of my other occupations totally preclude the possibility of my naming a certain hour for my infirmary visits, except on Tuesdays and Fridays (our extern days), when I endeavour to make such arrangements as will enable me to attend punctually at the appointed hour—viz., one o'clock. All cases of accident, whether trivial or otherwise, and cases of sudden seizure of illness in the house, I also attend personally, and at once. At eleven a.m. and at seven p.m. the hospital is visited by one of Dr. Johnston's apprentices (at present that duty is very punctually and efficiently performed by Mr. Hamilton),

who dresses ulcers, issues, and operations; applies leeches and cups; attends to ophthalmic and other cases requiring manual interference; sees that the patients have a supply of medicines; and reports irregularities or complaints. Dr. Johnston attends in the afternoon to compound my prescriptions of the day, and also attends accidents, as many such, as dislocations, fractures, and others require assistance; thus four professional visits at least are daily paid to the house, which, with the attendance of an experienced nurse in each ward, it is to be presumed, afford our patients all the advantages which any public institution possibly could confer, and more than any private individual, whatever his means, could command.

The compounding department is conducted in the most satisfactory manner; the labels containing, not alone the directions, but the prescriptions in full, so that any medical visitor, without the trouble of consulting our clinical books, by these means, and by consulting the bedside labels, can at once criticise the accuracy of our diagnosis and the propriety of our treatment. This system is a guarantee for the careful discharge of the duties performed, which only the professional visitor will be able duly to appreciate.

To efficiently conduct the duties of a large county hospital, containing, as it ever should, carefully selected cases, is a more laborious as well as a more responsible vocation than is generally supposed; and I should be particularly obliged if our governors would occasionally verify this observation by visiting the house when I am engaged in its wards. A ward of twelve beds occupies me at least a full hour on an average of one day with another; stethoscopic examinations, urinary analyses (rough though they be), and patient investigation of disease and its phenomena, being practised more in detail, and with more minuteness than the impatience and habits of private patients will sometimes permit.

With respect to complaints by patients to governors, I beg, most respectfully, to offer a few remarks. It is not to be expected that a public institution like an infirmary will give satisfaction to all; cases are admitted, indeed forced upon us, as chronic dropsies, consumptions, inveterate scrofulous and cutaneous affections, incurable ophthalmic cases, old dyspeptic and digestive derangements, &c., for which nothing can be done. Such present themselves, frequently from a distance, with pressing letters from governors, without a farthing to bear their expenses at lodgings, and buoyed up with a last hope of benefit to be derived from infirmary treatment. It would be a great cruelty to refuse such, while on the other hand it is an injustice and an absurdity to admit them. When such are sent home as bad, or worse than when admitted, an experience of twenty years medical charity work has satisfied me that, no matter how great the care and kindness lavished on them, it follows almost as a law of nature that "the doctor" is disparaged, and the institution he conducts abused in no measured terms; when such persons, either of themselves or in answer to inquiries, complain of inattention (either on my part, or on that of any other person connected with the hospital), it would confer the greatest obligation on me if such were at once referred to myself for explanation, when I shall always be able (from our system of registry and clinical reports) to explain every minute circumstance of the case, from its admission to its discharge. Gentlemen acquainted with public business, and public institutions and their officers, must know that a complaint formally urged before a board of governors carries with it a certain *prestige* in favour of its truth, which, however complete the refutation, reacts injuriously on the institution and its medical officers. In alluding to this subject, I am happy to be able to state that I do so rather with a view to the future than in reference to the past; for during the two years and a half that I have conducted the infirmary, I have heard of but two instances of *alleged* inattention, neither of which had a shadow of foundation.

The additions of the old infirmary, now in progress of erection, and in a state of great forwardness, according to the excellent plans of the eminent architect, W. D. Butler, Esq., will give the county of Sligo the very best provincial hospital in Ireland. Indeed, I can assert from my own knowledge, that it will be superior to many, and inferior to none in the metropolis itself. The provisions for heating, ventilation, and light; the introduction of day-rooms for convalescent patients to sit and take their meals in; the rapid removal of slops and all other nuisances by soil pipes attached to each ward; the comfort, cleanliness, and economy of time and labour secured by adopting the system of "lifts;" the various improvements in the water-closet, bath-rooms, laundry, and kitchen departments; the complete separation of the male and female patients; the better classification of cases which the new and enlarged arrangements of our accommodation (to the amount of eighty beds) will admit; and the scientific attention which has been paid to the most minute essentials of hygiene, even to the arrangement of the patients' beds, will render your new infirmary, when in full working order, as perfect a structure for its purpose as can anywhere be found.

In addition to the above remarks, which appeared in my last Report, I have to state, for the information of governors at a distance, that the adoption of the hot-water system of heating (for which the managing committee have contracted with Mr. Harrison of Limerick, and for which Mr. Butler has arranged an appropriate plan of ventilation), and the lighting of the new house with gas, will supply everything that could possibly be desired for the comfort, efficiency, and even elegance of a public hospital.

The heating of apartments by the simple expedient of the circulation of hot water through metal tubes, though extensively applied in London, and England generally, and in the north and south of Ireland, to the purposes of large factories and public institutions, has not been as yet adopted in hospitals, as far as I am informed on the subject: but upon an examination of its capabilities, it appeared to me to present such indisputable advantages in respect of economy, safety, cleanliness, and health, that I had no hesitation in strongly recommending its adoption. The large metal tubes will completely surround each ward: from a great extent of surface, and from all parts of the apartment at once, gently heated currents of air will be constantly ascending, free from the impurities which coal fires, particularly at night, even in the best drawing chimneys, are perpetually evolving. The occupant of each bed will equally feel the benefit of such a system of heating, while under the old system of fire-places one was uncomfortably hot and another as uncomfortably cold. It will also entirely prevent that nuisance of hospitals—viz., patients huddling round a large fire, and smoking by stealth, and, upon a sudden interruption, sticking heated pipes under the bolster or bedding. The contractor undertakes—in the case of the Sligo Infirmary—to make two small furnace fires do the work of sixteen, and engages us a maximum temperature of 65 to 70 degs. Fahrenheit, easily regulated by dampers, while from 55 to 60 degs. is as much as we shall ever require.

Upon referring to the report for the year 1851, I have the satisfaction to find that the average expense of each bed for the year has decreased from £23 17*s.* 10*d.* to £21 2*s.* 1*d.*; and of each patient, from £2 3*s.* 4*d.* to £1 18*s.* 4*d.*: this is accounted for by the greater number of patients admitted during the latter period, it being obvious, that when once a suitable building has been procured, and a certain definite staff of officers appointed, the average expense of each patient must seriously increase with the decrease of numbers, and *vice versa*: thus—as I stated last year—while fifty patients cost the county £1100 per annum, thirty additional inmates can be maintained for the comparatively trifling cost of £273.

From many infirmary reports of the last year I find that our dietary is very much more liberal than that of any similar institution; and yet when it is ascertained that it costs but 3¾*d.* per diem (a small part of the total expense of a patient), I am confident it will not be objected to. In some respects, however, it is faulty; and I intend, on an early day, to bring the subject of its amendment before the managing committee.

In connexion with the subject of the great increase of accommodation which the new infirmary will afford, there is a matter well worthy of the consideration of the governors and the public.

There is a large and well-deserving class of the community, particularly in large towns like Sligo, who are placed in a very anomalous position as respects medical relief—I allude to shopmen in merchants' establishments; the humbler class of shopkeepers themselves; tradesmen and artisans, occupying a place midway between the very prosperous and the very indigent; public officers of an inferior grade and their families; small farmers; and perhaps in these times so prolific in pecuniary reverses, we might include decayed gentry; all of which classes are very much worse off, under illness or accident, than the infirmary patient or even the workhouse pauper. I conscientiously believe, and dwell with pleasure on the fact, as a peculiar and distinguishing feature of our profession, that no medical man will be found to refuse his gratuitous aid and advice to persons so circumstanced, but the same laudable pride which keeps them from the infirmary or dispensary, will often prevent them incurring a personal obligation; and it has often happened to me to see valuable life sacrificed to the fatal delay engendered by these scruples.

Two small *pay wards*, of five beds each (male and female), would, at the average duration of a patient's residence in hospital—viz., thirty days, afford all the comforts and advantages of a more than moderate income to about 120 patients of this class per annum, during an illness which must otherwise be comparatively neglected or maltreated. A charge of ten shillings per week would amply repay the institution, while it would obviously place those advantages within the reach of very limited means, and at the same time do no violence to a proper sentiment of independence; but on the contrary, be productive of a feeling of confidence in the treatment and attention bestowed, which, I regret to say, a purely gratuitous benevolence rarely begets. If fully and constantly occupied, the sum derivable from this source during the year—namely, £260—would *all but defray the entire cost* of the thirty additional beds, while it could not be objected to the proposal that its objects are not fully as much in need of, and greatly more deserving of the boon, than the vast majority of our present patients.

On this subject I have to add to the above remarks (which appeared in last year's Report), that the two small wards on the first floor, intended for eight beds each (but which would be fully furnished by six of a larger and better sort), are most admirably suited for the proposed purpose. The nurses' room lies between and communicates with each, and they open on the day-room. They also contain fire places and grates (being a portion of the old house), which might occasionally be required among this class of patients.

I have great pleasure in being enabled to state, that in every department of the institution the several duties are entrusted to a willing and efficient staff, who perform them entirely to my satisfaction. To my professional brethren of Sligo, I return my best thanks for their valuable assistance in operations and consultations—an advantage of the utmost importance to the institution.

LIGATURE OF EXTERRAL ILIAC ARTERY.

By Mr. Lloyd of St. Bartholomew's Hospital.

A. B—— is a man about 25 years old, who, four months before the operation, had a bubo in the left groin, which took on a phagedenic action; hæmorrhage occurred several times, and seemed to increase with each attack. The bleeding generally stopped of itself, but was in the last instance so profuse that he was extremely alarmed. The destructive ulceration began now to diminish, the hæmorrhage did not recur, and the bubo healed perfectly. But it would appear that the plug which had prevented the further bleeding from the ulcerated opening which had probably occurred in the femoral artery, gave way after the cicatrization was completed; or that a sac was slowly and gradually formed during the healing process; for about one month after the cicatrix had been formed, a pulsating tumour, of the size of a walnut, was noticed in the groin.

The patient was admitted, October 20, 1851, the tumour being rapidly increasing, and situated in front of the thigh, and above Poupart's ligament. Mr. Lloyd, with the full concurrence of his colleagues, proceeded, on October 24, to tie the external iliac artery. The operation presented some difficulty, as the tissues were somewhat thickened, and the subject very fat. When the peritoneum had been pushed aside, the incision having run in a straight line from a little above Poupart's ligament to the anterior superior spinous process of the ilium, the vessel was found so deeply situated, that Mr. Lloyd could not take hold of it with his finger and thumb, but was obliged to press it against the brim of the pelvis.

Mr. Lloyd stated, after the operation, that he anticipated a certain amount of trouble, as the patient had latterly been affected with syphilis and phagedena; and these fears were not idle, for severe secondary hæmorrhage occurred about five weeks after the tying of the vessel. This was stopped by timely compression; and on February 19, about four months after the deligation of the artery, the wound was quite healed up, and the patient on the point of going into the country. The pulsations had ceased immediately after the securing of the vessel, and the sac had been emptied of its clots a few days afterwards.—*Lancet.*

REVIEWS AND NOTICES OF BOOKS.

PHYSICIAN AND PATIENT: or a Practical View of the Mutual Duties, Relations, and Interests of the Medical Profession and the Community. By Worthington Hooker, M.D. 12mo. pp. 453. New York.

Casting an eye over a review of this book in the *American Journal of Medical Sciences*, it occurred to us that it contained many paragraphs which might be printed as fragments of medical ethics for the benefit of our readers. With this view we put together the following selection of the sayings both of author and reviewer, unmixed with any observations of our own:—

"The quackery which is practised among medical men is a much greater evil than that which is abroad in the community. I attack it, therefore, with unsparing hand. . . . When the rules of an honourable professional intercourse shall come to be properly understood and appreciated by the public, one of the great sources of quackery will be removed."

How far it was prudent to expose the errors of physicians to the public may very reasonably be questioned. For ourselves, we are altogether persuaded that such a course is most unwise, for it seems certain that nothing can tend more to impair the confidence of the public in the medical profession, than an acquaintance with the errors and crimes with which so many of its unworthy members are justly chargeable. *Il faut laver son linge sale en famille* is a wise saying, as all experience proves. The errors of good men and the crimes of knaves, are never discriminated by the vulgar, who have a keen relish for detecting blemishes in all who are by position or knowledge superior to themselves. The innate proneness to quackery, moreover, of many who would feel shocked at being classed amongst the vulgar, is encouraged by everything that palliates their folly by seeming to afford a reason for distrusting the power of medical science. By one of the commonest acts of false reasoning, they attribute to the whole profession the errors of its unworthy members, and to the art of medicine the mischiefs which its counterfeits occasion. . . . . In this country, quackery is most prevalent in those regions precisely where intelligence is most developed by education, and where the habit of judging without appeal on every question that can employ the intellect is nearly universal. The same is true of Europe, so far as it can be in countries where the governments have not yet got rid of that antiquated notion, that they are responsible for the character and attainments of those who are to have charge of the people's health. . . . . .

Under the title of "Popular Errors," is a notice of some of the prevalent fancies of the vulgar in regard to disease. The prejudice in favour of heroic treatment, of specifics, &c., the notion that medicine is essentially curative, the *post hoc ergo propter hoc* mode of reasoning in therapeutics, the idea that disease is a palpable entity, which medicine is to exorcise like an evil spirit from the economy, &c., furnish themes for very

sound and sensible commentaries upon popular errors. Still, it should not be forgotten that these very notions which we blame or ridicule, had their origin in the medical profession itself; each was in its day the epitome of some theory invented by ingenious philosophers, and afterwards cast forth as part of the rubbish of our science At this moment the popular language of France, and to some extent even of our own country, deals in phrases about "irritation," which were inoculated upon the parent stock by the disciples of Broussais. If the people give currency to terms which we now denounce as valueless or absurd, it ought not to be forgotten that the spurious coin is the issue of our own mint.

The most prominent of quack remedies may be arranged under three heads—viz., evacuants, alteratives, and cures for incurable diseases. The first, by producing a decided and sudden impression on the system, must often produce a salutary change in chronic diseases of the digestive organs; the second, including tonics, has evidently a large field in which they may do more or less good; and the last appeals to that desire for life which seldom abandons the sufferer even in the most desperate extremity. Yet, even allowing to these various agents all, and even more than all, the real efficacy they possess, it is evident that their virtues would form a very flimsy basis for the reputation they enjoy. Secrecy is the most potent ingredient in them all; the moment their actual composition is known, their value is reduced to a very low point. *Omne ignotum pro magnifico*, is the device under which quackery of every sort obtains its largest conquests. Secrecy, which in such matters is itself imposture, also infallibly leads to falsehood of a more direct kind; and he who does not scruple to keep secret the nature of a remedy which he alleges to be useful, will have no hesitation in fabricating proofs of its efficacy.

"One who had been an apothecary (relates our author) and who had sold large amounts of quack medicines, stated that in one year he sold three thousand dollars' worth of one medicine; that he had no satisfactory proof of its having cured a single case of disease; that he had obtained, however, many certificates of cure, but not one from any person who had paid for the medicine." . . . . . .

That quackery should be more rife at the present day than it has yet been, is but a natural consequence of evident causes, and it needs no prophetic vision to foresee its future vast extension. If medicine were its only field, some hope might be entertained of its expulsion; but there is not a branch of human knowledge or action in which its dominion is not securely established. When we, as physicians, wonder at the confidence reposed by so many thousands in pretenders to medical skill, does it never occur to us that we are equally prone to place confidence in quacks of a different kind; that all our education, and all our abhorrence of being judged by incompetent judges, do not prevent us from following errorists in religion, sciolists in science, pretenders in art, smatterers in literature, and deceivers in politics? If, when knowledge was less diffused than at present, and the votaries of error, attracted by authority, blindly accepted what they were told to believe, the dupes had at least the merit of hearty attachment to their false guides; but in this age of boasted enlightenment, we have the more pitiable spectacle of a self-sufficient pride in ignorance scoffing at the lessons of experience and wisdom, and arrogantly claiming the right of every one to be "a law unto himself." The pride which every one feels in being able to pursue his own calling intelligently, moves men to sit in judgment upon subjects which neither their talents nor their education fit them for comprehending; and since the partial enlightenment which has developed this baneful fruit must constantly become further and further extended through all classes of society, there is every reason to apprehend that the vices we have now to deplore will become more and more developed through many succeeding generations. . . . . .

The confidence of the people in any false system of medicine grows entirely out of the promises which its promoters are bold enough to make, and bears not the slightest proportion to its intrinsic worth. As long as physicians shall esteem it disgraceful to lie, they must be content to have their patients filched from them by those who are passed masters in this bad art; but as honest men they have little cause to repine at the gains which, in every other pursuit, as well as in medicine, are the wages of iniquity. These remarks are not, as a whole, applicable to homœopathy, for of that illusory art we may in charity suppose that there are many conscientious professors; since the mischiefs it gives rise to are for the most part of a negative character. It does not kill its victims; it only lets them die. Dr. Hooker, as many other writers have done, demonstrates its nullity as a science; and as a profession, he calls attention to the shabby array of its members, to prove how small a hold it should have upon the respect of educated and intelligent men. On a survey of their ranks, he remarks:—

"No superior order of talent would be found among them. There would be none who are distinguished for true research; none who have made any respectable additions to the literature of medicine, or to its store of experience; and none who had ever had any commanding influence."

Of this subject of homœopathy, we are of opinion that enough has been written; in a work like the one before us, it is true that a critical history of its absurdities finds an appropriate place, but we cannot persuade ourselves that it is worth the ammunition of reason, and sarcasm, and denunciation, which has been expended upon its flimsy structure. As a system, it is almost effete in the land of its birth, and we should perhaps do well not to warm it into life at the fire of controversy. . . . . .

That any system of quackery, or any system *deduced* from a pathological hypothesis, should succeed in curing a sufficient number of cases to keep it alive for a longer or shorter space of time, depends upon two causes; the first of which is that, out of the whole number of cases to which it is applied, it acts favourably upon a certain number. If it be a sedative plan, it can hardly fail to do good in many of that large class of inflammatory diseases; if it be an excitant method, not a few cases of sthenic affections in the forming stage, and not a few cases of a dynamic type, will demonstrate its utility; finally, if the disease, of whatever type, attack a constitution capable of successfully resisting and at last overcoming its downward pressure, it offers an appropriate field for the triumph of infinitesimal doses.

"In a great majority of cases of sickness which fall under the care of a physician, the *vis medicatrix naturæ* is competent to effect a cure if they are left to themselves; and in most of them it will do so, even though a positively bad treatment may be pursued." . . . . . .

Points in which the practice of the really skilful physician differs in its results from that of the injudicious practitioner and the quack:—

"1. He has a less number of fatal cases, in proportion to the whole number that come under treatment.

2. He has a less number of bad cases, because he avoids converting light cases into grave ones, and succeeds in many cases in arresting disease in its very commencement.

3. His patients have commonly a shorter sickness.

4. They are in a better condition after they have recovered, less apt to have bad results left behind, and less liable to disease in future.

5. He has a less number of patients, and a smaller amount of sickness, in the same number of families." . . . .

How shall the community judge of physicians? If, as had been previously shown, the community is entirely incompetent to form a just judgment of medical men and their art, upon any scientific ground whatever, what guide shall they follow in making choice of the physician who is to be entrusted with their own and their families' health and lives? Surely, they ought to have some good reason for so important an act. Every one knows how the choice is usually made, and that no stronger motive than personal partiality determines it, even in the absence of any proclivity whatever towards irregular systems. But where there is an itching after novelty, common rumour—that fertile mother of the whole spawn of quackeries—vouches for the skill of the charlatan, and the profundity of his doctrine. It would be an amusing, were it not a pitiable sight, to see many persons of intelligence and education imagine that when they call in a quack they are actually making proof of independence and superiority to vulgar prejudice; whereas, if they would but examine the real links in the chain of influences which has led them to this result, they would find that so far from acting independently, they have in reality followed the example, not of the wise, not of the good, not of the skilled, but of the ignorant and self-willed multitude, or obeyed the voice of their own worst passions—their vanity and pride. "The worst of all ignorance," said Socrates, "is the conceit of knowing what you do not really know." What, then, with the wise in their own conceit, who reject all sound advice upon the subject, the ignorant, who are quite unable to form an opinion, the enthusiasts who are joined to their idols, and those who walk in the steps of their forefathers as the only right way, it is plain that the number who are likely to

profit by the advice conveyed in this chapter, must be extremely small. . . . . .

"How to choose a good physician?" In the first place, the evidence of his having received a thorough education should be examined as the primary qualification of a physician. "But education in the science of medicine is practically despised by quite a large portion of the community" to use the popular formula; "the fact that the physician is successful in treating disease is worth vastly more than a piece of parchment." Indeed, we are persuaded that the half-educated or the wholly ignorant man, who has boldness enough to make high pretensions, and adroitness enough to palm off natural effects as the result of his skill alone is almost sure to inspire more confidence than the conscientious, and therefore circumspect physician. His very ignorance is a charm; he is supposed, by the intuition of his genius, to discover more than the learned practitioner can do by study and observation; not a few, even, of the genteel vulgar, imagine that he has a "gift" which makes him quite independent of the ordinary processes for acquiring skill. Unfortunately, this error is fostered by an equally gross one in the profession itself. There are so many physicians of little talent and less learning, and who openly affect to disdain both, as compared with tact and experience, that we ought not to wonder at the large number beyond our limits who despise what our own brethren undervalue. How large a number, too, of those who annually enter the profession, whose general and literary education is absolutely null, and who have been made doctors of medicine after a period, we will not say of study, but of attendance upon lectures, which is only sufficient to reveal the impossibility of their ever being fit to treat disease. So long as a large proportion of medical men are wholly uneducated, or only instructed enough to make them dangerous to the sick, we have no right to complain that the public prefers employing professed charlatans rather than those who, with the title of doctor, have none of the accomplishments which belong to so honourable a name. It is to our disgrace, as a body, that we do not insist upon a higher standard of professional and general education than is now exacted. It cannot be expected that men who have never formed habits of study in early life, who know little or nothing of the art of observation, or the science of reasoning, should become really accomplished physicians. That they may have a reputation for sagacity and success among their patients, and even amongst a certain class of their brethren, is very probable; but that they should become really consummate practitioners, is next to impossible. Rhazes, says Dr. Forget, although he belonged to the empirical school, declared that "he would have more confidence in a physician who had never seen a patient than in one who was ignorant of medical literature." Hecquet was wont to remark, "Il y en a qui voient beaucoup de malades, mais je vois peut-être plus de maladies." But the public fancies that the seeing many patients is experience; it cannot understand that he who sees them with his natural eyes only, may be stone blind to every thing in them which it is the province of the educated physician to perceive. To bring the public, then, to a sense of this error, it is necessary that they should have a degree of intelligence and special instruction which they cannot be expected to possess, and least of all in a country where every avocation is open to men of the lowest capacity and attainments. . . . . .

A much safer guide than that which has been considered, for discovering the merit of a physician, "is to be found in the unbiassed opinion of his medical brethren." This test, it is true, cannot readily be applied by one who is about to choose a medical adviser. He can hardly discover what the opinion of the profession is, for if (as our author suggests) some of the brethren are unjust through prejudice, many more will run to the opposite extreme, and, to avoid the suspicion of injustice, palliate the faults and perhaps exaggerate the abilities of their rival brother. Besides, it is not to be concealed, that professional excellence is not the only title to the confidence of the public which a physician should possess. He ought also to be richly furnished with those humane sympathies which will secure to him the love and confidence of the families which employ him; indeed, he will have perpetual occasion to exhibit them, and comparatively very seldom to display a high degree of professional skill. The estimate of his brethren, therefore, founded upon the degree of his proficiency in medical science, is not always a reliable guide to those who seek something more in their physician than dexterity in the diagnosis and skill in the treatment of disease.

To ascertain whether a physician possesses the mental qualities which are essential to his being a skilful practitioner, "let one observe the mental qualities of the physician, as they are exhibited in regard to any subject with which he is himself familiar in common with physicians." If the physician is observed to be credulous about politics, religion, or the occurrences of the day, he may be inferred to be inaccurate in his observations of disease; if he is a sceptic, "his treatment of disease will be marked by hesitation;" if he forms his conclusions hastily, he is unfit to manage serious and complicated cases; if he is unduly slow in making up his mind upon ordinary occurrences, and obstinately fixed in the opinions he has formed, he will not be ready to adopt those changes of treatment which the course of disease requires. To determine whether he is a good observer, his mode of examining patients will not suffice, for the layman cannot judge of the necessity or appropriateness of his queries, and, according to Dr. Hooker, "minuteness of examination is in fact one of the most common tricks of the trade." We here remark, *en passant*, that it is a thousand pities the "trick" were not more common; it is rather too laborious a one to suit the fancy of a charlatan. . . . . .

We are disposed to admit the value of these rules in many cases, but by no means in all. They may be true in their positive application, at least generally, but negatively they are useless to guide inquirers. If a physician really possesses a logical mind, is cautious, yet decided, of precise and upright judgment, a good citizen, neighbour, and parent, undoubtedly the union of all these qualities renders him most probably a skilful and prudent practitioner. But the negative of the proposition is not equally certain. There are not a few physicians who possess profound knowledge and consummate skill, and who are nevertheless mere children in non-professional matters; who are totally ignorant of, because they are careless of, the ways of the world in various matters which absorb the interest of the community; who even are so alien to the common sentiment, as actually to think infinitely of their patients' lives, and not at all of their patients' fees; who yet, we say, hold the first rank in the love of the community, and the honour of their brethren. . . .

"One of the prominent faults of the medical profession in the nineteenth century is that it is, as a body, too fond of new things and too much disposed to receive them upon doubtful evidence. There is a great disposition to hail every new remedy with enthusiasm. The annals of medicine are, therefore, burdened with false statements in regard to the effects of remedies. Though the public think that there have been of late many discoveries of new medicines of great value, there really have been but few. There have been many improvements in the *forms* of medicines. I mention, as examples, quinine and morphine, the active principles of bark and opium. But there have been but few absolutely new medicines introduced which are of any importance. . . . And it may be remarked that physicians who try all the new remedies recommended from time to time in medical journals, do not add so much to their stock of available experience as those who are more cautious, and less ready to adopt every thing which is new." Scepticism "not only narrows the limits of knowledge, but actually leads to positive error. The sceptic, in his demand for stern fixed facts, rejects some facts which are established by evidence that is sufficient to satisfy any mind possessed of candour and common sense; and the rejection of a well proved fact, being itself an error, must necessarily lead to other errors. The sceptic, too, with all his doubting, is always, to some extent, and on some points a credulous man. As he doubts on some points against clear evidence, so he will assuredly believe on others against evidence just as clear. His beliefs are no more worthy of confidence than his doubts." . . . . .

But the most mischievous promoters of error in regard to medicine, the most industrious coöperators with the unprincipled gang that infests the community, periling and even destroying the lives of the unfortunate persons who confide in them, are in reality to be found in the most educated classes, among those who, according to our author, "are intelligent and judicious on other subjects," or, at least, are so in the ordinary affairs of life. They may be acute lawyers, eloquent preachers, sagacious merchants; but one thing they assuredly are not—men of well-balanced minds. In hardly any instance is a person of this class to be found promoting quackery in medicine without fostering it, at the same time, in some other department or pursuit; he will assuredly be seen fighting under the banner of some new-fangled religion; will be noted for his zeal in what is called "reform," which too often means the destruction of a substantial reality, and

the substitution in its place of some fantastical chimera; or will be ardently industrious in some of those philanthropic associations of which each one promises to be the salvation of mankind, though it may bring present and direct ruin upon thousands, &c. &c. It were in vain to include in a few sentences a catalogue of the absurd doctrines, wild schemes, and mischievous practices which are invented and promoted, and even believed in, by these superior persons. They are self-reliant people; they imagine that they have a lever with which they can move the world, even without the fulcrum which Archimedes postulated; the virtues of faith, contentment, and humility, find no resting place in their tumultuous bosoms; they expect to usher in a millennium of peace by teaching that every man shall be "a law unto himself," and thus setting every man's hand against his brother. Such are the persons of whom our author has more hope than of the ignorant crowd, with whom addiction to error is a matter of sentiment only, and not of reasoning. He will pardon us if we think that the nature of the case proves him to be mistaken, and that all experience confirms our opinion. . . .

There can be no doubt in the minds of any who have observed the medical profession in Europe, that a very large portion of it is inferior to our own in the qualities which should distinguish gentlemen; that it is characterized by a much lower notion of personal dignity and honour than American physicians entertain; and that its conduct is much more frequently tarnished by meanness and sordidness of sentiment. The reason is perhaps not difficult to discover. In the United States the liberal professions contain the real aristocracy of the nation, and medicine numbers amongst its cultivators and practitioners thousands who occupy the highest social rank. In Europe, on the other hand, there is first the titled nobility, then the army and navy, the clergy, and the bar, who all outrank the medical profession, because through these pursuits alone is the road open to political preferment. They absorb nearly all the young members of respectable families, and the ranks of medicine are chiefly recruited from the humbler classes of society. It is not, therefore, to be wondered at that—in point of personal character, of honourable sentiment, and of dignified demeanour—the medical profession of the United States ranks the first in the world. These peculiarities are sufficient to explain why a judgment like that above quoted from Simon is clearly inapplicable to American physicians. They also explain why the principle of association, and the habit of harmonious action, are so effective and prevalent with us, and so rare in transatlantic communities. Of these, the English approaches nearest to our own in organization, and the English physicians excel all others in Europe in their social rank, and their sense of personal dignity.

By these remarks, we have no intention of proclaiming the complete exemption of our medical countrymen from the low tricks and sordid aims which are too common in other countries—much too common in our own—but only to maintain that, as a profession, we are not justly chargeable with them. Our author points out a number of particulars in which not a few of our brethren err, and supply but too real grounds for a "railing accusation." We can only enumerate them:—Professional cliques, and alliances with various societies, social, moral, or religious; controversies upon medical subjects; the interference of physicians with one another's practice. These are forcibly dwelt upon as some of the means by which the harmony of the profession is disturbed, and modest merit condemned to languish, while mediocrity grows prosperous upon the fruits of shameless presumption, combined with artful sycophancy.

ON A NEW TEST FOR UREA.

By Baron Liebig.

For several months past I have been occupied with experiments on a new process for the determination of urea in urine, by means of the nitrate of the binoxide of mercury. Urea combines with this, and forms a snow-white, almost insoluble compound, which is immediately precipitated when urine, or a fluid containing urea, is mixed with a solution of the nitrate of the binoxide of quicksilver, containing no free acid. The precipitate contains one atom of urea, one atom of nitric acid, and four atoms of the binoxide of mercury. There is also a compound, which is beautifully crystalline, and which, for the same quantity of urea and nitric acid, contains only two atoms of the binoxide of mercury. In a liquid which contains merely urea, we can accurately determine the quantity of this principle in a few minutes to ¼ per cent. by means of a standard solution of the nitrate of the binoxide of mercury; but the presence of common salt, in urine, creates some difficulties, which yet require to be got over. Urea also combines with binoxide of mercury. I have obtained three compounds, which respectively consist of one atom of urea, with two atoms, with three atoms, and with four atoms of binoxide of mercury.—*Phar. Jour.*

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, MARCH 17, 1852.

OUR EXCHANGES WITH FOREIGN JOURNALS.

Great disappointment is experienced in consequence of ignorance or neglect of the postal regulations respecting the transmission of journals to and from the Continent and the United States. These regulations are not very explicit or intelligible, and verbal explanations of their import we cannot obtain; but as far as we can judge, periodicals from the Continent are charged here sixpence, or twelve sous, if they exceed *two ounces* avoirdupois (being 875 grains, or nearly 57 French grammes), and twopence per ounce for every additional ounce. Periodicals stamped as newspapers we receive regularly, but others exceeding the above weight, we are obliged to refuse, on account of heavy postage. The last *Annales d' Oculistique* from Brussels was charged tenpence, or one franc, as was the *Archives Belges* from the same place, and the *Revue Medico-Chirurgicale* from Paris. From the United States several have lately been presented charged from a shilling to seven-and-sixpence each; one being apparently the *Charleston Journal.* These and other difficulties obstructing the interchange of books and journals between this and other countries are greatly to be deplored. At the moment we write we find it so difficult to transmit to or receive a book from Paris, Brussels, or New York, that we are often obliged to abandon the attempt. The arrangements of booksellers and publishers do not provide against this state of things: they contemplate the sale of books of a particular class only. It therefore remains for journalists to make the facilities for transmission by post more available, by reducing the size and weight of their periodicals to the specified standard. Monthly journals might be made half-monthly, or even weekly, for foreign circulation, without any change except in the covers. With our editorial brethren in "the States" we are most anxious to cultivate a liberal coöperation, more for the sake of mutual improvement than for dollars or cents, which we know are as much esteemed at their side of the Atlantic as at ours; but in a transaction of this kind they are not much worth counting. Subscribers to contributing journals have a right to all the publicity which the press can afford, and when that publicity is limited by any petty pecuniary saving, or any little apprehension of competition, a wrong is inflicted. But we find that what we at first intended as a mere brief notice is running into an article on "Journalism;" upon which a long essay might be written, but which we are not at the present moment prepared to encounter. We may, however, take this opportunity to express our belief that notwithstanding the enormous expenditure of ink and paper, "medical literature," as in courtesy we are bound to call it, is not under the control of the soundest system. We are not claiming for ourselves any exemption from the sinister influences which mar its prospects; we only want to remind our brethren of the quill that it is time to think of these things. We cannot, we confess, congratulate them on the result of

present arrangements; for to say the truth, the "diffusion of useful knowledge" does not seem very apparent. In England the happy state of ignorance which prevails regarding the labours of contemporaries, notwithstanding the journalistic opportunities of the medical population, we often find to our amusement displayed in many of their "communications;" and this even more in the metropolis than in the provinces. In France it is much the same, but there the slight acquaintance with English and German possessed by the medical million must be accepted as an excuse; while in Scotland the free-and easy appropriation of other men's intellectual products must be attributed to a praiseworthy economy which forbids expenditure on book furniture. We would not for the world insinuate that the ignorance we speak of is in any case wilful, or lightly assumed to establish a character for originality; we only mention the matter *en passant*. There is, we admit, very often an astounding display of erudition in the shape of reference to authorities, but it is generally to Germans without surnames, title, or local habitation; or perhaps without any name at all, except some unpronounceable monosyllable. Our "authors" seem to be hand-and-glove with all of their own craft the world over, except those next door. In London we find many amiable exceptions, for there we find honest fellows who ignore everything beyond the sound of Bow-bells, and even rejoice to avow their ignorance of all things outside their own bounds.

OPERATION OF THE DISPENSARY ACT.

We find it very difficult to deal with the details of this measure at the present critical moment, lest we should do mischief in individual cases. Negotiations are now on foot more with the new Committees than with the Guardians or Commissioners, and these will require much tact and firmness to conclude successfully. We hear of some doings in these quarters, obviously illegal, and which therefore must prove null and void in the sequel; such as imposing conditions and requiring acquiescence in arrangements not contemplated by the act. Our advice has been, and still is, to secure a safe position just now, however unenviable it may be, and to improve it hereafter.

PAYMENT FOR MEDICAL SERVICES.

Since our last notice on this subject, we find the matter still attracting attention, as appears from the annexed extract. The subject is one requiring attention in Dublin as well as London, in consequence of the effects of recent changes of a pecuniary nature affecting our profession, which appear to tend to complications of a nature not likely to prove creditable or beneficial to its character. The Hospital Surgeons of Dublin heretofore have maintained a position which we would not without regret see damaged by any attempts to secure remuneration for services by unusual means:—

Your leading article of the 7th of February draws attention to a subject which may appear at first sight to possess only a "class" interest, whereas the welfare of the whole profession is deeply concerned in it. A proper remuneration to the assistant-physicians and surgeons of our hospitals and dispensaries is imperative if we wish the public to be imbued with a full and due appreciation of the value of medical services. You invite information as to those "public institutions in which this good rule (that of paying) prevails." I subjoin a list of them; also of those the committees and governors of which do not pay their medical officers. You perceive that among thirty-six institutions, twenty do not, and sixteen do, pay their medical officers; nearly a half are on the right side therefore. A better state of matters, really, than one expected, and raises hope that, "by a proper pressure from without," the responsible authorities of the remainder may quickly learn their true duty. It may be alleged that it is only a question of time and ability with the non-paying institutions, the governing bodies of which may be safely left to do that which is right in due season. It is not so; and deceived will the man be who tacitly awaits this consummation. Some may gracefully take the initiative, but the bulk will not advance until coerced. The suggestion of "S. P. R," in your number for 21st of February, is well worthy of notice, that a special fund should be created; but how long would it be before this could be brought into full operation? What a useless delay! when there are already, in many of the institutions, ample funds for the purpose. Let justice be done to the medical staff when the next call is made, in the usual coaxing language, "upon the benevolent public to enable the committee to extend the usefulness of the charity." The millionaires who sit at sundry of those boards would consider the man fit only for St. Luke's, who would seriously propose that porter, wine, gin, and viables, should be supplied gratis. Where is the difference, figuratively speaking, between their goods and the doctor's brains and time? The practice of medicine, above all other professions, involves the exercise of the highest order of charity. To seek out the sick bed of the retiring and impoverished gentlewoman, the decayed tradesman, and the still more to be pitied unsuccessful professional man, and administer relief and consolation, are legitimate objects to a medical man; but not to labour unrewarded, hazarding death and disease for years in the wards of hospitals, or in the still more sickly haunts of abject poverty. This is a work he owes not to the public, who ought not to call for its unpaid performance. The benefit is all to the public. He restores the sick child to support its aged parents; he gives renewed strength to the adult to procure food for his famishing family; he nurses the exhausted energies of the aged and rescues them from the workhouse. These are the wholesome results of his unpaid labour. The first and absolutely necessary step in the establishment of a medical charity is an efficient medical staff, and willingly have the members of the profession responded to such calls, and conscientiously perform the highest professional duties on a compact of honour. No other class of men would be asked or even trusted to act similarly in their several callings. Highly complimentary to us certainly, but compliments will not pay taxes or procure bread. No! that which may commence on a virtuous becomes a most vicious principle if carried beyond rational bounds. The general bodies of governors of those various institutions never can sanction the continued perpetration of injustice, and I look forward, with your help, to their calling upon the executives to terminate this intolerant evil.—*Letter in Lancet.*

Hospitals in which Assistant-Physicians and Surgeons receive Salaries.—St. Bartholomew's Hospital: Assistant-Physicians and Assistant-Surgeons, £100 each. Guy's Hospital: Assistant-Surgeons, £150. St. Thomas's Hospital: Assistant-Physician and Assistant-Surgeon, £50 each. Royal Free Hospital: Assistant-Surgeon, £100. Dreadnought Hospital: Assistant-Physician, £50; Assistant-Surgeon, £100. St. Luke's Hospital: Assistant-Physician, £100; Assistant-Surgeon, £50. Bethlem Hospital: Assistant-Physician, £150; Assistant-Surgeon, £60. London Fever Hospital: Assistant-Physician, £100. Small-pox Hospital: Assistant-Physician, £50. Bloomsbury Dispensary: Assistant-Physician and Assistant-Surgeon, £100 each. Tower Hamlets Dispensary: Assistant-Physician, £50; Assistant-Surgeon, £20. Surrey Dispensary: Assistant-Physician and Assistant-Surgeon, £40 each. Westminster Dispensary: Assistant-Physician and Assistant-Surgeon, £30 each. Finsbury Dispensary: Assistant-Physician and Assistant-Surgeon, £40 each. London Dispensary: Assistant-Physician and Assistant-Surgeon, £45 each.

Hospitals in which the Medical Officers are not paid.—London Hospital; St. George's Hospital; Middlesex Hospital; Westminster Hospital; King's College Hospital; University College Hospital; St. Mary's Hospital; Hospital for Consumption; Hospital for Women; Royal Infirmary for Diseases of the Chest; City of London Hospital for Diseases of the Chest; Newman-street Lying-in Institution; Orthopædic Hospital; Royal London Ophthalmic Hospital; Infirmary for Children; Blenheim-street Dispensary; City Dispensary; Farringdon Dispensary; Holloway and North Islington Dispensary; Islington Dispensary; Chelsea Dispensary; Northern Dispensary; Metropolitan Dispensary; Welbeck-street Dispensary. [We gladly publish the fore-

going lists, but we suspect our valued correspondent has made some error in limiting his figures to assistant-physicians and assistant-surgeons. It is likewise to be observed, that in some of the institutions named in the second list, the medical officers divide amongst them the fees of students. We shall be glad to see the subject fully investigated.—*Ed. L.*]

FRUITS OF HOMŒOPATHY.

I was requested, on Sunday, the 15th ult., to accompany a gentleman to see his wife, who, on my arrival, I found had just been delivered, prematurely, of a male child. On our way to his residence, he informed me that the medical gentleman engaged to attend her was so far distant from his home, that there was no time to gain his assistance; that he had been to request Mr. Duke, of Kennington, to come, who, he told me, usually acts for Dr. ——— ———, the homœopath, who was at the time in attendance upon her for an attack of jaundice; but he being absent from home, the husband came to me. Knowing the lady, I scarcely recognized her on entering the room, her skin was so much tinged with bile, she having, at the same time, a very anxious and depressed countenance, and feeling very weak. I tied the umbilical cord, separated the child from the mother, and in due time the placenta was expelled. There was no hæmorrhage. Having bandaged the abdomen, and made her as comfortable as I could, not being allowed to prescribe any medicine or nourishment for her, I left her, to be still under the charge of the globulistic professor, who saw her about two hours or so afterwards, ordered some rice-water and arrowroot-water, and administered some globules in person, as the nurse said she did know anything about his medicine. On the Thursday following, I accidentally heard that she died on the previous evening (three days after her confinement). On instituting an inquiry of the nurse, who is solely my informant, I find she was not allowed any nutritious diet till the Tuesday, and then, when it was allowed, she refused it. She gradually became more and more prostrated in strength, delirium supervened, the husband and friends became very anxious and alarmed, requested a second opinion, and then Mr. Duke met at the house Dr. ———, who, after this period, did not see the patient again alive, but left the case in charge of Mr. Duke, who commenced immediately giving brandy and yolk of eggs, ordering good nourishment, and drew off a large quantity of water; but it is evident all means were then useless, as death soon closed the scene.—*Letter in Lancet.*

It seems, then, that Hahnemann's globules do not prove a substitute for the accoucheur. What will Lord Fanny or Lady John say to this? Why should not an infinitesimal dose of ergot of rye do better than the common one? It is evident that this great discovery has not yet been thoroughly tested: a few more post-mortems will, however, probably throw light on the matter.

To Correspondents.—We refrain from publishing the note of L.R.C.S.I. for the present, because it might serve to counteract plans now under consideration to effect what he suggests. *Fas est ab hoste doceri*, and therefore do we think it prudent to observe caution, although we hold in reprobation the clandestine proceedings lately adopted in certain medical quarters.

NÆVUS TREATED BY TARTAR EMETIC.

Anne Shallard, aged nine months, was admitted into the the Queen's Hospital, Birmingham, under the care of Mr. Sands Cox, February, 1851, on account of a nævus situated over the right parietal bone, about the size of a half-crown piece. The mother stated that a slight discoloration of the scalp was observed at birth, that it remained stationary for some time, but eventually began to increase, and had during the last two months attained its present size. There was no pulsation evident in the tumour, which was of a bluish cast, and slightly raised above the adjoining integument. The child's general health was good, and all the functions regular; but a branch of the temporal artery was enlarged, and could be traced almost into the diseased parts. On the third day after admission, Mr. Sands Cox ordered the potassio-tartrate of antimony to be applied, which was accordingly done. In two days, the application having been several times repeated, the whole of the discoloured portion was converted into a pustular mass, and this with but little or no inflammation or irritation of the scalp. Poultices were now applied, and in the course of a week there was a healthy granulating surface, which was cicatrized entirely three weeks afterwards. For the cutaneous nævus pressure will sometimes succeed; and the continued application of collodion has, with small nævi, been followed by success. Nitrate of silver and caustic potash have also been used, likewise vaccination; all evidently acting in the same way as the tartar emetic—producing inflammation and suppuration, and thereby destroying the diseased texture. If, however, the nævus is of the subcutaneous kind, other methods must be had recourse to, and the ligature or knife then present themselves for use; but from the immense hæmorrhage which takes place if these tumours are cut into, the former is the most in vogue. If the knife is used, the rule laid down by Cooper should be adhered to—"Not to cut into the tumour, but to cut it out"—and the whole must be taken away, else what is left will certainly continue to grow as before.—*Prov. Jour.*

CEMENT FOR MENDING CHINA, Etc.

Take of isinglass two drachms, sprinkle it with water and allow it to stand until softened, then add as much proof spirit as will rather more than cover it, and dissolve with a moderate heat. Take of gum mastic one drachm, dissolve it in two or three drachms of rectified spirit. Mix the two solutions, and stir in one drachm of gum ammoniacum, previously reduced to fine powder and rubbed down with a little water. Evaporate, if necessary, in a water-bath to a proper consistence. Keep the cement in a bottle. When required for use plunge the bottle in warm water, and apply the cement with a stick or small hard brush to the china previously warmed. Compress the pieces firmly together until cold, taking care to make the contact perfect, and using a very thin layer of cement. When properly applied the cement is almost, if not quite, as strong as the china itself, unless exposed to the combined action of heat and moisture. Another cement, useful for many purposes, may be made by dissolving isinglass in glacial acetic acid and reducing it to the consistence of a thin jelly. It may be applied in the same manner as the above, but does not require to be warmed.—*Phar. Jr.*

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday, Feb. 29th,	49	34	30.000	
Monday, Mar. 1st,	47.5	36	29.800	
Tuesday, 2nd,	49.5	40	29.850	
Wednesday, 3rd,	45	35	30.078	
Thursday, 4th,	46	37	30.268	.113
Friday, 5th,	50	36.5	30.600	
Saturday,* 6th,	53	45	30.800	.005
Sunday, 7th,	54.5	36	30.700	.004
Monday, 8th,	51.5	37	30 550	
Tuesday, 9th,	53.5	37	30.450	.009
Wednesday, 10th,	55	35	30.430	
Thursday, 11th,	53	35	30.330	.004
Friday, 12th,	45.5	39.5	30.422	
Saturday, 13th,	49	31	30.518	

* Barom. highest for seventeen years, except Sunday, 11th of February, 1849, when it stood 30.866.

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Feb. 29th,	48.5	32	29.747	42.2	39	34.6	.001	Calm
Mar. 1st,	43.5	34	29 560	41.8	41	40		NW
2nd,	48.5	36	29.555	40.9	40.2	39.4	.028	W.
3rd,	43	23	29.765	32.8	32	31		NE
4th,	42	28	29.935	39.6	39.1	38.5	.333	NW
5th,	45	37	30.243	45.5	44.1	43.7	.001	NW
6th,	53	41	30.451	45.8	45.3	44.8	.002	NW
7th,	54	30.5	30.418	48.1	44.5	40.4		NE
8th,	52.5	29	30.274	45.4	41.7	37.1		NE
9th,	53	30.5	30.175	45.1	43.8	42.3		SE
10th,	52.5	27	30.157	48.4	44.6	40.2		ENE
11th,	53	24	30.056	42.8	42	41.1	.015	NE
12th,	50	28.5	30.124	41.8	38.9	34.9	003	SE
13th,	46.5	25	30.259	41.3	39.6	37.3	.001	ENE

ADJOURNMENT OF ELECTION.

ROSCREA UNION.

Roscrea Dispensary District.

THE Committee of Management of the Roscrea Dispensary District hereby give Notice that they will, at their Meeting to be held in Roscrea on Monday, 22nd of March instant, at eleven o'clock, proceed to elect

AN ASSISTANT MEDICAL OFFICER

for that District, at a salary of £45 per annum, under the provisions of the Medical Charities' Act, 14 and 15 Vic., c. 68. Sealed applications will be received by me up to ten o'clock on the above day. Candidates (with their testimonials) are required to be in attendance.

TIMOTHY BRIDGE,
Hon. Secretary to the Committee.

In consequence of a communication received from the Poor-law Commissioners, the above appointment is Adjourned until further notice.

TIMOTHY BRIDGE, Hon. Sec.

March 15, 1852.

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SURGICAL SOCIETY OF IRELAND.—March 6.

Mr. TRANT, President of the College, in the chair.

ON THE ADULTERATIONS AND SUBSTITUTIONS OF MEDICINES.

By Sir JAMES MURRAY, M.D.

SIR JAMES MURRAY wished to call the attention of the Society to the very serious and alarming extent to which the adulteration and substitution of medicines was now being carried on in almost every part of the united kingdom. There were few places, of which he was aware, where anatomy and physiology were so well studied as in Dublin; but no science, however perfect, could enable medical men to cure the sick, unless the instruments with which they worked were pure and genuine. If he were to read a formal paper, he would have to recount hundreds—nay, thousands—of instances where he had known the lives of patients to be placed in imminent danger, either positively or negatively, by the substitution of one medicine for another—positively, by being in itself pernicious, or a preparation quite the reverse of what was indicated by the disease; and negatively, by depriving the sick of the advantages to be derived from suitable medicines or remedies of a proper quality. For example, there was nothing more common than to prescribe compound powder of jalap as a cooling purgative medicine, and to find afterwards that, instead of acting as had been expected, it had the effect of binding up the bowels in a very strange manner. The doctor then shook his head in silent astonishment, and drew the conclusion that the patient must have a very peculiar constitution. He cannot understand the reason of this torpidity of the bowels; but if he would analyse the medicine, he would find that instead of being made with jalap and cream of tartar, it was composed of alum and jalap, with a large proportion of the former. They might smile at this statement, but they would cease do so, if they read the valuable papers which had appeared in one of the London journals, during the last few months, in which the writer, Dr. Hassall, his friend and former pupil, had recorded adulterations of almost every article of diet, medicine, drink, and nourishment, which was sold in numberless shops in London. That gentleman had observed in adulterated articles of diet what he (Sir J. M.) was endeavouring to show to be the case with substituted articles of medicine. It was nearly useless for men to spend their lives in acquiring knowledge, if they were to be tripped up in their practice by not getting for their patients the genuine articles which they had ordered for them. Well, in another case, they might give Dover's powder—perhaps in diarrhœa, where there was extreme relaxation of the bowels—with the expectation that it would stay the inordinate condition of the alimentary canal; but they found that the more of it they gave, the more strongly it operated, and on examining the drug, it would be ascertained to be a powder, made up, not with ipecacuanha and opium, and a neutral salt to divide them, but of tartar emetic, rubbed up with some fine powder, like linseed meal. He now came to speak of a medicine which was much employed of late years, and he was induced to refer to it, because he happened to know a very simple mode of detecting its adulteration, and felt anxious to communicate the test everywhere. The medicine to which he alluded was cod-liver oil—a medicine frequently administered, and very deservedly, as almost an article of nutrition, when the powers of life were weak; and for the desirable object of making new blood and new flesh for the patient. Well, the physician, naturally enough, prescribed cod-liver oil, never dreaming that with an article of so moderate a price, there would be any attempt at a fraudulent substitution on the part of the party vending it. But he lamented to say that in several instances he had noticed that a vast deal of what was sold for cod-liver oil happened to be made up, partly of some whale or seal oil, with a great dash of linseed and plenty of rape oils, and not unfrequently some olive-oil, if they chanced to have a larger stock of the latter on their hands. Now, Mr. Donovan and others who had laboured so long to produce a good cod-liver oil, and with so much success, had all admitted that it was very difficult to detect the pure from the adulterated kinds. The pure oil was sometimes dis-

covered by its not coagulating with nitrate of mercury; and they had also detected the presence of vegetable oil by the effect of concentrated sulphuric acid, which did not produce the same result in the case of the vegetable, as it appeared to do in that of the animal oil. But occasionally it was no test at all, because the drug might contain a large quantity of the one or the other without being discoverable by sulphuric acid. About thirty years ago he observed at a cotton factory in Belfast, that when the proprietors got an animal oil, such as pure spermaceti oil, the spindles did not become green, as they invariably did when oil of a vegetable nature was employed in the factory; and that spermaceti oil was discoverable by its being specifically lighter than the vegetable oils. But it was discoverable in a much better way—namely, by its not clogging the spindles by forming a glutinous mucilage, as vegetable oils constantly did, and by the adhesiveness of this mucilage preventing the proper and complete lubrication of the spindles; whilst pure spermaceti oil, on the contrary, formed little or none of this mucilage, as they might reasonably suppose. The fact, however, which had led him to speak of testing cod-liver oil was this, that when pure spermaceti oil was long in use, in a warm factory, it did not form any salt of copper with the brasses of the machinery; whereas the vegetable oils, such as olive or rape, which were commonly substituted for the other, exhibited upon the machinery within a very short time a quantity of the salts of copper; so that any person who went into a cotton factory could tell whether the oil used in it was good or bad by observing whether the brasses were green or the contrary. By that observation he was led to see whether he could not distinguish pure cod-liver oil from the vegetable substitutions or mixtures sold in place of it, and it turned out just as he had expected; for on getting a little capsule of copper, large enough to hold a spoonful of pure cod liver oil (which he obtained from Mr. Donovan), and putting it on a sand-bath, he found that, no matter how long it was kept at a mild degree of heat, it exhibited no traces of copper salts; whereas all the spurious imitations of cod-liver oil, threw up a quantity of the salts of copper, forming a margin of green upon the disc of the copper vessel. This was the test to which he wished to direct attention, and it was far more easy and certain in its application than either sulphuric acid or the nitrate of mercury.

CASE OF UNUNITED FRACTURE OF THE HUMERUS.

Dr. Darby exhibited a specimen of ununited fracture of the humerus, taken from a patient whose arm he had removed the day previous. The patient, whose age was 52, had his arm broken by a blow of a winch in March, 1850; it was set in the usual manner by the surgeon who attended him. The bones not uniting within the usual time, he entered one of the Dublin hospitals in the July following, where he was salivated, and the limb put up in a starch bandage, but without any good result being produced. A seton was then introduced between the ends of the bones, but this step also failed to effect any decided improvement, and the poor fellow was sent away in the month of January unrelieved, after having been six months in the institution. He then entered the poorhouse which he (Dr. Darby) was in the habit of attending, and at this time the arm was hanging with a perfectly loose joint in the humerus. The man being anxious to submit to any operation likely to restore the use of his arm, he (Dr. Darby) determined to try the effect of excising the ends of the bones, which was accordingly done, but without any good result. The arm was then amputated at the patient's urgent desire. As far as he could discover, the man was not affected with either scrofula or venereal disease. He was a person of spare habit, but had all the outward appearances of a healthy labouring man, who had been accustomed to a country life, and had never suffered from any constitutional disease or defect whatever. The principal medicines employed in the case were iodine, phosphate of soda and lime, and cod-liver oil; none of which, however, seemed to produce any good effects.

EPIDEMIOLOGICAL SOCIETY.

Dr. Latham read a paper

ON THE EPIDEMICS OF THE SECOND, THIRD, AND SIXTH CENTURIES.

To the epidemics under the reigns of Antoninus and Decius, the notices of Niebuhr and Gibbon give considerable historical importance. Our knowledge, however, of their exact nature is by no means proportionate to our appreciation of their importance as political and social influences. In this respect they have been classed (by Niebuhr more especially) among the leading causes of the decline of the Roman empire. The extent to which the epidemics anterior to the reign of Aurelius Antoninus were true plagues, is uncertain. Niebuhr considers that they were not; but upon this point it must be remembered that the tendency to connect the plague of A.D. 167 with the return of the Roman armies from Persia, may have influenced criticism, and disposed inquirers to ignore the true Oriental character of previous pestilences. At any rate there is a notice of a pestilence and famine, attended by certain cosmic phenomena, in the reign of Trajan, with the significant addition that it was worse than the similar affliction in the time of Nerva—*i.e.*, the previous reign. Earthquakes, &c., are specially stated to have accompanied the plague of Antoninus: so they did that of Decius, about A.D. 270, or 100 years later. This seems to have been severer than the other, and to this a remarkable and well-known passage of Eusebius applies. It tells us, that the number of the recipients of public charity at Alexandria, "between the ages of 14 and 70, was not greater than the previous number of people between the ages of 40 and 70. Gibbon infers from this statement that above half of the inhabitants of Alexandria had perished, but the real proportion is nearly that of two to one, so that only one third of the population survived." *(Niebuhr).* In the reign of Diocletian there is a notice of a *peste* in Gaul; in that of Honorius, one of a *peste* in Rome, during its siege by the Goths (A.D. 408); in that of Julian and Constantine, of one at Armida. How far, however, these were true Oriental plagues, is uncertain. The Decian and Antonian epidemics are eminently unsatisfactory. The worthless writers of the *Augusta Historia*—neither cotemporary with the events they describe, nor capable of appreciating symptoms—are the chief authorities. In favourable contrast stands the plague of the sixth century, under Justinian: Procopius' description being full of medical facts. Sufferers when seized "became fevered of a sudden; some on waking, some whilst walking about, or on other business. The body changed nothing from its former colour; nor was it hot, as if under an attack of fever, nor was there inflammation. On the contrary, from the morning to the evening, the fever was so mild, that neither to the patient nor his physician, when touching him, were there any signs of its presence. Nor did any one of those thus attacked think that he could die. But afterwards, with some on the same day, with others the next, and several some days later, there rose a small bubo, not only in the lower part of the belly and the groin, but under the axilla, and with some behind the ears, and in other parts of the body. The disease began thus generally. The other symptoms varied with the individual. Some were seized with a deep coma, some with an acute frenzy. The frenzy was attended with sleeplessness and fancies, disturbance and cries. They threw themselves about into water (though not from thirst), struggled against food, and when no coma and no frenzy, the bubo wasted. With some it began in the head, when the eyes became bloodshot, and the face swelling, down to the throat. Some had diarrhœa, some buboes, and they died the third or second day, keeping their intellects. Some were mad; anthraces blinded others." To its non-contagious character, and to the inexplicable nature of its origin, Procopius strongly commits himself. It began in Egypt, reached Byzantium in the second year, and lasted four months. From writers of less importance we learn a few subsidiary facts—*e.g.* from Lyathias, that it returned more than once, that during its second visitation deaths were

chiefly from apoplexy, and that on the fifth day. Gregory of Tours indicates its bubonic character by calling it *morbus inguinalis*. Evagrius, who, unlike Procopius, was a strong contagionist, especially states that one and the same patient might be attacked by it a second time.—*Lancet*.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Dr. Gairdner read a paper

ON THE REGISTRATION OF CAUSES OF DEATH.

The object of the paper was to explain the principles followed by the author in the registration of deaths in connexion with the pathological department of the Royal Infirmary, and to endeavour to obtain the coöperation of the Society towards carrying out a more extended system of registration of deaths, on similar principles, founded on data contributed voluntarily by the medical profession in Edinburgh and Leith, and especially by the members of the Society. The author maintained, that many of the fallacies and imperfections of former systems of registration arose from the arbitrary limitations imposed upon practitioners in their statements of the cause of death, which was often much too complex to be with propriety registered under one, or even under two or three headings. The object of registration should be the concise statement of all the phenomena tending to produce the fatal event, in so far as they can be clearly ascertained, and subordinate phenomena, instead of being excluded from the register, or confounded with what might be regarded as the main disease, ought to be in all cases separately stated, with the view of securing correctness and uniformity, and of furnishing data for the investigation of the laws and combinations of disease. The nosological formulæ employed ought to be so contrived as to adapt themselves to every variety of information, the most general as well as the most detailed; and the registration of the same case under a variety of headings, instead of being regarded as an evil, should in reality have the effect of a check upon erroneous inferences. Many illustrations were given from the results of the Registrar-General's tables; and the author concluded by placing in the hands of the members copies of a draft of a nosological table, which he had drawn up for his own use in the Royal Infirmary.

Drs. Alison, Christison, and Andrew, agreed generally with the author of the paper in the principles he had maintained with respect to registration of deaths, and considered that the adoption of them would be an improvement on the methods of registration at present in use.

Dr. Christison remarked, that it was only due to the managers of the Royal Infirmary to state, that proposals regarding a correct system of registering the causes of death occurring in that institution had been frequently under the consideration of the board, and that they had even authorised a considerable expenditure of funds in endeavouring to establish improvements based on these proposals. He moved, that it be remitted to the council to appoint a committee on this subject to take into consideration the scheme of Dr. Gairdner, and to report to the Society at a future meeting. Seconded by Dr. Taylor, and carried unanimously.

CASE OF AXILLARY ANEURISM.

Dr. Mackenzie read the case of axillary aneurism which appeared in our February number.

Professor Miller remarked, that having heard the particulars of this case for the first time, he did not feel warranted in giving any definite opinion as to the nature of the tumour. Yet it seemed very plain that it could be but one of two things,—either a false aneurism by abscess, as in the case of Mr. Liston; or an ordinary spontaneous aneurism, whose sac had suppurated after deligation of the artery, and after some progress had been made towards cure of the aneurism; and he inclined to adopt the latter alternative, in consequence of pus having been found in the sac after death. He considered that an important point of pathology was connected with this question—namely, whether an unopened abscess has, or has not, the power of eroding a contiguous artery by ulceration. He had always maintained the affirmative, and very much on the following grounds:—1. *Open* abscesses, ulcerating in their walls, frequently erode *both arteries and veins*, causing formidable hæmorrhage, often fatal. 2. *Unopened* abscess has the power of eroding contiguous *vein*, as facts prove. Whence we might infer this—3. Unopened abscess perforates vein, but arterial tissue is more prone to ulceration than venous; therefore unopened abscess (*à fortiori*) may perforate a contiguous artery. 4. The evidence of facts,—some of them *prove* (1) that in the case of open abscess, with bleeding from a perforated artery, the erosion must have taken place *very soon* before the open state of the abscess was established; (2) while others equally *prove* that the perforation *had* occurred *during the occult condition* of the abscess, so constituting the Listonian form of false aneurism. These cases of the latter class he considered somewhat in detail; and among them one which had occurred in his own practice, in which false aneurism had followed perforation of the ulnar artery by abscess, and which case he had published in his Principles of Surgery. But of the series, perhaps the most conclusive were those related by Liston, Breschet, and Quain. He believed that it was thus demonstrable that the lesion in question does occur; the kind of abscess most likely to cause it being an acute abscess in the near vicinity of an artery, more especially when that vessel lies over the abscess, between it and the surface; or still more likely a chronic abscess, so situated, which in its growth has become acute—probably in a patient of debilitated frame. From this important fact in pathology, there emerged a still more important rule in practice—namely, the propriety of opening such an abscess *as soon as possible*, though yet deep and small, so that all chance of aneurismal erosion may be prevented, whilst at the same time the artery and wall of the abscess being not yet contiguous, there may be no risk of erosion and bleeding, in consequence of that ulceration of the abscess's wall, which so generally follows establishment of the open condition. As to the point of practice in the supposed case—of a Listonian false aneurism having been diagnosed during life,—he differed from Dr. Mackenzie. He preferred the Hunterian operation to the direct. In ordinary traumatic false aneurism—as at the bend of the arm—the direct operation was usually preferable; but then the artery was expected to be in all respects sound at the deligated parts, immediately above and below the aperture of communication with the sac. Here it is otherwise. From the nature of the case, it is to be expected that the patient, alarmed by new sensations and symptoms in the part, will anxiously seek the surgeon's aid very soon after perforation has occurred. The vessel at the eroded parts necessarily must be *inflamed* and *ulcerating*, and therefore in a most unsuitable frame for sustaining the ligature. This would come away prematurely, and secondary hæmorrhage would follow. Whereas by tying the vessel on the cardiac side, at a point sufficiently distant to avoid the inflamed disc, a vessel in all respects suited for deligation would be found, degenerated neither by chronic steatomatous change nor by acute inflammation. And while reasoning thus showed that such an operation might be *safer* than the direct, experience *proved* that this safer operation was quite *effectual* for the cure of ordinary false aneurism—and why not of this? The experience of the late Mr. Liston spoke plainly on this point.

Mr. Spence stated, that he felt no doubt as to the possibility of an artery communicating with the cavity of an abscess, in consequence of the ulceration of the vessel, and that he had always pointed out that in his surgical lectures as one of the dangers of neglected abscess in the neighbourhood of large vessels. There was one point which he thought had not been enough attended to by those who denied the likelihood of such an occurrence. They usually pointed to the fact of large arteries, exposed in sloughing ulcers, resisting the destructive action longer than any other texture, as an evidence of the arterial tissue being

possessed of a peculiar organization and vitality. Mr. S. on the other hand, held that vitality of the artery in such cases depended on the integrity of its peculiar vascular supply. When an artery is exposed in ulcer, the vessel and its sheath are still attached to, and receive nutrition from, the deep-seated parts. But the artery is in a very different position, when a portion of it is fairly insulated by purulent matter, as in the cavity of an abscess; for then the part of the arterial tissue so deprived of its vascular supply, will undergo the process of ulceration or slough as readily as other textures. In support of this opinion, Mr. S. showed a preparation from the University Museum (Catalogue, p. 77). The preparation showed the tonsil destroyed by an abscess, and external and inferior to it a large collection of pus, which had laid bare the great vessels and nerves below the angle of the jaw. The common carotid artery presented an ulcerated opening, near its termination; and there was another ulceration in the internal carotid, near its origin. The internal jugular vein was obliterated near the division of the common carotid. The patient a female, had suffered from swelling and pain at angle of jaw, and difficult deglutition, for some time. Two days before death she ejected some pus and blood from the mouth. Next day, the large abscess below the jaw was punctured with a lancet, when fœtid pus and sloughs were discharged; two hours afterwards arterial hæmorrhage occurred from the puncture, and recurred repeatedly during the day until evening, when the patient died. The abscess which had denuded the vessels having, in this case, been opened only two hours before the arterial hæmorrhage commenced, Mr. Spence thought there could be no reasonable doubt that the arterial tissue had been destroyed by the diseased action prior to the puncture of the abscess, though the slough had not then separated. No one could suppose that ulceration of the coats of the vessel had taken place in the short space of time between the opening of the abscess and the commencement of the bleeding.

Dr. Mackenzie said, that having noticed in the first part of his paper the repeated instances which were recorded of arteries having given way, by ulceration, into the cavities of abscesses which had been already opened, he had excluded all such cases, as not bearing directly on the point in question—viz., the formation of false aneurism by ulceration of the coats of an artery within the cavity of an unopened abscess. He was conversant with all the cases mentioned by Mr. Miller, but had avoided detaining the Society with an account of them, as he did not consider them analogous to his own case. On this account, too, he had only alluded very briefly to a similar lesion of the venous coats. Dr. M. had hoped his paper might have elicited further information on the subject from members of the Society, but it appeared, as far as he could find, that the three cases he had quoted from M. Robert (of Paris), Mr. Liston, and Mr. Quain (to which Mr. Dewes' case might probably be added), were the only cases in which this form of aneurism had been distinctly proved. Dr. M. was at a loss to understand how Mr. Miller could attribute the origin of the traumatic aneurism of the ulnar artery, to which he had alluded, to the previous formation of abscess. The woman had been stabbed a little below the bend of the arm, and an unsuccessful attempt had been made to secure the artery, which was wounded at a point extremely difficult of access. The hæmorrhage had recurred, and was arrested by compression. The wound healed, and the patient left the hospital, but returned in a short time with an aneurism at the seat of injury, on which Mr. Miller performed the usual operation for traumatic aneurism with success. Dr. M. could see nothing in this case to support the view Mr. Miller had taken of it. On the contrary, he considered the history of the case in every way to correspond with that of the usual formation of traumatic aneurism. As to the treatment of the form of aneurism produced by the communication of an artery with the cyst of an abscess, Dr. M. had only to repeat what he had already stated in the paper: he believed that were the character of such an aneurism recognized during life, the old operation would be more likely to be followed by a favourable result than the Hunterian operation. The prognosis was unfavourable under any circumstances; but he thought that the application of ligatures, a short way above and below the ulcerated opening in the artery, would probably be attended by less risk than the application of a single ligature on the cardiac side of the aneurism. The single ligature would not entirely arrest the flow into the aneurismal sac, and solidification of the tumour could not take place as in ordinary aneurism. Unless, then, the artery were obliterated in the neighbourhood of the ulcerated opening (an event which could not, in such a case, be looked for with any degree of certainty), hæmorrhage must inevitably ensue on the escape of the purulent contents of the cyst by a spontaneous or artificial opening on its surface.

Professor Miller said Dr. Mackenzie had objected to his (Mr. M.'s) explanation of the aneurism at the bend of the arm, in the example to which he had referred; and had mentioned that in that case bleeding had occurred some days after the application of the first ligatures by Mr. M. This bleeding, supposing it to have occurred, made no difference as to the theory of abscess causing aneurism. Dr. Mackenzie supposed that Prof. M. had omitted to tie the principal vessel, and that from it the bleeding in question took place. This supposition was both unlikely and unnecessary; unlikely, because the principal bleeding point was not likely to be overlooked in the free and thorough examination of the wound which was then made; unnecessary, because it was more probable that the bleeding took place from one or other of the vessels tied—these, inflamed and ulcerating, being obviously unsuitable for the plastic results after ligature. And this it was, doubtless, which had led Prof. M. as reported, to say, that thus it might be seen how Mr. Guthrie's practice was not always expedient: viz., that when the bleeding point was inflamed and ulcerating, it was better either to trust to graduated pressure on the part, or to tie the vessel at a Hunterian point. In the case in question, the features which favoured Mr. M.'s explanation were, the patient being discharged with a firm *depressed* cicatrix, signs of ordinary suppuration being reported in the narrative after dismissal, and in performing the ultimate operation the bleeding orifices being found lower than the part formerly tied. Those features had been untouched by the remarks of Dr. Mackenzie, and were strikingly corroborated by the analogous case in the *Lancet*. In Dr. Mackenzie's own case, it would not do to account for pus in the cyst after death, by supposing that the ligature of the subclavian had dried up the supply of blood, and that then the cyst had gone on secreting purulent matter uninterruptedly. For experiments on animals had demonstrated, that when even the largest vessels (in a state of health) were tied, free circulation was immediately restored on their distal aspect. And it was well known that after the Hunterian cure of aneurism by ligature, the sac continued for some time to be fully supplied with blood. Prof. M. still adhered to his opinion as to the treatment of a Listonian false aneurism if diagnosed during life—namely, ligature on the cardiac side. It was not inevitable that the sac should open. When the arterial perforation occurred, the case was thereby transferred from the category of abscess into that of aneurism, and was to be regarded and treated accordingly.

Dr. Gairdner said, that while he agreed with the other speakers in admitting the possible perforation of an unopened abscess into the canal of an artery, he thought that, in Mr. Liston's case, and perhaps in some of the others, the disappearance of the pus, and the absence of the local phenomena of its admixture with blood, were very inexplicable. Dr. H. Lee of London had lately pointed out, that whenever pus and blood came in contact, rapid coagulation of the latter was the result; this was invariable when the mixture was made out of the body, and yet there was no evidence of such coagulation having taken place in Mr. Liston's case, in which the pus, if ever present, must have been very thoroughly mixed up with the blood of the artery,

and might have been expected to produce coagulation either in the sac, or in the course of the circulation.

Professor MILLER said, the only explanatory circumstances he could state were the following:—The abscesses in question had been chronic, becoming secondarily acute, in patients of weak frame, consequently pus corpuscles would be few, and the contents would be mainly serum, and the gradual commixture of this fluid with living blood might be less formidable than the mingling of ordinary pus. In ordinary cases of pus-mingling, it was with the venous circulation; the pus, consequently, getting immediate and direct access to the heart and lungs;—whereas in these cases commixture was with arterial blood, and the pus could not reach these important parts without having previously passed through the systemic circulation, and become modified in character thereby.—*Monthly Journal.*

PHARMACEUTICAL SOCIETY.

Messrs. COFFEY and SMITH exhibited their steam apparatus for pharmaceutical purposes in full operation. This was, indeed, the most attractive object present, and ample opportunity was afforded for testing the practical working of the apparatus, and for criticising the different arrangements which Mr. Coffey has so ingeniously combined in a small compass. Some parts of the apparatus exhibited have been recently added, among which we may mention a contrivance, which was much admired, for stirring extracts and other liquids during the process of evaporation, a water-bath tunnel for filtering fatty or other substances requiring the application of heat to keep them liquid, a steam-saucepan for making decoctions, &c., and a vacuum pan which is worked with a solid-pistoned pump. Mr. Coffey has also recently constructed a gas furnace for heating crucibles of large size. Several gentlemen who were present, and are using Mr. Coffey's apparatus, expressed themselves perfectly satisfied with it.

Passing from this strictly pharmaceutical subject to one of more general interest, we may notice Mr. Shepherd's electro-magnetic clock, which was exhibited by the inventor and patentee. In this instrument electricity is the motive power which is substituted for the spring or weight of ordinary clocks, and it is said, with advantage in regard to the regularity of the action. But this is not the only advantage claimed in the application of electricity to time-pieces. Having one good time keeper, by connecting this by means of wires with any number of dials the same time will be indicated by all.

Some very powerful and beautifully finished steel magnets, made by M. Logemeat of Haarlem were exhibited by Mr. Knight of Foster-lane, the London agent. The first of these magnets shown in this country was exhibited some time ago by Mr. Faraday, at the Royal Institution, when he represented its power as nearly double that usually possessed by magnets of the same size. One of the magnets exhibited on the present occasion was capable of supporting nearly three hundred weight attached to the keeper.

Three very important improvements in the manufacture of flax and cotton were illustrated by a large number of specimens which covered one of the long tables in the lecture-room. The processes referred to are those respectively of the Chevallier Claussen, of Mr. Bower, and of Mr. Mercer. The old mode of preparing the flax for the use of the manufacturer consists in "rotting" the straw—that is, steeping it in water until decomposition of some of its constituents has been effected. Not only is this process objectionable on account of the offensive odour produced, but it is liable to frequent failure from circumstances over which the operator has but imperfect control.

Claussen's process consists in steeping the flax-straw in a weak solution of caustic alkali to fit it for the first preparation to which it is submitted, instead of leaving it to undergo spontaneous fermentation in water.

The Patent Wire Type Machine, which was in active operation, also attracted much attention. It had been furnished for the occasion by Mr. J. R. Johnson, one of the directors of the company, and M. Poirer, the inventor. The object of the invention is to produce printing type from copper, brass, zinc, and other hard metals, the letters being formed by a die, instead of being cast in a mould, as is now done with the comparatively soft type metal. A flattened wire, of the form and diameter of the type, on being passed through the machine, is cut into the proper lengths, and the required letter stamped at one end; and this is done so rapidly as to render the process a very economical one. Independently of the greater hardness of the metal used, as compared with that heretofore employed, it acquires increased hardness from the compression to which it is subjected, and the durability of the type, from these causes, is estimated to be sixty times greater than that of ordinary cast type. The letters are also more accurately formed.

Among machines having a more directly pharmaceutical application, there was one from Dr. Downing, called the *Aneuralgicon*, for applying warm medicinal vapours; and a feeding-bottle, called the single-tubed *Biberon*, from Dr. Ogier Ward. In this latter instrument the air only enters as the liquid contents of the bottle are withdrawn, and hence it is not liable to leak. We must not omit to notice also Mr. Stephen Green's anti-corrosian pump, for pumping oil of vitriol and other acids and liquids which act powerfully on metals. The pump is made of the brown stone-ware which Mr. Green manufactures into so many forms applicable for chemical and pharmaceutical purposes. Besides the above-named pump, there were exhibited, on the present occasion, stills, condensers, evaporating-pans, spherically-stoppered jars, percolators, tincture-jars, stop-cocks, &c., all made of the same material. The plan adopted in most of these cases of fitting the different parts of the apparatus together so as to form air-tight joints, by grinding spherical surfaces together, is particularly worthy of commendation.—*Phar. Jour.*

ON THE BILE.

By Dr. H. BENCE JONES, F.R.S.

THE bile has long been a subject of the greatest speculation on the part of physiologists, and there is scarcely any theory which has been advanced on the properties of the bile, which has not been defended by some writers. Dr. Jones compares it more to a kind of soap than anything else, and proceeds to inquire: What is the physiological action of the bile? The most opposite and the most important actions have been attributed to it. It has been said to promote digestion, and to stop digestion. Some say that it neutralizes free acid, thus lessening irritation; others, that it increases the peristaltic action of the bowels, thus increasing irritation. It has been said to be partly absorbed into the system to support respiration, by furnishing a highly carbonaceous body. Some have said that it promotes the absorption of fatty substances; and by others it has been said to have no action upon fats at all. To solve these questions was the difficulty. Experiments were tried by tying the common duct through which the bile passed; but this is not the way to arrive at a satisfactory result. If the bile is not suffered to pass, a stoppage is put to the functions of the liver; the whole order of the system is thrown out, and general disorder is produced. In 1844 a new mode of experimenting was begun by Schwann, who collected the bile without allowing it to pass into the intestines, by means of an opening similar to that which I mentioned in the case of the pancreatic duct. The action of the liver thus went on as usual, and all the functions of the body were performed without impediment. Twelve dogs lived from sixty-four to eighty days without any bile passing into the intestines; one dog, thus experimented upon, lived four months; and another, belonging, I believe, to M. Bernard, lived a year in this state. It was found that dogs thus treated ate much, and digested badly, partly in consequence of the unnatural fistulous opening. They did not lose much weight at first; but after a little time they lost their appetite, became thin, and ultimately died. The bowels acted as regularly and per-

fectly as if the bile had passed in the usual manner. Professor Nasse had a dog that lived from the 12th of August to the 27th of January. The quantity of bile varied with different kinds of food between 31 grains and 370 grains daily, with from 16.44 to 19.19 per cent. of solid constituents. Less was secreted when the dog was ill. The dog ate much, digested badly, did not lose weight at first, afterwards lost its appetite, and then became thin. M. Blondlot had a dog that flourished for three months. The bowels acted twice daily.*

Even in human subjects, it has been found that when a fistulous opening has been made, owing to perfect obstruction of the common duct, by inflammatory action, the bowels have continued to act when the bile did not pass—showing that the bile is by no means indispensable for their action.

Many experiments were tried with dogs, as to the quantity of bile secreted. The influence of medicine was also tried; and it is interesting to us to know that the action of mercury was decidedly to increase the quantity of bile secreted, as has long been held by medical men. If animals can live for a year, enjoy tolerable health, and digest their food, without any bile passing into the intestines, the importance of bile, and its necessity for the purposes of digestion have been exaggerated.

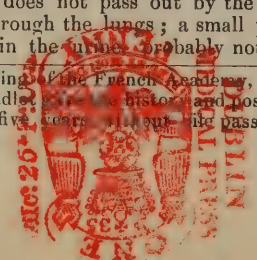
The action of bile out of the body on the different constituents of food, tends to precisely the same results as we have seen obtained by experiments in the body. Bile, when mixed with neutral fat or with oil, is found to have no chemical action whatever. It makes a sort of emulsion only, not quite so good as that produced by the pancreatic fluid. I added to solutions both of pancreatic juice and bile, equal quantities of water and oil, and then left them, after agitation for some time, to see which produced the most enduring emulsion. You see them here; both have caused the fatty matter to be minutely divided; but I think the pancreatic fluid has divided it and kept it divided the best. When fresh out of the body, bile has no action on starch; it does not change it into sugar, as we saw the saliva did. When, however, it is allowed to decompose, it has a slight action upon starch; but not more than all animal substances have. It has no action on cane-sugar until after it has stood for a considerable length of time, and then the cane-sugar is converted into acid. With grape-sugar, if left for any length of time, it forms lactic acid; but so do all other animal substances when in contact with sugar. It has no action, even when acidulated on casein, or on the albuminous substances which constitute our food.

It has been said that the liver purifies the blood by removing a large quantity of carbonaceous substance from it. To determine this by absolute experiment was a matter of great difficulty; but Schmidt has endeavoured to solve this question by experiments on forty cats, thirteen geese, many sheep and rabbits, in which he made fistulous openings into the gall-ducts for the purpose of collecting all the bile and of determining the proportion between the quantity of carbonic acid thrown out by the lungs and the quantity of carbon in the bile. He passed a tube into the gall-duct, and could measure how much gall came out per hour; and he could determine the composition of the bile by burning it and collecting the carbonic acid. He made, at the same time, comparative experiments on the respiration, some of which I shall have to detail to you in a future lecture; and he came to the conclusion that not more than from one-tenth to one-fortieth of the carbon which passes out of the body passes by the liver, and that therefore the liver has no considerable action in freeing the blood from carbonic acid or carbon. He found that eight-ninths or nine-tenths of the carbonaceous matter remains in the circulation, and does not pass out by the bile at all, but is thrown out through the lungs; a small portion, however, must escape in the urine, probably not much less than passes out in the bile. But I am unable to give you the proportion of carbon in the urine and bile daily excreted, from want of experiments.

What, then, in conclusion, are the uses of the bile? I have shown you that it is an alkaline fluid, and a body resembling soap. If soap is brought into contact with an acid, you know what happens; the alkali of the soap and the acid combine, and the acid of the soap is set free and precipitated. So also is it in the bile. If I take human bile, and mix it with acid (as you see in the experiment with sulphuric acid), a greenish white precipitate is formed. Let me show you what would happen to human bile if mixed with the acid secretion of the stomach. This I can do by adding dilute hydrochloric acid to a portion of bile, or better still by mixing some of the clear fluid obtained from the contents of the stomach, which I showed you in my lecture on the gastric juice; by both a precipitate will be immediately produced. The alkali which exists in the bile goes to the acid; it neutralizes so far, the acid reaction coming from the stomach; and it precipitates the insoluble acids, which give rise to choloidynic acid, and even to that still more insoluble substance, dyslysin, in its passage through the intestinal canal. It appears to me, then, that one great action of the bile is to furnish an alkaline fluid, which, when mixed with the acid secretion that has served the purpose of dissolving the albumen, will neutralize it, and lessen its acidity, so as to prevent it from producing irritation and increased action of the intestinal canal. That the stomach can actually bear much stronger acid than the bowels is known to most medical men. That the acid does not pass rapidly out of the stomach I am convinced by the following experiment:—To an adult man I gave 162 grains of dry, pure tartaric acid dissolved in two ounces of water. No pain was felt for three hours; no food was taken during this time; and without doubt, all the tartaric acid would in these three hours have been absorbed, or would have passed out of the stomach. At the end of this time, a pain in the bowels began to be felt, and at the end of the fourth hour there was very considerable pain, coming on in paroxysms. At the lapse of about five hours, if the bowels had been allowed to act, they would have acted from the acid thus taken. A repetition of the experiment, with 84 grains, gave precisely the same results. When the acid entered the bowels, pain began to be felt, and if bile in plenty had been poured out, the acid would have been neutralized, in part at least; the alkali would have combined with the acid; the insoluble bile acid would have been formed as a precipitate, and been thrown out of the body. If this be so, sluggishness of the liver, a deficiency of alkali poured into the duodenum, becomes a reasonable cause of excessive acidity of the intestines; the gastric acid required to dissolve the albuminous food, if sufficient bile is not formed, will pass into the intestines, and produce irritation and increased action. The physician has long held, that want of action of the liver gives rise to acidity, and that alterative medicines correct this state.

But the very great size which the liver attains in the fœtus appears to indicate that it performs some additional action independent of food and of digestion. This additional action has been said by German physiologists to be the reparation and the formation of blood globules; but this is by no means proved. It seems to me much more probable that it is for the purpose of neutralizing the acid, and probably also, for the purpose of removing, when requisite, some of the carbonaceous substances; in certain states compensating for the action of the lungs, though, in ordinary states, removing much less carbon than has been said. The bile gives water moreover to dilute the chyle; it tends to the subdivision, in some degree, of the fat and the oil of our food. It acts upon the free acid of the intestine; and some of it may be possibly absorbed, and pass into the circulation again, as Professor Liebig originally conjectured. It is not nearly so important as the gastric juice, which dissolves the albuminous part of our food, or the pancreatic fluid, and the salivary fluid, which convert all the insoluble starch, as I have shown you, into soluble

* At a meeting of the French Academy, on the 23rd of last June, M. Blondlot gave the history and post-mortem of a dog that lived for five years without bile passing into the intestines.



sugar. Lastly, the importance of the bile in forming sugar from fat, is one of those facts which cannot be overrated. By this discovery of M. Bernard's, very important knowledge relating to the physiology and pathology of man will be obtained during the next few years; at least there can be little doubt, that the disease known as diabetes, if not closely connected with this production of sugar in the liver, must at least be influenced by it to a very considerable extent.—*Medical Times*.

CASE IN WHICH THIRTY-SIX OUNCES OF CHLOROFORM WAS USED IN FOURTEEN DAYS.

By W. H. Byford, M.D.,
Professor of Anatomy, Evansville Medical College, U.S.

Believing that the following case is rather uncommon, from the amount of chloroform which was taken, and the entire immunity from any ill effect resulting from its use, I am induced to send it to you for publication.

The subject was a young lady, aged 18 years. About six years since, her friends discovered an angular curvature of the spinal column, resulting from caries of the two upper lumbar vertebræ. Previous to the discovery of this abnormal condition of the spine, for some months, she had been suffering from excessive pains in the lower extremities, and halting in her gait.

For upwards of a year, these symptoms continued, when they wore off. During this time, the curvature made its appearance. After a time, the vertebral column became solid, and she experienced but little inconvenience from it save the consciousness of deformity. Every few months since that time, she has had an attack of fever, accompanied with pain in the epigastric region, radiating to the shoulders and down the arms, vomiting, and obstinate costiveness. In one of these paroxysms, one of her arms was temporarily paralyzed and did not regain the power of motion until after she had recovered completely from the other symptoms. The treatment employed at such times, consisted of bleeding, cathartics, calomel, and morphia, blistering, &c., under the use of which remedies, the attacks would last for from one to three weeks. During the month of February last, the disease returned with more than its usual violence. On the fifth day, I was called to see her. She was then vomiting frequently, had had no alvine evacuation for four days previous; complained of lancinating pain in the epigastrium, shooting up into the shoulders, down the arms, around the abdomen, pain down the legs, in fact, all over the system where it is supplied with spinal nerves, with irregular contractions of the whole voluntary muscular system. She had been taking large doses of morphia to no good effect, it not having procured sleep or even rest. Her suffering was so great, that her cries might have been heard for some distance day and night. I bled her largely twice in a short time; gave her a cathartic of colomel followed by senna and salts; used strong liniments to the spine, and a blister to the epigastrium; warm pediluvia, &c. After which I again resorted to morphia, but without relief. On the eighth day from the onset of the attack, I commenced the use of chloroform, giving thirty drops on a silk handkerchief to respire, which produced almost immediate ease. In a few moments, however, the pains returned, and again were subdued by this agent. She was now kept under its influence for about an hour, after which she continued to sleep for three hours without its reapplication. At the end of this time, she awoke screaming with pain. Mr. Egleston, a medical student, now gave the chloroform, when she became quiet for an hour, or longer. After taking it for several times in this way, its influence became less, lasting but a very short time only, when the pains would return again with great violence. In this manner she was nearly constantly taking it for fourteen days, during which time she used not less than thirty-six ounces. A part of this quantity of course must have been dissipated by evaporation, that was not inhaled, but certainly not more than is lost in its administration generally. Under its influence, however, at last, this paroxysm gradually wore off, and the patient is now enjoying her usual health, which, to a casual observer, would seem perfect. No permanent effect, so far as I can ascertain, followed the administration of this, I may say, excessive amount of this powerful agent. On the contrary, the convalescence was uninterrupted, rapid, and apparently complete. It may be interesting to make some remarks as to its effects upon the circulation and respiratory organs. The pulse was always lessened in number and force, but in this instance, it was never reduced below the natural standard. The lungs were more affected: a mild degree of bronchitis having been produced, as I thought as the result of its use, which continued the whole time of its administration, but gradually and readily subsided upon its withdrawal. The number of respiratory efforts were diminished in about the same proportion as the action of the arteries was reduced. Upon the nervous system no other perceptible effects were observed than entire ease and quietude, approaching natural repose. I am led, from reflecting upon this and some other cases in which I have seen chloroform used, to believe that in estimating the beneficial or injurious influences likely to be exerted by this powerful medicine, our attention has not been sufficiently directed to the *condition* of the *nervous* system, particularly in regard to the presence or absence of pain, or other preternatural excitement. I apprehend that we will find the same laws governing our physical system, to obtain with respect to its use, as we are compelled to take into account, when we call to our aid any of the powerful narcotics, one of which is, the preservation, in a great measure, of the general system, by the nervous system being pre-occupied by exalted or morbid excitement. This principle may account for the fact, borne out, I think, by statistics upon the subject, that the untoward and melancholy effects of chloroform, seldom, if ever, occur in cases where the system is labouring under great pain, as for instance, labour, toothache, &c.

Those more conversant than myself with the numerous facts in connexion with this subject, will be competent to judge of the correctness of this conclusion. If it be true that pain ensures immunity from the deleterious effects in these cases, we may yet hope, by not commencing too soon in surgical cases, to afford our patients all the good, without incurring risk from the evil influences of it. Following up this idea, we would not wait to commence the use of the knife until the patient was entirely under its influence.—*Amer. Jour. of Med. Sci.*

OPERATION FOR OVARIAN DROPSY.

By Mr. I. B. Brown of St. Mary's Hospital.

A certain amount of excitement has been existing for a little time past regarding the operation which we are going to describe. It was by some supposed that Mr. Brown intended to remove the cyst completely, but it soon became known that a somewhat new line of practice would be adopted, which consisted in the removal of a small portion of the cyst, after the evacuation of the fluid. The theatre was crowded, and Mr. Brown, before the patient was brought in, stated that the cyst in the present case was very thin, and that he would excise a portion of it, after tapping, and leave the fluids, furthermore secreted, to be expelled by other channels. Mr. Brown was likewise anxious to explain why he did not, in the present instance, use pressure, as he had successfully done in many other cases. The reason was, that the patient is the subject of prolapsus uteri, and that any compression over the hypogastrium must necessarily render the displacement greater, and force the organ out of the vagina. The patient is a woman about 40, following the occupation of servant, and who has been suffering from ovarian dropsy for several years past. She had spent some time in another hospital, whence she was discharged as incurable, being told that tapping would be of no benefit to her; she therefore now objected to this ordinary means of removing the fluid.

Chloroform was administered by Dr. Snow, first with

his inhaler, and afterwards with the simple sponge, the insensibility remaining complete all through the operation. The patient's abdomen is very prominent and pendulous, the skin being of rather a dark tinge, and permeated with large veins. Mr. Brown made his incision in the mesial line, commencing a little below the umbilicus, and descending in a straight direction for about four inches. All the layers down to the peritoneum were carefully divided, and the latter slit open with the assistance of the director. The cyst, of a light grey colour, now came into view, bulged out by the fluid; and Mr. Brown passed his finger easily between the cyst and parietes of the abdomen. It was now plain that no adhesions existed between these parts, for the whole hand of the operator was easily glided all round the cyst, between the latter and the walls of the abdomen. It struck some of the spectators that this great freedom from adhesions, might perhaps be favourable to the complete removal of the cyst. Mr. Brown now introduced the trocar and canula in the centre of the exposed portion of the cyst, and evacuated about a gallon of very clear limpid fluid, the cyst being all this while held by an assistant with a vulsellum, so as to prevent its collapse. After the removal of the fluid, Mr. Brown raised, with the vulsellum, a portion of the cyst about the size of the palm of the hand, and removed it by a horizontal section with the scalpel. A little fluid which had collected during this process was now allowed to escape, and the cyst pushed back into the abdomen. The margins of the cutaneous section were brought together and secured by six sutures, a compress applied, and a wide roller placed around the abdomen. Very little blood was lost during the operation, and none at all on the section of the cyst.

When the patient was removed, Mr. Brown addressed the gentlemen present, and stated that his reason for adopting this line of practice was, that cysts which spontaneously burst have been known to give patients no further uneasiness, the fluid being probably, after the collapse of the cyst, taken up by the absorbents. He cited the case of a lady who had been under the care of Dr. Henry Davies, and with whom such spontaneous bursting and collapse had taken place. The lady experienced no further ovarian annoyance, and died ten years afterwards of another disease. On a post-mortem examination, made by Mr. Brown, it was found that the cyst had completely shrunk, and that an aperture of some size existed in it, probably where the cyst had formerly burst. The preparation is preserved in the museum of St. George's Hospital. Mr. Brown considered the present operation far less dangerous than ovariotomy, and he did not apprehend any mischief from the opening of the peritoneum, as he had made incisions into that membrane in many cases before, for various purposes, without any untoward results. Mr. Brown had had under his care a very old lady, affected with a multilocular ovarian cyst. She was treated in this manner; one of the numerous cysts collapsed, and gave no further uneasiness. This treatment was not, however, pursued, on account of the lady's great age. But it might be expected that more success would be obtained in the present case, where the cyst is probably of the single kind. We shall watch this case with much interest, and acquaint our readers with its progress.—*Lancet.*

TREATMENT OF BRONCHOCELE BY COMPRESSION.

By Dr. Dwight, Moscow, United States.

The author having frequently failed with iodine, and further having met with cases in which injurious effects were supposed to have been produced by that medicine, was induced to try the effects of pressure, which he accomplished in the following manner:—

Three straps of glazed cambric were spread with adhesive plaster, each half the width of the tumour, and sufficiently long to reach from the lower edge of the scapula of one side obliquely up the opposite side of the neck and across the lower part of the tumour, passing thence onward in return to the upward direction down to the lower edge of the opposite scapula, crossing like suspenders. The strap is drawn quite tightly, producing very considerable turgescence of the bloodvessels of the face. The patient will shrug up his shoulders for a few minutes until the thyroid vessels become compressed sufficiently to enable him to breathe more comfortably, and the countenance resumes its natural appearance. Five minutes is all the time ordinarily required. The second strap is then passed in the same manner across the upper part, from half an inch to an inch from the first, according to the circumstances of the case, such as length of neck, size of tumour, or situation and form. This strap is drawn as tightly as the first. After waiting until the countenance allows a new application, the third strap is put on in the same manner over the immediate space in like fashion.

Ordinarily the plasters will adhere in cool weather from ten days to a fortnight, when, becoming loose and non-adherent, they ought to be removed. If the pressure has been well applied, the tumour will be found to have become slightly less, the skin somewhat reddened and tender. In such case it is prudent to wait until it assumes its natural appearance before a new application of the plasters.

The first application has in one case been sufficient; but the average has been as high as four times in each case. When the bronchocele has become diminished to half its size at the time of its first application, it will continue to disappear without further care. The author states that the success which has attended this treatment is such as to warrant confidence. In twenty cases there has been no failure. In the first four, iodine was used in conjunction with the plasters, and in the twelfth it was used antecedently for several weeks without diminution of the disease. In these cases the progress was no more rapid than when no iodine was used. In two of the cases the disease returned at the end of two years each, but on a new application of the straps was immediately overcome; and although ten years have elapsed since the last application, all is as well as though there had never been any deformity. It is proper to add, also, that in both of these cases iodine was freely taken, as well as pressure used at the commencement.—*North-Western Med. and Sur. Jour.*

ON QUINIDINE.

By Mr. Robert Howard.

This alkaloid, which gained a prize in the great exhibition, has scarcely yet attracted much attention. Some of the cheaper barks now largely imported from New Grenada contain so much of it that it is, perhaps, as well that it should be more studied. The *Cinchona cordifolia*, from that part of the continent, is particularly rich in it. It is, however, contained in larger or smaller quantities in the Bolivian and Peruvian barks—the *Cinchona*, *Calisaya*, *Boliviana*, *rufinervis*, and especially *ovata*.

The sulphate of quinidine is so like the sulphate of quinine, that the eye or the taste can with difficulty distinguish them. It forms the same light fibrous crystallization, and occupies as large a bulk. It corresponds in appearance with the description given by Winckler, of "chinidine." He notices that it has "a remarkably white colour and a peculiarly faint lustre." Its most striking characteristic is its extreme solubility. Pure sulphate of quinine requires nearly thirty times its weight of boiling water for solution, whilst the sulphate of quinidine dissolves in four parts. On the other hand, the pure alkaloid crystallizes readily out of proof spirit and out of ether, whilst quinine does not crystallize out of either. A very good test for the presence of cinchonine in sulphate of quinine is also capable of being applied to detect the presence of quinine. On this point I would refer for very interesting details to a paper by M. Guibourt, in the *Journal de Pharmacie* for January in this year.

In your journal of April, 1843, I gave a test for sulphate of quinine, to which I would again advert, because subsequent experience has proved it to be a tolerably easy, and at the same time exact means of ascertaining its purity. Put 100 grains in a Florence flask with five ounces of dis-

tilled water, heat this to brisk ebullition; the sulphate of quinine ought not to be entirely dissolved; add two ounces more water, and again heat it to ebullition; ought to make a perfectly clear solution. If this be allowed to cool for six hours, and the crystals carefully dried in the open air on blotting paper, they will be found to weigh about ninety grains, the mother-liquor may be evaporated and tested with ether, when any cinchonine or quinine will be easily detected. On examining sulphate of quinine of commerce from several leading manufacturers, I have found all of them give, within a grain or two, the same result, and in each indications of quinine, though to an unimportant extent.

The above quantity of water (seven ounces) readily dissolves 800 grains of sulphate of quinine; and if 100 grains of this salt are dissolved in seven ounces of water, the crystals dried as above weigh only fifty-four grains, thus leaving forty-six grains in solution instead of about ten grains. The medicinal effects of B quinine deserve investigation, the chemical constitution and the taste appear to indicate a great similarity if not identity.—*Phar. Jour.*

EMPHYSEMA OCCURRING DURING LABOUR.

By L. S. Joynes, M.D., of Accomack, Virginia, U.S.

In a late number of the *American Journal* was published a case of emphysema of the cellular tissue occurring during difficult labour. The perusal of this case, reported by Dr. Abbot, brought to my mind an instance of the same accident which once fell under my own observation; and the extreme rarity of its occurrence, as well as the silence of nearly all our standard obstetrical authors concerning it, induces me to send you a brief statement of the case which I witnessed. It occurred in the Dublin Lying-in Hospital, in the summer of 1842, while I was a resident pupil of that institution. I give the report of it nearly *verbatim* from notes taken at the time.

Emphysema of the Cellular Tissue occurring during Labour.—This was a first confinement; the first stage being very tedious, some tartar emetic was administered, according to the practice of the hospital, with the view of bringing about relaxation of the *os uteri*. The second stage was more rapid; just as the child's head was beginning to press upon the perineum, the patient's face and neck were observed to swell, and she complained of some tightness of the respiration. The face, neck, chest, and arms, almost to the hands, were found to crepitate upon pressure, and the sides of the neck were resonant on percussion; there was tenderness on pressure above the clavicle. The patient was immediately bled to ʒxx., and being soon delivered (by the natural efforts), the farther increase of the effusion of air was prevented. Had the child not been soon expelled it was the intention of Dr. Johnson to apply the forceps. Auscultation and percussion of the thorax revealed nothing abnormal, so that there was clearly no effusion of air into the pleura. The patient slept as soundly during the night as if nothing had happened. Her recovery was in every way favourable; she left the hospital on the ninth day, the swelling having then entirely disappeared, and with it the tenderness above the clavicle. Dr. Johnson says that he has always observed a favourable termination in the cases of this accident which he has met with, but he always takes the precaution of bleeding the patient, with the view of guarding against inflammation of the lungs, as there must evidently be a solution of continuity at some point of its surface, in all probability at its root.

The gentleman whose opinion is here quoted, is Dr. C. Johnson of Dublin, at that time master, or accoucheur-in-chief of the hospital, a man of large experience and high reputation in Dublin. His explanation of the accident in question differs in some degree from that given by Drs. Blundell and Abbot, in fixing the probable seat of rupture at the root of the lung, whence the effused air escapes between the reflections of the pleura into the cellular tissues of the mediastinum, thence into the neck, &c. This explanation would appear the more plausible of the two, though this is, at best, matter of speculation.—*Amer. Jr.*

TREATMENT OF MAMMARY ABSCESS BY COLLODION.

By Dr. Evans, United States.

Mammary inflammation, during lactation, is exceedingly prone to end in abscess. This is owing to the great vascularity of the organ, and its loose and flaccid texture, which allows the determination of blood to it speedily to result in effusion of lymph, which, in the absence of the pressure made by denser structures, is not absorbed, but results in the secretion of pus. Thus when the breast becomes indurated under the treatment heretofore practised by the profession, of poulticing, applying liniments, tobacco leaves, &c., without constitutional treatment, it almost uniformly forms an abscess. Disheartened by the general want of success in preventing suppuration by the ordinary means of treatment, and satisfied that the most prominent indication of cure was to overcome the freedom with which the blood is forced into the mamma, and, by compression, cause the absorption of the lymph, as is done by the roller applied on the extremities, in various forms of inflammation, Dr. Evans determined to use a complete coating of the collodion to obtain the benefit of its contraction; the result of which will be more fully illustrated by relating the following cases in which it has been used:—

Case 1.—December 18, 1849. Called to see Mrs. J., suffering from mammary inflammation during lactation; found she bathed with liniments, applied poultices, and kept the milk well drawn from the breasts, but without apparent benefit; I could detect decided fluctuation at the point of greatest suffering; I ordered a coat of the liquid adhesive plaster, which gave very prompt relief, and the inflammation speedily subsided; a few days after I opened the abscess, which pointed, but it discharged a very small quantity and rapidly recovered.

Case 2.—Mrs. S. was confined June 5, 1850, with her third child. On the 7th she was attacked with a chill, followed by high fever and active inflammation of both mammæ; she had suffered after each of her previous confinements, with extensive abscess of the left breast; the secretion of milk was very profuse; and notwithstanding strenuous efforts to keep the milk drawn off by the assistance of a little girl, who drew it very freely, the left mammæ became extensively indurated, and was acutely sensitive and painful at the point of the former abscesses. I applied the collodion so as to cover the indurations completely, with the effect of promptly relieving the suffering of the patient; and by repeating the coating morning and night for a few days, the indurations were removed; the only additional treatment used was seidlitz powders, given to produce a laxative effect.

Case 3.—Mrs. McC., eight days after confinement, was attacked with mammary inflammation, attended with chill and high febrile excitement, on the 8th of June, 1850. Gave mass. hyd. grs. xij., with pulv. Doveri, grs. viij., in the evening. June 9th. The breast is very painful, and extremely tender to the touch, great thirst, dry mouth, frequent but compressible pulse, and a troublesome cough; the bowels had not been moved. Ordered sol. mag., oz. ss., and an application of the collodion to the breast, and free abstraction of milk. June 10th. Much better; says the application of collodion to the inflamed breast gave immediate relief to the pain, and the soreness has rapidly diminished; ordered the application to be repeated; the recovery was rapid without suppuration.

Case 4.—Mrs. P., three weeks after confinement, was attacked with inflammation of the mamma on the 24th of June, 1840; she had been previously under treatment for uterine phlebitis, from which she was recovering. The breast was swollen, indurated, and very painful; the collodion was applied so as to cover the induration and swelling, with almost instant relief to the pain; by repeating the application the swelling subsided gradually, without suppuration.

Case 5.—July 15, 1850. Mrs. M. had an attack of inflammation of the right mamma, about ten days after confinement; I was called the next day and found it

swollen, indurated, and painful, notwithstanding the milk had been kept freely drawn, and the breast well fomented; a coating of collodion, as in the preceding cases, promptly gave relief to the pain, and gradually removed the swelling; in no case where I have used the collodion, except the first one reported, has the slightest suppuration taken place; in every instance the relief from suffering has been prompt, and no inconvenience has resulted from its use in any case, except the slight smarting that attends its application.—*Western Med. Jour.*

DISLOCATION OF THE THUMB.

M. Demarquay has published in the *Bulletin de Thérapeutique* certain experiments of his which were undertaken to ascertain the actual state of parts in luxation of the thumb. The case which directed M. Demarquay's attention to the subject is the following:—A lady, in leaving her carriage, fell upon the pavement, with outstretched arms, and a dislocation of the thumb ensued. M. Demarquay thus describes the state of the parts. The thumb was forced backwards, and formed an obtuse angle with the corresponding metacarpal bone, whose phalangeal articulation projected under the muscles of the thumb. The ungual phalanx was flexed, and all movements of further flexion or extension were impossible. M. Demarquay used all known means of reduction without success, and M. Roux was called in previous to muscular section. The latter surgeon used the same tractions as had before been done; but before flexing the thumb he rotated it inwards, whilst he made forcible flexion, and reduction was thus obtained.

M. Demarquay was struck with this result. He made several experiments on the subject, and found that in a complete luxation of the thumb backwards, the following changes take place. The metacarpal extremity of the first phalanx comes to rest on the posterior portion of the articular surface of the first metacarpal bone; and the phalangeal extremity of the latter projects under the skin, after having passed through the two portions of the flexor brevis pollicis, the external portion being frequently torn. This phalangeal extremity of the first metacarpal bone is thus caught in a loop formed externally by the outer part of the flexor brevis and the abductor, and internally by the inner portion of flexor brevis, the adductor pollicis, and the strong tendon of the flexor longus pollicis. That these are really the phenomena which take place has been ascertained by the experiments of Messrs. Pailloux, Vidal, Malgaigne, Lisfranc, and Laurie. Inspections of individuals who have died with this luxation, have shown besides that the anterior ligament is always ruptured close to the metacarpal bone, and that it is carried along with the posterior portion of the luxated first phalanx. As in the above mentioned experiments both lateral ligaments, or at least the external, were always ruptured, the theory of Dupuytren and Rey falls to the ground. If, then, the difficulty of reduction cannot be ascribed to the persistence of the lateral ligaments, nor to the force of the anterior ligament, the main obstacle must lie in the muscular loop, which is slung round the head of the metacarpal bone.

In summing up, M. Demarquay gives the following rules:—1. To use a sufficient amount of traction (with Charrière's forceps) on the luxated bone, in the direction of the axis of the thumb. 2. To push back with the operator's thumb, or left index finger, the head of the metacarpal bone, and keep it quite steady, so that when flexion is made, the head may not be thrust further into the palm of the hand. 3. When extension is carried to a sufficient extent, rotation either towards the outer or inner side should be made, so that the head of the metacarpal bone may be freed from the muscular loop which is keeping it strangulated. This being done, the traction should be continued until the posterior part of the first phalanx has reached the level of the head of the metacarpal bone. Flexion is then to be made, whilst at the same time the left thumb of the operator forces backwards the displaced part of the first metacarpal bone.—*Lancet.*

STYPTIC POWERS OF MATICO IN UTERINE HÆMORRHAGE.

Mr. Giraud relates the following case, in which the local application of matico proved successful in restraining severe uterine hæmorrhage. The patient was a woman aged 37, the mother of ten children. Since the birth of her last child, sixteen months since, she has been subject to uterine hæmorrhage at uncertain intervals. On examination the os uteri was found to be irregular, having an ulcerated surface, with hard edges, occupying one-third of its circumference. In spite of the recumbent posture, and the injection of a strong solution of nitrate of silver three times a day, several napkins continued to be soaked with blood during the night and day for ten or fourteen days, and the patient began to evince the usual symptoms of chronic hæmorrhage. A paste of matico leaves was then made, mixed with a little mucilage of acacia, and having rolled it into balls of a convenient size, three or four of them were introduced into the vagina, and kept in contact with the os uteri by a firm plug of lint, completely filling up the vagina. No pain or inconvenience from this application was experienced, and the bleeding ceased entirely, and it was not renewed after the plug and matico came away at the end of ten days. Although the os uteri continued much in the same state, and there was too much reason to fear that malignant disease existed, the author states that the effect of the application of matico in this case increases his confidence in its styptic power, and has made him determine on using it, in this same form of paste, in the troublesome hæmorrhage which occurs from carcinomatous and other unmanageable ulcerative surfaces.—*Prov. Jour.*

OVER-DOSE OF LIQUOR AMMONIÆ.

P. W——, aged 36, a conductor, was admitted into St. Mary's Hospital, under the care of Dr. Alderson, at twelve p.m., February 22, 1852, having an hour previously taken an ounce of hartshorn, which in the dark he had mixed with milk, in mistake for castor oil. He said that he swallowed it all, having, as was his custom on taking any of the oil, "gulphed it down." On finding his mistake he took copious draughts of warm water, when he vomited a quantity of matter like soap-suds, but continuing to suffer great pain, he was advised to come to the hospital, when on examination the inside of his upper lip, tongue, roof of mouth, and fauces, were white, and other parts excoriated; there was great difficulty in swallowing, and he said he felt as if he was on fire from his stomach to his mouth; voice husky; pulse small, 112; surface rather cold. He was ordered dilute acetic acid, and then a mixture consisting of equal parts of olive oil and mucilage; an ounce for a dose. 23rd. Pulse 108; coughed and retched several times during the night; says he experienced much relief from the oily mixture. There was severe pain over the epigastric region, increased by pressure, with the same burning sensation from the stomach to the mouth. Was ordered a cooling gargle, demulcent drinks, and some leeches to the epigastrium. 24th. Felt more comfortable, and had much less pain; pulse 94. He did not require any further treatment, and left the hospital on the 27th, when the voice had regained its natural tone. There was not any diarrhœa throughout the case. The speedy recovery, I think it fair to suppose, was much aided by the nature of the liquid in which the hartshorn was taken.—*Mr. Trotter in Lancet.*

The "hartshorn" in this case was, we conclude, *liquor ammoniæ* of unknown strength. It seems to have been just sufficiently alkaline to soften or dissolve the epidermis or cuticle, but not to kill the living surface of the mucous membrane of the mouth and œsophagus. The speedy recovery of the lining membrane of the stomach after such stimulation is instructive, considered in connexion with a question as to the therapeutic value of this agent, so often indiscriminately administered.

NÆVUS CURED BY VACCINATION.

By Mr. Woolcott,
Surgeon to the Kent Ophthalmic Hospital.

A lady brought to me her infant, a healthy-looking child, nine weeks old, in January, 1848, with an extensive subcutaneous nævus, which had existed from birth. The tumour, which was of a blue, livid colour, occupied the whole of the upper eyelid and a small portion of the root of the nose on the right side, and extended upwards upon the brow and forehead as high as the upper border of the orbicularis palpebrarum muscle; outwards and downwards it reached nearly to the tragus of the right ear, and then extended upwards and inwards along the lower margin of the zygomatic process of the temporal bone, across the malar bone to the external angle of the orbit, where it joined the morbid product at the upper eyelid; there was no pulsation in the tumour; it was soft and compressible, and increased greatly when the child cried, and it then assumed a dark purple colour; pressure on the temporal arteries did not diminish its bulk. The application of ligatures in this case was of course inadmissible, on account of the deformity which would arise from cicatrization of the wound causing ectropium. The treatment for the first month consisted in the application of tincture of iodine, the abnormal growth being freely punctured all over with a fine cataract needle, and the iodine applied over the punctures. The bleeding was considerable, and of arterial character, but it soon subsided on the application of the iodine. These punctures were made twice a week, but the iodine was applied daily, except when it caused too great irritation and soreness of the skin, when it was discontinued for a day or two, and then resumed. At the end of the month, the disease remaining undiminished, I altered the treatment and applied vaccine lymph; with a lancet armed with the matter, punctures were made at short intervals all round the circumference of the tumour, and several points in the centre of it. To ensure its taking, I inserted into each puncture a bone-point, also well armed with vaccine lymph; most of these punctures took, and the irritation they caused was considerable, the child's face and head being swollen enormously. This was attended with fever and much constitutional disturbance, but at the end of a fortnight it had somewhat abated, and at the end of a month the disease was evidently decreasing; and at the expiration of six months from the vaccine lymph having been used, not the least swelling existed, and the skin was assuming its natural colour. I saw the child the beginning of January (1852), and not a vestige of the morbid structure remains, and it was only by looking closely for the vaccination scars, that I could tell on which side the nævus had been. I have treated several cases in the same way at the Kent Ophthalmic Hospital, and have succeeded in arresting their growth, but I have never seen so large an erectile tumour cured by this treatment, nor can I remember to have read of any such case. The colour of this vascular tumour was venous, the bleeding was arterial.—*Lancet.*

SYNCOPE.

By Mr. B. W. Richardson.

Syncope may arise from two kinds of derangements in the circulating machinery—1st, from blood being *diverted* from the heart; 2nd, from the heart being *overcharged* with blood.

The heart does not depend for its power to act on any nervous agency, but simply on the stimulus of blood. The value of the recumbent posture in restoring animation during syncope, does not rest on the cause (so commonly believed) that during recumbency the brain is resupplied with blood, and so the heart with nervous power, but on the fact, that when a person faints while sitting or standing, the heart fails to do more than to throw its blood over the arch of the aorta; and as this even is not done with sufficient force to ensure a returning venous current in opposition to gravity, the whole of the blood is allowed to accumulate in the vessels below the heart. But the patient at this point falls, or is laid down, with the upper part of the body lowest, the position of the ascending venous currents is thus entirely changed, the returning blood gravitates into the heart, and the organ, resupplied with stimulus, starts again into play, and animation returns.

This explanation affords also a key to many pathological phenomena; thus hæmorrhages from the lower half of the body are always much more dangerous than those from the upper, because in such cases the lower half of the body is a running cistern, not a reservoir of blood.

Syncope, following purgation, or the abstraction of fluids from cavities, is induced by the sudden rush of blood that takes place into the unloaded parts, the heart being thus as effectually robbed as in hæmorrhage.

Ruptures or wounds of the heart may not be followed by instant death, and this especially holds good if the wound or rupture occurs at the upper part of the organ; because in such cases, as soon as the organ gets so full as to pour out its blood through the artificial opening, contraction of the walls of the heart begins to take place, which contraction, as it expels the blood through the natural channels, closes also the rupture or wound.

Rupture of the sound heart scarcely ever occurs, except from a severe fall, in which the body alights on the feet or breech. Such falls lead to rupture of the heart or aorta, by the concussion of falling bringing down the blood that is passing through the ascending aorta, in the same way as the concussion produced by bringing the bottom of a bottle, containing a fluid or powdered substance, sharply on a hard body causes the powder or fluid to sink lower. In this way, also, aneurism at the root of the aorta is accounted for, as produced by leaping, riding, and the like; here the concussion, though not sufficient to cause a rupture, leads to a state next to rupture—viz., dilatation.

A beautiful provision against these accidents is found in inferior animals, where running, leaping, &c., are required, inasmuch as in them the circulating currents from the limbs do not enter the heart perpendicularly, but through the medium of horizontal vessels, so that no amount of concussion in falling upon the feet can overwhelm the heart with an increased flow of blood upon it.

In syncope during advanced pregnancy, the danger is very great, because the recumbent position is of no avail; for the gravid uterus falling backwards on the vessels running to the heart, acts like a ligature around them.

Syncope in labour never, or at all events rarely, occurs during a pain; this, in consequence of the mechanical necessity, that by each uterine contraction a large quantity of blood previously contained in the uterus is poured back into the general circulation, by which the heart is continually supplied with stimulus.

Heat, applied to the general surface, will sometimes give rise to syncope when the heart is hypertrophied. The syncopal attack is brought on in this case from an increased temperature dilating the capillaries, into which the over-acting heart forces its blood and empties itself.

Syncope may occur from the heart being overpowered with blood, and becoming paralyzed by its own efforts, in the same manner as ordinary muscles are sometimes temporarily paralyzed by sudden extreme exertion. Death probably arose from syncope so induced in those experiments on rabbits where Sir Astley Cooper suddenly arrested the flow of blood passing through the carotid and vertebral arteries; and cases are narrated in which a tendency to syncope has followed the compression of large arteries in the human subject.

The heart may also be overwhelmed from causes acting on the venous system. Thus from the days of Harvey it has been known that, in abstracting blood from the arm, the patient often faints on the removal of the fillet. This ensues from the flood of venous blood suddenly released, returning upon the enfeebled heart and overpowering it in a greater or lesser degree, just as in transfusion of blood after hæmorrhage the heart is liable to be overpowered if the injected blood is thrown into the circulation with too much force. A case is also supplied to illustrate a temporary mechanical arrest of the venous circulation in the neck may be followed by the same effects on the obstacle being suddenly removed.

Under the head of syncope from derangements of the heart, the effects of barriers (as indurated valves, &c.) in the cavities of the heart, and the effects of shocks to the heart, are considered. Reasons are adduced to prove that barriers on the left side of the heart are most dangerous, and it is suggested that all barriers act detrimentally in two ways—1st, by opposing the currents of the blood; 2nd, by preventing the walls of the heart from approximating closely during their contraction, thus rendering the organ unfit to adapt itself to various quantities of blood.

Among the causes which act on an *obstructed* heart to produce syncope, *exertion* is placed first by Mr. Richardson; and the doctrines of Dr. Latham concerning shocks to the heart are dwelt upon. It is shown that the cause why the heart never gets over a severe shock, as described by Dr. Latham, rests in the fact that the heart can never rest after the shock, and so never regains full power. It may play on, but its nice equilibrium is lost.

Exhaustion of the body, and sudden changes of position, are also common causes of syncope during the existence of obstructions at the heart. And lastly, in some states the blood during life, in the course of agitation against the valves of the heart, may deposit its fibrine; and in the event of an indurated valve being present, a fibrinous coagulum may be suddenly deposited upon it, of sufficient size to arrest the play of the heart, and to bring on fatal syncope.—*London Jour. of Med.*

REVIEWS AND NOTICES OF BOOKS.

LATERAL CURVATURE OF THE SPINE; its Causes, Nature, and Treatment. By R. W. Tamplin, F.R.C.S.E., Surgeon to and Lecturer on Deformities at the Royal Orthopædic Hospital, &c. &c. London. 1852. 8vo. pp. 44.

The substance of this treatise, the author informs us in the preface to it, has already appeared in his "Lectures on the Nature and Treatment of Deformities." He has been induced by the advice of many professional friends to publish in a separate form his views respecting lateral curvature and its treatment.

The circumstances under which lateral curvature of the spine arises are briefly laid down by Mr. Tamplin as follows:

"1. From any cause by which the movements of the lower extremities are rendered irregular; in other words, when the uniformity of their action is destroyed.

2. From general debility, or simple loss of the healthy tone of the system; from general debility consequent upon, or combined with, true rachitis, with its attendant and unhealthy state of constitution.

3. From any occupation by which the muscles of one side, or of one extremity, are more frequently exercised than those upon the opposite side."

This deformity originates, as Mr. Tamplin correctly observes, independent of any disease of the bones, ligaments, or muscles, the rachitic condition alone excepted. Its immediate cause, "in all cases, is purely mechanical—namely, the superincumbent weight of the head and upper extremities, combined with an instinctive effort, always in operation, to retain the head in the perpendicular position with the sacrum, with inability of the muscles and ligaments to accomplish this object when once a permanent curvature has taken place."

The following is the author's account of the ordinary progress of the symptoms in a case of lateral curvature of the spine:—

"Lateral curvature, when unaccompanied by rickets, generally commences about the age of 10 or 12 years. The first object which attracts attention is a fulness or projection of the shoulder—the shoulder corresponding with the convexity of the curve; also, a supposed enlargement of the hip, generally in the opposite side to the upper curve. Upon placing the patient in the horizontal position, an undue amount of lateral motion in the spinal column is generally observable. The curvature is perceived only when the patient is in the erect or sitting posture; and when in the horizontal, very slight pressure will not only straighten the spine, but carry it beyond the straight line, producing temporary curvature in the opposite direction. As the head cannot be retained in the perpendicular position with the sacrum, and we have only one portion of the spine curved, a second curve takes place lower down, in the lower dorsal and lumbar vertebræ.

As the deviation proceeds, the ribs, from their direct attachment to the vertebræ, suffer also from displacement, and project upon the convexity of the spinal curve, falling in upon the concavity. Hence the fulness or projection of one shoulder, and the depression or the flattening of the other. The sides of the chest and abdomen alter in shape, according to the nature of the deformity; being hollow on the concavity of the curve, round and projecting on the convexity. The ribs become compressed, and approximate to one another, also to the ilium on the one side—raised from the ilium, and separated from one another, more or less, upon the opposite side, which gives one of the hips an appearance of increased size. For this alone patients often apply for relief, and are more alarmed at the supposed enlargement of the hip than at the curvature. The height of the shoulders is unequal; the one appears raised, the other depressed, and more or less approximated to the hip of that side. The chest, also, partakes of the alteration of form, being flattened and depressed on the side corresponding with the convexity, full and projecting on that of the concavity. The bodies of the vertebræ, likewise, of necessity deviate from their normal position, being more or less separated from each other in the convexity of the curve; approximated and in close apposition on the concavity. The intervertebral substance, from the continued and undue pressure to which it is subjected on the concavity of the curve, becomes at first compressed, and eventually, in the most severe cases of many years' standing, absorbed; whilst the ligaments are elongated on the convex side, and contracted on the concave side, offering the most obstinate resistance. The muscles on the convex side are rendered more prominent, less so on the concave side, from the alteration of their position by the spinal deviation in connexion with the deviation of the ribs."

This deformity, the author thinks, may be traced in many instances to the general debility and loss of tone produced by the system of discipline pursued in many of the boarding schools for girls; and he quotes, in proof, the following account of the routine of one of these establishments, for the accuracy of which he is enabled to vouch, which appears to be very well calculated to bring about such a result:—

"At six o'clock in the morning the girls rise; from six to eight learning or saying lessons in school; eight to half-past eight, breakfast; half-past eight to nine, preparing lessons out of school, some of the girls being permitted to do so in the garden; nine to one, at various tasks in school; one to half-past one—out of school, but must not go out of doors—reading or working, and preparing for dinner; half-past one to two, at dinner; two to five in school, various tasks; five to half-past five, tea; half-past five to six, preparing to go out, dressing, or reading, or playing in school; six to seven, walking, generally arm in arm, in the high road, many with their books in their hands, and reading. It is to be remarked that they never go out unless the weather is quite fine at the particular hours allotted for walking. . . . . The twenty-four hours are therefore thus disposed of:—In bed 9; in school at their studies and tasks 9; in school or in the house 3½; at meals 1½; exercise in the open air 1."

That the practical results of such a system are not overdrawn is evidenced, the author observes, by the following fact—"We lately visited, in a large town, a boarding school containing forty girls, and we learnt on close and accurate inquiry, that there was not one of the girls who had been at the school (and the majority had been as long) that was not more or less crooked. Our patient was in this predicament, and we could perceive that all her companions were pallid, sallow, and listless." "We can assert, on the same authority of personal observation, and on an extensive scale, that scarcely a single girl (more especially of the middle classes) that has been at a boarding school for two or three years, returns home with unimpaired health."

"Happily, a portion of the ill-health produced at school is in many cases only temporary, and vanishes after the return from it. In the schools in which the vacations are frequent or long, much mischief is often warded off by the periodical return to the ordinary habits of healthful life; and some happy constitutions unquestionably bid defiance to all the systematic efforts to undermine them."

The plan of treatment pursued by the author consists in supporting the spine in such a manner that, while the deformity is being cured, relieved, or any increase prevented, the patients may be enabled to follow their usual avocations, and to take such general exercise as is conducive to, and absolutely necessary for, the preservation of health. For this purpose, the author employs instruments "which possess the power of adaptation to any form of curvature, with the pres-

sure so applied that no part is interfered with beyond the pelvis and the projection, where it is required; having a crutch on the concavity of the curve attached directly to the band, which assists in taking off the weight of the body, and preserving the balance of the instrument." "In cases of curvature of long standing, it requires to be worn night and day, so that no return to the malposition can take place; for if the just position be not constantly maintained, the ligaments cannot recontract, neither can the resistance offered by them on the concavity of the curve be so effectually overcome."

The author illustrates his description with figures of lateral curvature of the spine in its different degrees, and of the several instruments invented and employed by him for its relief. The latter appear to be extremely well adapted to the purpose intended, and they seem to be capable of fulfilling all the indications which can be expected from mechanical apparatus in affections of this nature.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, MARCH 24, 1852.

POOR-LAW MEDICAL RELIEF.

THERE is, we hope, no "*finality*" in Poor-law Legislation, no more than in Reform Legislation; otherwise we should be in a state of utter despair as regards the prospects of our brethren of the Dispensaries under the new arrangements. It is evident that the whole scheme or system of medical relief in both countries (if it can be called a system) is the result of crude conceptions and feeble efforts, having no sound principle in view, and based on no solid foundation. A temporizing policy evidently sways the decisions of the governing bodies in this department; and that it should do so in Ireland at the moment when an experiment is in progress, does not surprise us; but that after so many years of experience it should still prevail in England, we cannot understand. We throw this out by way of a crumb of comfort to the suffering victims of the change which has just taken place in this country, and cold comfort it is; but we throw it out to remind them that every nerve must be strained to compel those entrusted with the execution of the Dispensary Act to discharge that duty with honesty and humanity on the one part, and with boldness and resolution on the other. We have said that no sound principle appears to guide in this matter, but there is evidently an unsound one, or something worse than an unsound one, the principle of substituting shadow for substance. It is impossible to contemplate the present state of this department, after a perusal of its official history since its origin, without coming to the conclusion that a fixed conviction prevails, which leads to a reluctant compliance with the letter of the law, rather than to a hearty adoption of its spirit; a display of unwilling obedience to a hard necessity rather than an anxious wish to discharge an agreeable duty. We really begin to think that the Poor-law authorities entertain some undefined notion that the medical relief of the poor is something of the nature of a sham, a result of a popular delusion which must be provided for, but not a positive object to be resolutely achieved. How else are we to account for such a state of affairs as this paragraph reveals, what better proof can be adduced that the settlement of the matter is voted a bore at head quarters, and that doctors and guardians are left to fight it out as best they can:—

The guardians of the Wolverhampton union are now engaged fixing the scale of remuneration to medical officers at so much per case for each pauper. The sums proposed are 2*s*., 2*s*. 6*d*., 3*s*., 3*s*. 6*d*., and 5*s*. 6*d*., per case. They are also discussing whether medical officers shall be appointed to each district, or whether the poor shall be allowed to employ any medical gentleman they shall please. The relieving officers are opposed to giving such an option to the poor, as in that case the doctors would oftener give an order for food than they would prescribe medicine. They also assert that they could produce a hogshead of medicine which the doctors prescribed, but the poor never used. In fact, they say, that almost all the applications are "bread-and-cheese cases," and that while they (the relieving officers) only gave 578 orders, the medical men had 1985 patients. The present remuneration paid the medical officers averages 1*s*. 4½*d*. per case.

But what concerns us is the apprehension that this "fight dog, fight bear" policy should be adopted in Ireland, and that our Dispensary Surgeons should be left to their own resources for defence against half-famished ratepayers. After a protracted struggle, repeated remonstrance, and unequivocal expression of doubt as to the necessity for the measure, an act is passed to overturn existing arrangements for the medical relief of the poor, on the ground of their insufficiency, and to substitute others for them. No sooner, however, is this fact accomplished than we perceive something very like a hesitation as to its execution. The principle of the measure thus asserted by parliament, and acquiesced in by the poor-law authorities, is it seems to be practically questioned in each of the 163 unions of Ireland. It is not the Commissioners, it appears, who are to enforce the law, but the parties interested in its evasion. The act says, medical relief shall be provided for the poor, the Ratepaying Guardians concur, and the Commissioners assent, but what is the practical result? As far as we have been able to ascertain, in many instances the result is but a compromise, a mere cheating of the foul fiend in the dark; for appointing a surgeon to scour the side of a country daily, in pursuit of the sick at distances of five, ten, or fifteen miles, upon a salary of £60 a year, is little else; in fact, the thing is impossible, and those who are parties to it well know that it is so. But lest all this should prove insufficient to secure for the state full value for the expenditure, an additional duty is imposed by which the "medical officer" is made the officer of another department not yet fully developed in this country. He is to collect the materials for annual returns touching sanitary statistics, for the glorification of some Registrar-General in embryo; and all "into the bargain." We conclude the big books in which the Doctors are to place on record their labours in this way have reached them, and that they have discovered the pleasant amusement provided for the evenings of their days of toil; but in the meantime we venture to protest on their behalf against the imposition of this extra duty without specific remuneration. We deny altogether the right to demand any such sacrifice of time without a proper consideration. The Surgeon is paid for attendance on the sick poor, and not for drawing up medical statistics. The printer of these books, "we guess," will be paid for them, and handsomely too; he who fills in the blanks must be paid also. Nothing for nothing is the order of the day, and no penny no *pater noster* has now become a rule of medical practice. The following is an extract from a letter before us on the subject:—

. . . . . No less than seven magnum books put into my hands, as if I was a clerk from the cradle to the grave; but to give my time up to this department is quite out of the question. The secretary is tired already, although but his second attendance; and so is the chairman, and every man on the committee. . . . . .

MIDWIVES FOR THE POOR.

The following suggestion is entitled to consideration, although some may perhaps entertain doubts as to the possibility of the proposed measure, or perhaps as to the prudence of its adoption under the present unsettled state of medical affairs. Practitioners conversant with the deplorable state of destitution in this respect prevailing in rural districts in Ireland will, however, readily concur in the humane views entertained by Dr. Mackesy, and will doubtless second his efforts, should a prospect of success present itself:—

WATERFORD UNION.

At the usual weekly meeting of the board on Thursday last, the following proceedings took place relative to dispensary districts:—

Dr. Mackesy said—I am anxious to place on the proceedings of this board a resolution I hold in my hand, to elicit the opinion of the Poor-law Medical Commission on the eligibility of appointing well-conducted educated nurses to the dispensary districts. This is a point of great consequence, not only in the preservation of the lives and health of the poorer classes, but also to the farmers and those residing in the country, whose circumstances do not enable them, in ordinary cases, to employ regular professional attendance; and should I succeed in establishing a better class of nurses in the country, sufficiently educated to judge of the necessity of having surgical advice *in proper time*, and capable by their attention and sobriety of discharging their duties, it would, in all probability, be the first great advantage the farmers have experienced from the poor-law; for I should expect that they would gladly avail themselves of the services of such qualified nurses for their wives when they were not engaged in dispensary duties. This is no new subject, for the grand jury had for years the power of presenting £20 or £30 at each assizes for the education of a nurse at the Rotundo Lying-in Hospital, Dublin, so that it is only removing this power from the grand juries to the poor-law; and in general the nurses sent up by the grand juries, when educated, did not remain in the districts which had paid by taxation for their education, but settled in some city, and acted as monthly nurses—thus the poor derived no benefit from the taxation imposed on them for this purpose; but the salary I propose should be allowed, will not only induce numbers of well-conducted women to attend the hospital for midwifery education, but will secure the future residence of the dispensary nurse in the district. This is a subject difficult to enter on at a meeting like this, but I hope that my inability to do it justice will not deprive me of the support of the members I see around me in carrying out the arrangement, as I am satisfied, from my professional practice, of the great advantages that will result from it. Dr. Mackesy concluded by moving the following resolution, which was seconded by Alderman Woods, and passed unanimously:—

"That the opinion of the Commissioners be solicited as to the advantage of appointing to the dispensary districts nurses of good character, regularly educated by attendance and lectures in lying-in hospitals, to act as midwives in ordinary cases, under the direction of the dispensary surgeons; and that should the Commissioners approve of such appointments, that they be requested to issue instructions for the qualifications that should be required, and for the arrangement of the duties of such nurses."

BOOK-ADVERTISEMENTS OF THE QUACKS.

It is odd enough that this most obvious insult to the medical profession should now be first exposed, and by "A Young Hospital Student," although it has been in operation for several years. But it is not in this respect only that the character of the medical profession is sacrificed, and medical science obstructed in its progress to serve the purposes of trade. The day may perhaps one day arrive when Physicians and Surgeons will take steps to cure this evil:—

HOMŒOPATHIC AND MESMERIC PUBLISHERS.

Sir,—I have just received from M. Baillière of Regent-street, a pamphlet containing a list of works published by him. A large portion of them are upon homœopathy and mesmerism. As he is probably thus insulting the profession generally, would it not be as well for those members who have received the paper in question to follow my example, and return the paper to him, with an intimation that they will not purchase books published by him as long as he places them side by side with humbug and imposture.—Believe me, yours, &c.,

—*Lancet.* A Young Hospital Surgeon.

To Correspodents.—We are fully aware of the disgraceful and dishonourable proceedings adopted to prevent the accomplishment of contemplated improvements in medical education, but what can we do? To tell our readers that the party alluded to has uttered the falsehood stated, would not mend the matter; neither would it avail to expose the turpitude of the course pursued by the others, as long as our profession tacitly acquiesces.

PAYMENT OF HOSPITAL SURGEONS.

Our correspondent "Spes," whose letter appeared last week, really has good grounds for hope in the cause to which he addresses himself. We were not aware that so many of the metropolitan charities gave an annual grant to their medical officers. But there is, on this account, the greater reason why the other hospitals and dispensaries should follow the good example. Let us have more information on this subject. The question is one which could only be decided in favour of the medical officers when once fairly discussed by the hospital authorities. While an annual sum is given to the physicians and surgeon's at Guy's, St. Bartholomew's, and St. Thomas's, why should the medical officers of St. George's and the London Hospital be expected to give their time and services gratuitously? We can understand why there should be no medical remuneration at some of the younger charities, or when the expenditure barely equals, or falls below, the income; but in hospitals with splendid revenues like those we have named, its absence shows a great selfishness and want of consideration on the part of the governors. Besides the actual remuneration in money, it would be well to ascertain the financial relationships between the various schools and the hospitals around which they have grown up. We believe the most different regulations exist in this respect at the different hospitals. Thus, we are told that at University College Hospital, the whole of the fees for hospital practice are absorbed by the hospital; while at King's College Hospital, they are divided among the medical staff. The publication of such inequalities must tend to their adjustment upon some proper plan. Another important branch of the subject relates to the hospitals and infirmaries of the provinces. Information on this subject would be most valuable. It has often been said that hospital appointments pay their possessors indirectly, by leading to practice. But this cannot be averred with the same truth as formerly, when hospitals have increased in number, and now that the medical staff of each hospital is so much more numerous than formerly. In our times hospital appointments are looked upon rather as giving opportunities for work and laborious investigation, than as direct introductions to practice. Much more than the name of being hospital physician or hospital surgeon is required to ensure the most moderate success in practice. There is another point in the modern regulations of hospitals which requires consideration. There is now, at all our public institutions, a numerous staff of assistant physicians and surgeons, who have little chance of early success in practice. The old hospital work was a holiday matter compared with the present. There are in London many assistant physicians and surgeons who have grown grey in their probationary state. Ten or twenty years—the very heart of a man's life—may pass away even after he has entered the hospital precincts, and is fairly on the groove, before he has full opportunities of showing the stuff he may be made of. There are actually men who have reached the council table of the College of Surgeons, still hospital assistant-surgeons—old men in years, but mere juniors in hospital rank. We did not start this subject without due reflection, and we trust some tangible good may follow upon its discussion.—*Lancet.*

MEDICAL BLOOMERISM.

Everybody who reads *Punch* and the newspapers has learned that some crazy transatlantic women have been vainly endeavouring to induce the British fair to assume half the dress and many of the most arduous duties of the other sex. A little modification of the petticoat and the corset is, I grant, very much needed; but a rational reformation in female dress can never be brought about by such apostles as are now, or have lately been, preaching the doctrines of the Bloomer crusade. Much less can such individuals do aught for the other cause which they pretend to espouse, "the rights of women." It is true that in the eye of God, as revealed to us in his word, "the rights," and the eternal destiny of both sexes, are the same; but it is as clearly told to us in the Bible, as it is emphatically declared by the physical structure of our race, that, when in this world, the man and the woman has each a distinct mission—that the one is a help meet and suitable for the other, and that the proper discharge of the duties of life require each to perform separate parts. The larger bones, the stronger muscles, the sterner mind, and the ruder aspect were, not without a wise design, conferred on one sex and withheld from the other, whose very charms and powers of doing good depend in no small degree upon the manner and proportion in which are impressed characteristics the opposite of those enumerated. Were our wives and our daughters to desert their nurseries, their domestic parlours, and their drawing-rooms, for military colleges, inns of law, dissecting-rooms and halls of science, the professions of arms, of law, and of medicine might derive some talented recruits; but every woman so withdrawn from the household sphere would create a disastrous void at home; and if it were possible (which, thank God, it is not) for such an insane fashion extensively to prevail, our children would grow up degenerate and untamed—a generation selfish, devilish, and savage. So it ever has been when want, ambition, or love of lucre has induced mothers to surrender their humanizing dominion at home. Abundant examples might be drawn from our cotton-spinning towns and our mining districts—as well from the tabernacles of the poor, as from the gorgeous saloons of London or Parisian folly. If there be truth in these remarks, it cannot be too deeply regretted that some distinguished members of the medical profession bestowed marked attention upon that famous American lady, Elizabeth Blackwell, M.D., during her recent visit to the hospitals and medical museums of London and Paris. It might be a curious, but it was an odious spectacle, to see that unwomanly lady attending operations at our hospitals, and exploring cabinets of pathology with scientific gusto. The evil of her reception is now being felt, for this Dr. Elizabeth Blackwell, graduate in medicine of an American University,* has returned to her native country, and is now exulting through the press at the kindness which she met with from this and the other medical professor of London and of Paris. I know not the length of Dr. Blackwell's petticoats, but her political and social creed is of the ultra-Bloomer or Social school. In a report of the proceedings which took place at a "Convention of Women," recently held on the other side of the Atlantic, I find it stated that Lucretia Mott of Philadelphia, and Elizabeth Blackwell, M.D., of New York, were appointed as "a committee to correspond with Jeane Deroin and Pauline Roland of Paris, and to express to them the interest of this Convention in the present position of France." The French women named are, or lately were, prisoners in the St. Lazare of Paris, for political offences. Jeane Deroin was editor of a Socialist paper called *The Voice of Woman*. Such are the characters with whom the lady-doctor lately wondered at in London is identified. In the New York newspapers it is advertised that "Elizabeth Blackwell, M.D., has returned from Europe and *opened an office* in New York," which means that she has commenced consulting practice as a physician in that city. From the *Philadelphia Medical Examiner* it appears that the indelicacy of young men and young women attending together the same classes and dissecting-rooms is complained of, and that, as it is supposed that the female sex are likely ere long to enlist themselves in large numbers under the banners of Esculapius, a medical school specially for women is now being established in Philadelphia. Is not civilization in its dotage?—*Celsus in Critic.*

* Graduation in America is on a strange footing. The degree of M.D. can, in some schools, be obtained by all sorts of quacks, as well as by ladies.

STRICTURE OF THE URETHRA.

George Humpage, aged 40, affected with stricture of the urethra, admitted in the Queen's Hospital, October 25, under the care of Mr. Parker. On examination, his bladder was found greatly distended; he complained of much pain, and a constant desire to pass water, which he could only do by drops. The urine was clear and did not deposit. He could not sleep at night and his countenance was haggard, and showed signs of acute and long-continued suffering. His bowels were moved daily, but his appetite was gone. It appeared that he had experienced much difficulty in passing his water during the last two years; that he had neglected it, and in consequence had become gradually unable to make the slightest stream. He had frequently suffered from gonorrhœa. On a bougie being introduced, the whole of the urethra was found to be in a hardened, semi cartilaginous state, and the smallest instrument could not be passed more than three inches and a half. As the patient complained very bitterly, it became a question what treatment should be adopted; but a sufficient quantity of urine passing during the twenty-four hours, Mr. Parker ordered a bougie to be introduced daily, and suffered to remain a short time, while the patient took five grains of soap and opium pill at bedtime. This treatment was continued until November 15, an occasional dose of castor oil being required to regulate the bowels. The bougie would pass about four inches, but was then stopped by an impediment harder than anything which had been overcome. A small silver catheter was now used, and in two or three days it could be readily passed as far as the membranous portion. He was now put in a warm bath daily, and on two or three occasions had leeches applied to the perineum, the catheter being used after each bath. On November 26, a No. 6 catheter was passed fairly into the bladder, and a considerable quantity of urine taken away. The instrument was allowed to remain for an hour. On November 30 it was again introduced, secured by tapes, and kept in the bladder about thirty-six hours, during which time suppuration was established; and on its removal the patient in a few days could make water with great facility, and in almost as good a stream as he ever could. On his discharge he was free from pain, much increased in weight, and his countenance showed none of the haggard appearance it did on admission; a No. 8 catheter could also be passed with perfect ease. He was advised to have a bougie passed at intervals for some time.—*Prov. Jour.*

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday, Mar. 14th,	45	40	30.518	
Monday, 15th,	46	40.5	30.518	
Tuesday, 16th,	46.5	41.5	30.468	
Wednesday, 17th,	48	42	30.400	
Thursday, 18th,	47	42.5	30.270	
Friday, 19th,	48	38	30.100	
Saturday, 20th,	47	38.5	29.932	

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Mar. 14th,	46.5	30	30.253	40.9	40	38.9		SE
15th,	42	35.5	30.244	40.4	38	34.7		E
16th,	45.5	36	30.204	41	39.2	36.8		SE
17th,	48.5	38	30.132	42.9	40.1	36.5		S
18th,	46	38	29.996	43.9	40	34.7		SE
19th,	46	30	29.835	41.2	39.1	36.3		SE
20th,	45	32.5	29.647	.8	37.9	33.8		SSE

M. W. HANLON, M.B.

Amputations in Children.—M. Guersant has repeated occasions to amputate the limbs of young children in the Hôpital des Enfants Malades. He generally adopts the flap operation, and seldom or never performs the circular. Chloroform is always used. He is very careful in preparing the patient for operation, and allows a liberal diet after it, which latter is the secret of his great success.

TO ALEXANDER KNOX, M.D.,

INSPECTOR OF MEDICAL CHARITIES.

The Medical Superintendents of the Dispensaries and Fever Hospitals in Ireland, have learned with regret that they have been deprived of your valuable services as Honorary Secretary to their Association, and they cannot allow your connexion with them to cease without recording the high opinion they entertain of your character and ability, and offering you their best thanks for your unremitting and laborious exertions to improve the condition of the Medical Charities of this country, as well as to uphold the interests and advance the respectability of the medical profession.

It was their wish to have added to this expression of opinion some more substantial proof of their esteem, but as you have declined receiving any testimonial of pecuniary value, they can only assure you that, in selecting you to fill the important office of Inspector of Medical Charities, the Poor-law Commissioners have given universal satisfaction to the medical officers of those institutions.

Signed on behalf of the Medical Superintendents of Dispensaries and Fever Hospitals in Ireland,

W. Kingsley, M.D., Chairman.
J. Morrison, M.D., Treasurer.
J. Waters, M.D., Hon. Secretary.

February 21, 1852.

DR. KNOX'S REPLY.

Gentlemen,—I beg you will do me the favour to convey to the Medical Superintendents of the Irish Dispensaries and Fever Hospitals my sincere thanks for their very kind Address, presented to me on the close of our official connexion, with reference to the change in my position, to which they allude in terms so gratifying to my feelings.

At the same time, I am happy to have the opportunity of assuring them of the grateful recollection which I retain of their generous support and confidence throughout the entire period in which our exertions were directed to the improvement of the laws affecting the Medical Charities of this kingdom, on principles which we considered to be favourable alike to the true interests of the poor, the medical profession, and the community at large.

I have still further to convey my obligation for the kind feeling which prompted the desire to add to the very gratifying expression of the opinion of my professional brethren some more substantial proof of their esteem, and I feel satisfied that I do not err in the expectation that they will properly appreciate the motives which influenced me in respectfully declining the offer of any testimonial of pecuniary value as soon as the proposal was brought formally before me. Such services as it was in my power to render, were willingly bestowed, and at any rate I prefer to any pecuniary recompense, the cordial and spontaneous approval of my conduct conveyed in the language of the Address, and which I shall always regard with satisfaction, as the best reward for any efforts in my power to make, to uphold the respectability of the noble profession, in which for more than a quarter of a century I have been a fellow-labourer.

I shall only add that, under any circumstances, I trust I shall always, as now, be animated with the most anxious desire to maintain the real interests of the medical profession, as I look on them, if properly understood, as inseparable from the interests of every other class in the community.

Believe me to remain, Gentlemen,
With the utmost esteem and regard,
Your obliged and faithful servant,
Alexander Knox, M.D.

To Drs. Kingsley, Morrison, and Waters,
&c. &c.

THE MEDICAL DIRECTORY FOR IRELAND, 1852,

Price 6s., is now ready, containing the Name, Address, Qualifications, Appointments, and Literary Productions of every known qualified Practitioner in that Kingdom—Almanac—Universities—Colleges—Halls—Hospitals—Dispensaries—Medical and Scientific Societies—Obituary,—and a large amount of Miscellaneous Information relating to the Medical Profession.

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Notice is hereby given, that on Wednesday, 21st of April next, the Senate will proceed to elect Examiners in the following departments:—

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Arts.	*Salaries.*	*Present Examiners.*
One in *Classics*	150*l.*	T. B. Burcham, Esq., M.A.
Two in *Mathematics and Natural Philosophy*	150*l.*	Rev. Prof. Heaviside, M.A. G. B. Jerrard Esq., B.A.
Two in *Logic, Moral and Intellectual Philosophy*	50*l.*	Rev. H. Alford, M.A. T. B. Burcham, Esq. M.A.
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The present Examiners are eligible, and intend to offer themselves, for reëlection.

Candidates must announce their names to the Registrar on or before the 13th of April.

By order of the Senate,
R. W. ROTHMAN, Registrar.

Somerset House, March 16, 1852.

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Wednesday, March 24, 1852.

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PROCEEDINGS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND.—MARCH 6.

Mr. TRANT, President of the College, in the chair.

ON THE CANCEROUS DEGENERATION OF WARTY EXCRESCENCES, AND THEIR TREATMENT.

By RICHARD G. H. BUTCHER, F.R.C.S.I.,
Examiner on Anatomy and Physiology in the Royal College of Surgeons in Ireland, Surgeon to Mercer's Hospital, &c. &c. &c.

MR. PRESIDENT,—On a former occasion I had the honour of bringing before the notice of this Society a paper on the relationship that is found to subsist between cancer and fungus hæmatodes; and illustrated this alliance by preparations and specimens—1stly, when the diseases coexisted together; 2ndly, where the one was consecutive to, or replaced by, the other; and 3rdly, where the two manifestations of disease were continuous in the same tumour.

These facts are borne testimony to and established by the investigations of Langstaff (Med.-Chir. Trans., vol. ix.), Cruveilhier (Anat. Pathol., livr. xxiii., Explanation of Plates, 5 and 6), and others.

The observations which I now wish to lay before the profession are in reference to the cancerous degeneration of warty excrescences—an association which I do not think has met with all the careful attention from writers to which it is entitled. Entitled on two grounds—1st, from the frequency of the one as a sequence to the other; and 2ndly, from the inveteracy of the connexion when once established.

The following cases will afford exposition of the various changes brought about, from the apparently innocent verruca to the cancerous ulcer, and this again to the contamination of the system and the springing up of encephaloid disease. To illustrate still further this subject, I shall lay before the Society numerous casts and drawings, accurate representations of the respective changes as they were effected in each individual case, and shall conclude with a few practical deductions from the premises obtained.

Case 1.—Anne Sullivan, aged 52, applied to me for relief, in May, 1850, being then suffering severely from a large, painful, ulcerated tumour over the right eye. The history which she gave goes to prove that a wart about the size of a pea existed above the eyebrow ever since she was a child; that eleven months previous to her seeking my advice, it became painful and itchy; that she frequently tried to pick it away in little pieces, and often pulled long shreds out of it, the separation of which was always attended with sharp pain, lasting frequently for a lengthened period after, and usually with a smart flow of blood. About this time, too, the bulk of the swelling began rapidly to increase, with a red margin round it, and soon its appearance was altered in every respect from the original condition; the warty excrescence was cast off, and a small ulcerated surface, about the size of a shilling, lay exposed, which was elevated, hard, and circumscribed; yielding a thin yellowish discharge, and characterised by persistent pain of a pricking kind, subject at different times to various degrees of intensity. Day after day the tumour continued to enlarge, spreading its base by the accession of fresh nodules, which never rose to any greater height than half an inch above the surrounding healthy parts; the integuments thus appeared to ulcerate around, the destroyed part being supplanted with firm elevations, which, in their turn, coalesced, became convex, and in this way preserving the nodulated character of the entire surface. Thus the base extended widely in all directions—upwards on the forehead, inwards and beyond the mesial line, externally towards the temple, and down upon the cheek, and inferiorly so as to involve and depress the upper lid, and compromise vision in the right eye. The extent of ulcerated surface measured round its circumference ten inches. This amount of disease, then, was hurried into existence in the incredibly short period of eleven months. The character of the sore was peculiarly cancerous, the surface being nodulated, hard, and firm almost as cartilage, yielding a discharge thin, yellowish, and watery; profuse in quantity, and emitting the peculiar odour so pathognomonic, and readily recognized by the surgeon accustomed to meet with this form of disease. Eight months after the commencement of the disease in the forehead, a

tumour began to form in the upper part of the parotidean region; it gradually came on, at first attended with most severe darting pain through the ear, up along the side of the head, and forwards towards the face, and thus averting sleep for nights, even before there was any appreciable swelling. At this time, the pain, she states, to have been most agonizing; but it gradually declined as the bulk of the tumour was augmented. The size of this secondary growth obtains in magnitude about that of a split orange, and from its osseous boundaries its outline is not regular; it is also somewhat compressed transversely about its centre, and the upper part is more of an ovoid, while the lower portion is lobulated, and spread out. This cast, taken from the patient, most faithfully represents the appearances of the primary and secondary formations, and the colouration of each has been very carefully preserved. From a careful consideration of the phenomena attendant on this tumour, the rapidity of its growth, the character of the pain, the elastic sensation elicited by the touch, the colour of its surface, I concluded it was of encephaloid formation, and referred it to that class. With anxiety I watched this creature for some time, and in about five weeks after the cast was taken, the most prominent part gave way, and a fungus shot out, never attaining beyond the size of a large fig, and emitting from its centre, at intervals of a few days, repeated arterial hæmorrhages; some of them to the extent of several ounces. She struggled on in this way for two months, when she died from the debility consequent upon those frequent losses, and I regret to say I could not obtain any dissection of the body. I examined the structure of the original tumour several times with the aid of the microscope, and which most clearly proved its cancerous nature. A fine section of it showed the basis to be made up of fibrous tissue, having embedded, as it were, in its structure numerous nucleated cells; many with nucleoli. The addition of acetic acid had no other effect than that of rendering more conspicuous the nuclei at the expense of almost the dissolution of the cell-wall. On subjecting a piece of the tumour to pressure, a juice could be expressed from it yielding an abundance of cells similar to those visible in the section, and by the addition of acetic acid were acted on with a similar result. Numerous granular bodies were also floated through the fluid.

Here is a drawing of the microscopic appearances of the primary tumour, showing the arrangement of the fibrous tissue, cells, and granular bodies, which I have adverted to. The next point to be cleared up in this case was, carefully to ascertain the nature of the secondary formation, the tumour behind the jaw, and to trace out the affinity between it and the antecedent true scirrhus by microscopic examination. After the tumour had burst and the fungus shot out, I introduced a grooved needle into its structure about an inch deep, then rotated it between the finger and thumb, and on withdrawing it the groove was loaded with the morbid product. This was not uniformly of the same consistence; some parts were harder than others. On placing a small portion of it under the microscope, every atom absolutely teemed with a profusion of nucleated cells, supported with the most delicate filamentous tissue. On examining some particles firmer than others, the cells were much the same, the only difference being in the compression of the cells; while those of the softer portions approximated more closely to a sphere. There were no caudate corpuscles present in this specimen.

Here is a drawing of the appearance of the cells, as represented under the same power as that used in the first picture.

Case 2.—Jane Murphy, aged 70, a healthy-looking country woman, who had been mother of ten children, consulted me in January, 1849, for a small tumour situated beneath her chin in the mesial line. She mentioned that a wart had been there from childhood, but that within the last four months it had lost its form, the irregular surface becoming smooth, its size larger, and extremely painful. She had been in the habit of frequently pressing the tumour, endeavouring to allay the pain, which often induced it to bleed, and then the annoyance in a measure subsided. When I first saw this patient, the tumour was about the size of a marble, smooth and polished on the surface, with a semitransparency over it, of stony hardness and quite moveable. Taking these features into consideration, together with the characteristic pain, always of a lancinating nature, the altered aspect of the part, and the period of life at which it was brought about, I was led to the inference of malignant degeneration being set up in this change, and urged its immediate removal. Coexisting with this suspicious tubercle, there was a warty growth, larger than a pea, a little above the chin and to the left side. This, she said, also existed from infancy, never gave her any uneasiness, and exactly resembled the one beneath the chin, previous to the alteration above noticed. I removed the tumour beneath the chin in January, 1849, by two elliptical incisions, their long axis from above downwards cutting far wide of the diseased structure, and deeper by several lines than the bed of the tumour. The wound inflicted readily admitted of being brought together from side to side, and the edges retained so by two fine needles and the twisted suture, compresses were placed beneath the ends of each needle with a double object, to bear off any undue pressure and to act as on the principle of the quill suture in supporting the lips of the wound at their very deepest line in contact, and thus taking the strain off the needles. So effectual was the support and apposition afforded, that union by the first intention was constrained, almost through its entire track, the lower part only suppurating. In ten days after being cut, the wound was altogether healed, and the patient went to the country to her friends. Previous to her going home, I urged the removal of the wart above the chin, but to no effect; she would not submit to have it done. During nine months after the operation, she remained free from disease, and satisfied that a cure had been effected. About the end of this time, the wart, which had been permitted to remain, began to spread and get painful. The cicatrix resulting from the former operation became tender, tumid, and ultimately gave way by an ulcerated fissure, which rapidly grew wider, yielding a profuse ichorous discharge. The destructive action progressed for about a fortnight, when a fungous growth spread around the sulcus formed in the first instance, assuming the shape of a mushroom and the size of a crown-piece, its margin being turned over so as to rest upon the sound skin. She came up to town again for my advice, and I declined interfering by operation; the grounds of objection being chiefly founded on the presence of a deep sinus leading backwards towards the line of lymphatics, parallel and beneath the anterior margin of the sterno-mastoid muscle. Again, the root of the disease was struck so deep, and the width of the contaminating base so widely spread, that even the most expert operator could not be satisfied that the entire was removed. Palliatives were again ordered, and she returned to the country. For many months the disease very slowly increased, but the warty excrescence was very considerably augmented, its surface having ulcerated, and the same process spread its margin, until ultimately it joined the disease, spreading upwards from beneath the chin, the two having coalesced and become inseparably united together. During the last four months still further changes have been added; not only has the original manifestation of the disease been progressive, but we have formed two additional tumours, situated one on either side of the neck, and in the line of the absorbents, manifestly of encephaloid nature. Their springiness and elasticity, their colouration, and above all, the microscopic examination of their contents on exploration, pointed to, and confirmed the opinion of, their being true cephaloma. In this miserable state she endured, the gravity of the symptoms having been greatly increased, pain giving rise to the most intolerable suffering, the features being haggard and pinched, and the skin of a dull ochry colour, debility and emaciation having made rapid progress, and all the functions of the economy more and more becoming implicated in the deteriorating influence of the disease.

In this deplorable condition (in December, 1851), she went back to her family in the country, to await her final release from suffering, which, to all certainty, was not far distant.

Here is a cast accurately showing the condition of the parts previous to operation in January, 1849; and here is a second, graphically illustrating the changes which have been brought about, from the period of nine months after the operation, when the disease appeared in the cicatrix, with all the progressive changes up to the present time (January, 1851), an interval of fifteen months having elapsed. The painting of each has been most truthfully executed.

I have also preserved these microscopic drawings, taken of the primary and secondary tumours as they appeared. Here is one representing the appearances of the tumour that first showed itself beneath the chin. It exhibits a number of true cancer cells, scattered everywhere through a fibrous basis. Some separate cells are also seen detached.

This second drawing shows the arrangement of the encephaloid tumours which sprung up beneath the mastoid muscles. The structure seemed entirely composed of myriads of nucleated cancer-cells, and very closely resembled the secondary formation in the case of Sullivan; inasmuch as there were no caudate corpuscles in this specimen either, and the cells were held together by the finest areolar tissue.

Case 3.—Ellen Fitzpatrick, aged 65, consulted me in March, 1850, for a large bleeding wart, placed above and behind the right ear; it was attended for some time before with repeated hæmorrhages. She said it had been there for many years, never created any annoyance until about six weeks before seeking my advice. She referred the great change which had taken place in it to a bruise occasioned by a water pail that she had been in the habit of carrying on her shoulder. Shortly after this "the wart became very sore," and soon the pain set in, of intense character, darting up along the side of the head, down towards the angle of the jaw, and represented by the sufferer as "indescribably severe." On examining the part, a highly irritable and inflamed base surrounded the tumour, which was about the size of a shilling, uneven on its surface, and elevated about half an inch; it was hard to the touch, and bled upon the slightest pressure from an ulcerated line partly round it and through its structure.

I removed this tumour with great care, cutting far wide of the base, and as I thought most effectively. Two arteries sprung which required ligatures, and so free had been the excision that the edges of the wound would not permit of being brought together, yet it healed perfectly in three weeks by granulation, a soft yet polished cicatrix being left. For a period of eight months she continued quite well and exempt from all annoyance. After this time she began to complain of uneasiness behind the angle of the jaw on mastication: by degrees the part became tense, and then she felt a small tumour there. This at the time she believed originated from cold, and it did not alarm her, more particularly as she often relieved the urgent pain by repeated stuping. However, the swelling continued to increase so as to become perceptible, and when it attained such magnitude as to fill up the angle of the jaw, she began to suffer from the effects of paralysis of the facial division of the 7th nerve on the right side. Day after day the tumour extended itself, particularly in the direction of the site of the original warty excrescence. At this time she again sought my advice, and then the case was truly a lamentable one. A tumour, considerably larger than an orange, filled up the space between the angle of the jaw and the mastoid process, lost upwards towards the zygoma, passing downwards and encroaching on the neck, extending behind the ear, and implicating the structures attached to the occipital bone: uneven, projecting, and lobulated on its surface; fixed, irregular, and immoveable at its base. The colour of the tumour was very remarkable and strikingly indicative of the condition so frequently associated with the proper circulation of the true cephaloma. Large veins traversed it in every direction, some of them lying, as it were, in grooves embedded on its surface; while again numerous vessels marked the colouration in a peculiar way, constituting what might be called a number of vascular spots, from which capillaries radiated in every direction for a short distance, and ultimately breaking up into a fine ramiform distribution.

Here is a cast taken from the patient at this time, which most accurately shows the position, form, and colour of the secondary tumour, also the paralytic condition of the corresponding side of the face, from the implication of the motor portion of the 7th nerve with the morbid product.

The face is greatly distorted, and the right side very remarkable when contrasted with the other. Upon the forehead the integuments lie flat, smooth, and at rest, there being no wrinkles or motion as on the left side. A vertical furrow is placed nearly in the centre, dividing the bulging of the muscles on the left side from the uncontracted state of those on the right; and the slip of the occipito-frontalis muscle forms a remarkable prominence at the junction of the nasal bone with the frontal on the left side. The power of closing the eyelids of the right eye was lost; they remained always open. When asked to close the eye forcibly, although she made the attempt, there was not the slightest motion observed in the eyelids. When the eye was at rest, and the patient using the sound one, about half the pupil remained visible, but during sleep was completely concealed behind the upper lid. The conjunctiva of the eye was in a chronic state of inflammation, and exhibited through a lens a perfectly villous surface, permeated in every point with innumerable vessels. On close examination, the cornea looked dull, but at a little distance presented a borrowed brilliancy from the abundant flow of tears which were constantly secreted and pouring over the cheek. The lower eyelid drooped a little, and the mucous membrane lining it presented the same vascular arrangement as that covering the sclerotic coat. The right nostril lay flat, collapsed, and not distended on a deep inspiration, but rather closed altogether, and the nose pointed towards the left side. When she blew or attempted to whistle, the air escaped by the right angle of the mouth, the right buccinator not at all corresponding in action with the muscle of the left side, nor with that of the muscles of the chest and neck by which the air was expelled. In mastication, the food collected in the right cheek between it and the teeth, and the patient could not push it from its place without the assistance of the tongue, and frequently of the finger. The saliva constantly flowed out at this side, and when drinking part of the fluid likewise escaped.

When the disease attained the size represented in the cast, it did not at all increase so rapidly as at first; and during the following thirteen months I had repeated opportunities of watching the course of the disease, a part of it ulcerated, a fungus shot out, and attended by small hæmorrhages. I regret to say in January, 1852, this creature took typhus fever from an individual in the same lodging house, and died on the tenth day. I could not obtain permission for an examination of the parts.

It may be said, the cases of cancerous degeneration which I have brought forward all occurred in patients of advanced life. In most of the instances which have fallen to my lot for observation, it was so; but I have also seen the change brought about in early age, which the following cases will testify.

Case 4.—Maria Williams, aged 19, a particularly handsome girl, of dark complexion, consulted me in February, 1849, for what appeared a very irritable wart, and situated on the forepart of the neck. She mentioned it had been there as long as she could remember, but that latterly it had increased and become very painful, which she attributed to the pressure of her dress. The tumour when I saw her was the size of a filbert, hard and irregular on the surface, which at the highest point was elevated about a quarter of an inch above the surrounding healthy skin. It was quite moveable, placed about the centre of the depres-

sion situated above the sternum, and three-quarters of an inch from its upper margin.

The patient suffered great uneasiness in her mind from the rapidity of its increase, and the "dread of cancer," as her mother had died of that disease, and great depression and annoyance from the constant pain present in it.

Mr. Tagert, whom I consulted in the case, agreed with me that it was better to remove the part—a proposition to which the patient most readily acquiesced. I did so by two incisions, one on either side, and wide of its base, meeting above and below, and then by a few touches of the knife lifted the tumour in its perfect integrity from the subjacent cellular tissue. The lips of the wound were brought together with two fine needles and the twisted suture. Union by the first intention was nearly accomplished on the fourth day, and in less than a fortnight the part was healed altogether. During the three years which have elapsed, I have several times seen this young woman, and up to the present date there has been no return of the disease, either in the cicatrix or elsewhere.

I regret to say I have mislaid the microscopic drawing of the tumour cut out in this case, which I made most carefully; and more particularly so as bearing on a question about which I think a good deal of uncertainty still exists. From my notes, however, the following are the particulars. The specimen yielded epithelial scales, in various conditions and stages; some compressed together, forming laminæ, whilst deeper ones assumed a somewhat square form, some of them a caudate shape, whilst around the base there were other cells which I at once pronounced to be cancer-cells. When separated and broken up they did not at all seem disposed to run together, they were nucleated, some with nucleoli, and which, on the addition of acetic acid, were rendered more distinct, and the cell-wall was nearly dissolved, while the other cells resisted its action with impunity. I am quite sure I was not led astray here by an appearance that frequently takes place—namely, the enlargement of the epithelial cells from endosmosis.

Mr. Wardrop records a very remarkable instance of this cancerous degeneration of a wart occurring in a subject much younger than in the case which I have just related. "I had an opportunity (writes this eminent pathologist) of seeing an example of a true cancerous sore in a girl about 12 years of age, and it is the only case of the kind which has come to my knowledge. It appeared on the lower part of the abdomen, and begun in the form of a black wart on the skin. The wart ulcerated, and the surrounding skin was gradually destroyed, so as to form an immense ulcer, having all the characters of a true cancerous sore, which at last destroyed the child." *(Wardrop's Observations on Fungous Hæmatodes, p.* 189.)

Case 5.—The supervention of fungous hæmatodes, after the removal of a large wart from the inner side of the foot, is well exemplified by the following case which occurred in our hospital some time since:—Mary Murphy, aged 28, admitted into Mercer's Hospital, October, 1846, being the second time this year. In the preceding February she was received into the house for the removal of a large painful wart, fully the size of a half-crown piece, and situated on the inner side of the left foot. It occasioned her great pain, and was so irritable that even a stocking could not be worn over it, and it was deeply ulcerated round its base. At this time there was no evidence of internal disease, and the lymphatic glands of the extremities were neither indurated nor enlarged; therefore Mr. Tagert removed the part, and without difficulty, for it had no deep attachment whatever; it was quite loose, and readily floated on the surface from the slightest touch. The wound quickly healed, and in three weeks she returned to the country. Her second admission, as above dated, was nine months after this operation, when she was received with far advanced encephaloid disease in the groin of the same side. The history which she gave of the tumour in the groin is as follows: For five weeks after her return home—that is, two months from the period of the operation—she was free from all disease; that exactly at this time "a kernel" appeared in the left groin; it continued to increase for a month, and attained the size of a small apple, when it remained stationary for a short time. Up to this period there was very little uneasiness in the part. After this the tumour began again to enlarge, with a "bursting sensation" in it. During the following months her sufferings were greatly augmented, the tumour widely extending itself in all directions, irregular and nodulated on the surface, and highly sensitive. At this time, too, just before admission, the most prominent part burst, from which she lost a quantity of blood. In this state, then, she was received nine months after the operation, the tumour being larger than the clenched hand, accompanied by darting pains occasionally through it; but she refers an indescribable sensation of tension being always located in the upper half of it, and here, too, was a black spot marking the site from which the hæmorrhage had proceeded a few days before.

November 10th. Since her admission to hospital, the increase of the tumour has been most rapid; it is now enormous, measuring ten inches and a half transversely, and seven and a half from above downwards. Its colour is also greatly altered, being now of a dark purple and reddish hue all over. Its surface is irregularly lobulated, and deprived of skin, with the elevations coated over by a semi-opaque fluid, and the depressions containing unhealthy watery pus. The constitution is sympathizing acutely with this mass of local disease. The pulse is never under 120; she has at intervals during the night profuse perspirations; her countenance is haggard and of a yellowish hue; and all appetite is gone. One point in the upper part of the tumour is far darker than the rest, and from which point two ounces of venous blood trickled the evening before. There has been no return of the disease on the foot, but the cicatrix is very hard and firm.

13th. There was hæmorrhage last night to about two ounces, but it was readily restrained by a few dossils of lint steeped in spirits of turpentine and finger pressure.

18th. Had profuse hæmorrhage last night; she lost nearly a pint of dark blood; to-day she is greatly exhausted, and bathed in sweat; her pulse weak, yet throbbing, and 130 in the minute; the tumour is quite black and turgid from where the blood flowed last night, and all its lobulated and broken up surface seems a mass of sloughs; she does not complain of pain now.

19th. Is much depressed to-day; at six o'clock in the evening bleeding began again, at first slowly, and was staunched by pledgets of lint dipped in muriated tincture of iron. In two hours after it broke out afresh, and was perfectly uncontrollable. At this time the bleeding was frightful, it issued out in large bursts from the pultaceous disorganized mass. When pressure was made over one point, it welled up as rapidly from under another lobe of the fungus, and so on until death threatened by hæmorrhage; she was waxy pale, with violent jactitation of the arms, profuse cold sweat over the entire body, screaming for the windows to be opened and the admission of air. In these efforts at length all motions ceased, and though there was no appearance of life, yet the blood continued to flow for a few seconds longer, when the pulse forsook the heart, and then death.

On examination of the body, a tumour as large as a small melon, of the same nature as that in the groin, filled the iliac fossa of the same side, intimately attached to the fascia, and implicating the muscles in this region. The iliac artery and vein ran through its base, and below Poupart's ligament the femoral artery and vein were surrounded by the encephaloid structure situated there. This pathological condition may account for the fact of the total uselessness of pressure over either of the trunks in arresting the fatal hæmorrhage. On slitting up the artery and vein through their entire extent as they traversed this diseased mass, I could not by the closest examination find any solution of their integrity. Vessels of considerable size, both arteries and veins, however, could be discovered through the structure, with their opened up and patulous

extremities. These were very numerous, and evidently the source from which the blood issued in such quantities. The patulous condition of the arteries, as well as the veins, I ascribe to the matting of the coats of the vessels with the surrounding tissues, and thus neutralizing their contractile power. The softer parts of the tumour, on section, exactly resembled the brain in a state of decomposition.

Case 6.—The late Mr. Palmer of this city, had a case very analogous to the one just particularized, a short time before under his care, in Mercer's Hospital. The patient was a young woman only 24 years of age; she had a flat painful wart on the inner side of the knee; it was there for years, but having become very irritable and ulcerated, and bleeding from the least injury, she solicited for its removal; it was taken away by the knife, and the part healed favourably. She returned to the hospital in five months after; the glands in the groin of the same side being enormously enlarged, and all the structures in the inguinal region participating in the encephaloid degeneration. This creature died before the end of the seventh month after the operation, of repeated and profuse hæmorrhages.

Now the cases which I have given are examples of only one condition of the skin preparatory to ulceration and malignancy; that is, when there exists an indurated warty tumour, and this I conceive to have a cancerous tendency, *ab initio*. The small growth may be unproductive of inconvenience for years, until irritated, as illustrated in many of the cases which I have adduced; then the characteristic pain, sharp and lancinating, never entirely deserts it; ulceration sets in, making breaches round its base, and proceeds to the detachment of the warty surface. During this time, a thin fluid exudes from underneath; hard firm granulations are thrown up from an indurated base, not rising very high, yet presenting a mammillated surface, far denser than the interior of the projecting nodules. The destructive process which I have endeavoured to describe and elucidate by the foregoing cases, presents to the inquirer two very striking characteristics, and essentially belonging to it—1st, that when once the ulcerative process is set up, there is never any amelioration, ever so temporary, no attempt at cicatrization; and 2nd, the great liability of the appearance of encephaloid disease, either in the site of the original tumour or in the line of the absorbents, returning from its position. Here, then, are two marked differences as to results between it and the condition to which the term *noli me tangere* is applied, and to the *destructive ulceration* most accurately described by Dr. Jacob. Of this latter disease, I present to the Society this highly painted cast to contrast with those I have already exhibited. It shows well the characters of the disease as recorded by that gentleman. In this instance, though nearly half the scalp was destroyed, though inroads had been made by the disease to a considerable extent on the side and posterior part of the neck, the ear nearly detached, large vessels exposed, coated by small granulations, and sealed up against the passage of blood—yet, I say, with this amount of ulceration and death of parts around, the neighbouring glands did not participate in or suffer contamination.

In the cases Nos. 1, 2, and 3, the germ of disease lay, as it were, innocuous; its malignant tendency did not manifest itself until a very advanced period of life, at the respective ages of 52, 70, and 65; while in the cases Nos. 4, 5, and 6, it was ushered into existence at a much earlier age, 19, 28, and 24; while in Mr. Wardrop's case, the subject, a little girl, was only 12 years old.

It is remarkable, too, that once the ulceration was fairly established in the primary tumour, true encephaloid disease rapidly sprung up either in its site or in its immediate locality, with the exception of case No. 4, successfully extirpated. Again, in every instance which I have recorded, all the changes were brought about more speedily, and death followed more quickly, in proportion to the youth of the patient.

The inferences deducible from the results of these several cases, relative to treatment, point to the practical precept of early extirpation; we have evidence of its beneficial results in case No. 4, though ulceration, with its characteristic attendant symptoms, had just manifested themselves; the part was excised, the wound healed, and there has been no return of the disease, though a period of over three years has now elapsed.

In cases Nos. 2, 3, 5, and 6, the operation, I conceive, was had recourse to after the lymphatics and capillaries were charged with the product of the cancerous alteration; and though in some instances the wounds readily healed, yet in a short time the secondary results, the effects of the absorption, manifested themselves in the form of encephaloid disease. So firmly convinced am I of the line of treatment to be adopted in these cases, that I would advise all warts, when situated on the face or elsewhere, to be removed by the knife as early as possible, no matter how youthful the patient may be, as they all have a tendency in advancing years to degenerate in the manner which I have endeavoured to represent and elucidate.

Dr. Beatty thought that the cases brought under the notice of the Society that evening by Mr. Butcher, were both instructive and interesting in the highest degree, and said he fully concurred in his concluding observation, which should be borne in mind by every person who was likely to encounter those remarkable affections—namely, that a suspicious looking wart, especially on the face, should not be tampered with by attempting to effect a cure, but should be extirpated with the least possible delay. The remarks of Mr. Butcher had brought to his recollection the case of an acquaintance of his own, a very handsome young lady, who had upon her right cheek a wart of a very suspicious nature. Meeting her in the street one day, he asked her about it, and she informed him that it was a thing of no consequence whatever, and that her apothecary was daily in the habit of applying caustic to the wart with a view of curing it. He advised her to go to some eminent surgeon and have it removed; she took his advice; the wart was extirpated, and from that day to the present there was no return of the disease. But if she had permitted more time to pass without the removal of the excrescence, she would in all probability be now in the condition of one of the unfortunate patients described by Mr. Butcher in his interesting communication.

Dr. Jacob believed the cases adduced by Mr. Butcher to be well worthy the consideration of the profession; and trusted that they would have the effect of calling attention to the subject, as it might perhaps lead to a more distinct arrangement of these affections, than had been hitherto made. Last year he (Dr. Jacob) exhibited to the Society a case in which he had extirpated a tumour of a malignant nature from the orbit, and as such a case must be watched with great care, of course he kept the patient within view. It was one of carcinomatous tumour of the orbit, with encephaloid growth engrafted upon it. The poor man had since come back to him with a return of the disease, a great development of encephaloid structure having taken place in the orbit and on the side of the head. The instructive question in those cases was, whether they ought or ought not to extirpate the disease. Eighteen months had gone by since the tumour was removed in the case to which he referred; and therefore he thought that the argument for the operation amounted to this, that the man's life was prolonged, though not saved by it.

ENCEPHALOID TUMOUR OF THE ABDOMEN IN A VERY YOUNG CHILD.

By Dr. Banon.

Dr. Banon requested the attention of the Society to a somewhat remarkable instance of encephaloid disease which he had recently met with in a child of about 13 months old. At that late hour he would do little more than exhibit to the Society the morbid specimen, and give a short history of the case. About four months after birth the child was first seen by Mr. Packenham, who then observed

a slight swelling immediately below the liver, and apparently so connected with it as to give rise to the idea that it was owing to an enlargement of that organ. The swelling, however, soon increased in size, and passed on towards the umbilical and epigastric regions, so as in some months to distend the abdominal cavity completely. This was the child's state when Dr. Banon first saw her with his friend Mr. Packenham. At this time, though the little patient took a large quantity of nourishment, it lost flesh considerably, and strength. It did not, however, appear to suffer pain in the slightest degree until the last six weeks of its life, when the action of the bowels caused some suffering, owing to the mechanical obstruction created by the growth of the tumour. It was evident that the nutritive function was from the same cause seriously interfered with, from the great emaciation present.

The appearance of the abdomen was remarkable. At some points below the umbilicus examination gave the idea of fluctuation, and on afterwards examining the tumour, the portions of it corresponding to these points were found to be composed of pulpy, brain-like matter in almost a semi-fluid state.

The child at length began to suffer from dyspnœa of a severe character. Respiration could only be heard in the upper part of the thorax into which the lungs had been pressed by the growth of the tumour. The rest of the thorax was dull on percussion. The heart had been displaced upwards, and to the left side, and in this state the little patient sank.

On opening the abdominal cavity the enormous mass now presented, showed itself. It presented all the usual characters of the encephaloid form of cancer, which it was unnecessary for him here to enumerate; and also the nucleated cells and minute arrangement of structure peculiar to these growths were satisfactorily recognized in this case, under the microscope, by Dr. Carte. Dr. Banon, before concluding, would refer to the connexions of this tumour, and to the probable region from which it originated. In front the cæcum and colon are closely adherent to the tumour in their whole extent, and above it is intimately attached to the liver at its transverse fissure. Behind, where the disease most probably first sprung from, the tumour is connected with the cellular tissue in front of the spine and right crus of the diaphragm, and thence passed forwards between the layers of the mesocolon until it became attached, as before mentioned, to the cæcum and colon. The disease when it thus originates is termed "the post-peritoneal cancer." It is more than probable that the disease in this case commenced at a very early period of life, perhaps before birth. At the time Mr. Packenham saw the child it was but four months old, and even then the disease had so far advanced as to produce an external swelling. The right kidney and lower lobe of the right lung became secondarily affected by the disease. In the pelvis of the former and the tissue of the latter a considerable deposition of encephaloid matter has taken place.

Sir J. Murray considered the case one of very great interest, particularly from its occurring in so young a child. He begged to ask Dr. Banon to mention the exact age of the child at the time of its death?

Dr. Banon believed the child was about 13 months old at its death—at least so he was told by the lady who was the mother of the child, and from its appearance he was quite sure it was not older. He agreed with Sir James in thinking that the extent and rapidity of the growth of the tumour in so young a child was a remarkable circumstance—at the same time, that all pathologists were aware of the great tendency in this form of malignant disease to attain enormous magnitude, he (Dr. B.) had never seen a tumour of the kind at all approaching the size of this in so young a patient. It may also be worth remarking, that more than one pathologist has observed that malignant disease originating in the post-peritoneal cellular tissue is peculiarly apt to run its course, as in this instance, without directly causing pain to the patient.

CASE OF EXTENSIVE ENCEPHALOID DISEASE IN THE ABDOMEN.

Dr. Bellingham said, in connexion with the subject of malignant disease, he would exhibit a recent specimen of encephaloid deposit in the abdomen, taken from a subject whom he had examined that morning, which appeared to be remarkable for the rapidity with which it had been developed.

The patient, a French woman, unmarried, ætat. 56, was admitted into St. Vincent's Hospital, under his care, Feb. 14, 1852. She stated that she had been seriously ill only two months, and gave the following account of her illness. About two months before last Christmas, after walking a distance, she observed a small tumour in the left groin, accompanied by some pain; very soon afterwards she noticed a swelling above the pubis towards the left side, which has gradually increased, and now forms a considerable swelling. A month ago she began to suffer from urinary irritation. The ankles are œdematous for the last fortnight.

On examination, the abdomen was tumid and tense, with blue veins coursing over it. Below the umbilicus, and towards the left side, the edge of a solid tumour could be felt reaching from near the umbilicus to the left inguinal region, and extending across the pubis; handling it did not cause much pain. She laboured under irritative fever, was much emaciated, and suffered considerable pain in passing urine. She gradually sank, and died early this morning.

On examination, the large tumour felt during life below the umbilicus was found to consist of a mass of encephaloid involving the bladder and uterus, and diminishing considerably the capacity of the former. An enormous number of tumours of the same character, and of every variety of size, are seen in connexion with the omentum, the mesentery, and the intestines. The liver is small, apparently healthy, and quite free from every morbid deposit.

CASE OF PAINFUL SUBCUTANEOUS TUMOUR.

Dr. Bellingham said before sitting down he would take the opportunity of exhibiting a little encysted tumour which he had removed a day or two before, and which contrasted remarkably with the morbid specimen upon the table; while the latter had been of rapid growth, in this the growth had been remarkably slow; and while the large encephaloid mass had not been the seat of very great pain, the little tumour in his hand had been the source of the most intense suffering. This tumour was familiar to surgeons as the "painful subcutaneous tumour," first noticed, he believed, by Cheselden, and subsequently very accurately described by Dupuytren.

The patient, an unmarried female, aged 27, was admitted into St. Vincent's Hospital, under his care, February 28, 1852. She stated that about twelve years ago she felt a little kernel, like a pea, under the skin at the inside of the left leg, about three inches above the ankle; she had no pain but an occasional stitch in it. It became, however, eventually so painful, that eight years ago she submitted to its excision; the pain had a burning character, she compared it to a hot iron, which shot from the part, up the left leg and thigh, to the left side of the chest; the pain lasted sometimes an hour, sometimes two, sometimes there was an interval of a week without any return; it was always worse when she remained quiet, and was relieved by exercise.

She remained free from pain for six months after the operation, when the tumour again made its appearance; it has now the shape and size of a bean; is adherent to the skin; the surface has a whitish colour with a tinge of blue resembling cartilage; it is excessively painful to the slightest touch, and the integuments below it are likewise painful to the touch.

As the tumour was adherent to the skin, an elliptical portion of the integuments was removed with it, and the pain instantly ceased on its extirpation. On making a section of the tumour it cut like cartilage, which it resembled also in appearance; the cut surface presented a smooth homogeneous appearance. Dr. Carte had the kindness to examine it microscopically; it exhibited the characters of cartilage, but none of malignant disease.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

A PAPER was read, entitled—

VACCINATION TESTED BY THE EXPERIENCE OF HALF A CENTURY.

By Dr. GEORGE GREGORY.

The author commenced by observing that variolous inoculation was first heard of at Constantinople, in 1700, but was not practised in England till 1721, and did not become general till 1750. In 1746 the Small-Pox and Inoculation Hospital was established; and from this period variolous inoculation made favourable progress in the good opinion of the public throughout England. In France, however, during the same period, it was met with neglect, notwithstanding the efforts of De La Condamine to convince his countrymen of the merits of inoculation; and prejudice extended so far, that the parliament of Paris, in 1763, prohibited the practice of variolous inoculation within the walls of that metropolis. The author then proceeded to notice the twofold object with which inoculation was performed—first, to banish from the mind all anxiety as to the taking of small-pox in after-life, by giving it at once; and secondly, to ensure a mild form of the disease, free at least from secondary fever. Inoculation was eminently successful in fulfilling and attaining these objects. Nevertheless it undoubtedly had its disadvantages: it was essential to practise it in early life, before the infantine constitution could be known; and it thus often lighted up the dormant embers of scrofula. In 1798 the practice of variolous inoculation had been tested by the experience of half a century. In this year Jenner published his first treatise on Vaccine Inoculation, the advantages of which were at once confidently proclaimed; and in the following year seventy-three of the most eminent physicians and surgeons of the metropolis had signed a document, purporting "that persons who have had the cow-pox are perfectly secure from the future infection of the small-pox." The first claims of Jenner in favour of vaccination were singularly modest; but in 1802, he announced to the House of Commons—first, "that vaccination is attended with the singularly beneficial effect of rendering, through life, the person so inoculated, perfectly secure from the infection of small-pox;" and secondly, "that vaccination had already checked the progress of the small-pox, and, from its nature, must finally annihilate that dreadful disorder." The quantity of small-pox that still prevails, and the practice of revaccination almost universal, lead to the conclusion, that these broadly urged claims in favour of vaccination, have not been substantiated. Fifty years have passed since Jenner petitioned parliament; and the author proposed by the experience of this half century, to test the merits of vaccination. But first, what is understood by vaccination? Something prophylactic of small-pox; or something identical with small-pox? Cow-pox is a disease *sui generis*, and it cannot be said that he who has undergone vaccination has had small-pox in a mild form. A certain relationship exists between the two; but though variola by passing through the cow becomes cow-pox; yet cow-pox has never, in its turn, been converted into small-pox. Cow-pox and small-pox are, at all times, and in all countries, clearly and readily distinguishable. The object of inoculation was to give the disease of small-pox, not to prevent it. The object of vaccination is to prevent, not to give, small pox. Recurring small-pox, and small-pox after vaccination, are not merely different from each other, but actually opposed to each other. "If a person inoculated in childhood contracts small-pox in adult life, he suffers small-pox a second time, but a person taking small-pox after vaccination, takes the disease for the first time." The enemies of inoculation, as well as the supporters of vaccination, had severally taken their stand on recurrent or secondary small-pox. De La Condamine declared that not one person in 10,000 ever took small-pox a second time. The fate of Louis XV. was alluded to, and it was shown that the king's disease in early life (1724) was not small-pox, but a sharp yet brief attack of fever: that living in the constant dread of small-pox his distrust of inoculation was fearfully chastised by his death under a most aggravated attack of confluent small-pox. The author then noticed the extreme rarity of recurrent small-pox. The Transactions of the Society, extending through a period of forty-seven years, contained only one solitary case of recurrent small-pox. In many cases of so called secondary small-pox, the evidence of antecedent variola could not be relied on, as a case narrated in the *Edinburgh Medical and Surgical Journal*, October, 1818, clearly established. Many of the cases which the author had inquired into, were equally undeserving of credit. To arrive at a trustworthy conclusion, the details of both attacks should be carefully given. Very few medical men have in such cases witnessed both the primary and secondary seizure, and the author emphatically expresses himself as thoroughly convinced that the recurrence of small-pox is among the most rare events in the annals of medicine. The author then contrasted the occurrence of small-pox after vaccination. The records of the Small-pox Hospital throw much light on this subject. The following is a summary of the statistical details appended to the paper:—During the last eleven years, 4092 persons have been admitted into the hospital, having small-pox, of whom 2168 had been vaccinated, and 1924 were unvaccinated: more than one-half of those admitted had been vaccinated in early life. The majority were of adult age, a few between 9 and 15; but below the age of 9 scarcely any vaccinated person was admitted. It would thus appear that the susceptibility to the variolous miasm among vaccinated persons increases as life advances. The reverse of that happens in the unvaccinated. In 1850–51 the total number of cases of small-pox admitted was 976, of whom 162 died, being at the rate of 16 per cent. Of the 976 admitted, 41 were infants below the age of 5, all unprotected, of whom 22 died; 101 were children between 5 and 15, majority unvaccinated, of whom 25 or one-quarter died; 685 were adults from 15 to 30; 109 beyond that age. Total, 794 adults; the larger proportion of these had been vaccinated, of whom 115 died, or 14 per cent. Of the total number admitted—976,—613 professed to have been vaccinated; 569 exhibited cicatrices; of this latter section, 25 died, being at the rate of 4 per cent. In 1851 the proportion of persons admitted after vaccination amounted to 65 per cent.: it was only 44 per cent. in 1841. The increase is attributable to the extensive diffusion of vaccination. The mortality at the Small-pox Hospital during the last two years among the well vaccinated section has only slightly exceeded 4 per cent. The experience of half a century abundantly demonstrated that small-pox, though it has been largely controlled, will always abide among us, and that the notion of extirpating it is absurd and chimerical; and while acknowledging the immense benefits which have accrued from the splendid discovery of Jenner, vaccination had failed in establishing in the mind a confident feeling of security: it must be viewed as a beneficent provision of Nature, not for the extermination, but for the mitigation of small-pox. The author proceeded to show that inoculation had been abolished by act of parliament in 1840; and that, though rigidly observed, small-pox was just as prevalent now as then; that the quantity of small-pox had not in the smallest degree been affected by the prohibitory clauses of that act; that while this act prohibited inoculation, it did not render vaccination compulsory. Numbers therefore remained, as a pabulum whereon small-pox might prey. If the legislature could not or would not enforce vaccination, the restriction on inoculation should be removed. With proper precautions, inoculation might be safely adopted. Practised by other than authorised medical practitioners, it would of course be punishable as a misdemeanour by fine and imprisonment. With such restrictions it might be practised with perfect security. By far the larger proportion of mankind would continue to adopt the mild and safe process of vaccination; while others would prefer that measure which, occasioning a greater amount of immediate, abolished all prospective anxiety. Educated as the pre-

sent race of medical practitioners were, and acting, as they would act, under the supervision of a discerning press, both public and professional, they would exercise their judgment to the entire satisfaction, and ultimately to the great and permanent benefit of the country.

Mr. Grainger said he wished to explain the reasons which had induced him to take a part in the present discussion. It was doubtless known to many present that the Epidemiological Society had appointed a committee to investigate the important subject of vaccination and small-pox, of which it happened that he was chairman. That committee had collected some very important evidence and facts; they had received the opinions and experience of a large number of medical practitioners in different parts of England; and it was deemed essential that some of the more important results should be made known on the present occasion; and he was requested to act as the organ of the committee. He had also, at the request of the General Board of Health, made an inquiry two years ago into the state of vaccination in the metropolis; and an additional reason for speaking was the deep interests involved in regard to the public health. Mr. Grainger proceeded to remark that, although he had no practical acquaintance with the subject, and would not for an instant place his own judgment, as regarded the special points of the investigation in competition with that of Dr. Gregory; yet that as this was a question resting essentially on evidence and facts, any one accustomed to deal with such inquiries was competent to take part in the discussion. It was obvious that the important points raised by Dr. Gregory could not be determined by any amount of hospital experience; and yet it appeared that a considerable part of the data relied on were derived from the Small-pox Hospital.

Dr. Copland would only detain the Society a short time, and was not sorry that Mr. Grainger had objected to the statement he had made in his Dictionary, as he was desirous that the opinion therein expressed should receive attention and elicit further investigation. The opinion which he had expressed, notwithstanding the remarks made upon it by Mr. Grainger, had been derived from some experience on the subject, and from conversation with many who had had ample opportunities of coming to a conclusion upon the matter. His view had not, however, been recently taken: he had advanced a similar one thirty years ago, from his own experience in this and other countries. He adhered to the opinion which he had expressed on the point in 1823, and this opinion confirmed the results arrived at since by Dr. Gregory and others. If he had to choose, in the case of the nearest and dearest to him, between inoculation and vaccination, he should hesitate which to choose. He believed, however, that if all children between the third and sixth months were inoculated with the proper precautions, small-pox, as a secondary disease, would soon be unheard of. With respect to the 480 medical men who had supplied the Epidemiological Society with information, he would inquire what proportion this number bore to the great mass of the profession? He was aware that it required a certain degree of moral courage to come forward and express doubts on the benefits resulting from the practice of vaccination, and to assert that on many points connected with it a further or more minute investigation was required. Such, however, was the case. Vaccination had been so received as if it were a heresy to question its value in any way. Now, he doubted its efficacy to a certain extent, and on conviction had expressed his doubts. This question should be discussed on its merits, and not with views blinded by philanthropy. His remarks had applied to the subject of vaccination in all countries. He had stated facts, and if counter-facts were against him, he could only submit. He agreed in the main with Dr. Gregory. Mr. Grainger had alluded to the great amount of mortality in the Small pox Hospital; but it must be remembered that cases admitted there were mostly severe and dangerous; the milder ones were kept at home.

Dr. Webster said, as any remarks of Dr. Gregory respecting small-pox and vaccination, carried weight with the profession, he would crave permission to make one or two observations on the valuable paper just read, in which three important questions were discussed—namely, the inefficacy of cow-pox as a protection against variola; the advantages of inoculation as a substitute; and lastly, the great ravages of small-pox, notwithstanding extensive vaccination. Although he (Dr. Webster) acknowledged cow-pox was not an invariable protection against subsequent variola; nevertheless, when properly performed with good matter, and at the proper age, persons under such circumstances were quite as safe as if they had been previously inoculated. Indeed, he thought that many of the cases considered to be examples of small-pox occurring after vaccination, were often brought forward without sufficient proof. A scratch had been made upon a child's arm, and it was then said to be vaccinated, notwithstanding in many cases it could not be established that genuine cow-pox was ever communicated. Upon this point, reference might be made to Dr. Gregory's own charity, and should anything he now advanced appear erroneous, perhaps that gentleman would kindly supply deficiencies. Thus, by the published weekly returns of deaths, thirty patients died in the Small-pox Hospital during the last two months, of which five were reported protected. Now what was the evidence of such conclusions? He (Dr. Webster) would read the statements made regarding these examples, so that Fellows could judge for themselves. The first instance was aged 24, and had been vaccinated when young—"*one very small cicatrix, scarcely perceptible.*" The second was aged 25, and had been vaccinated at Strasbourg, in infancy—"*one very imperfect cicatrix.*" The third had attained her 18th year, and was vaccinated when young—"*one cicatrix scarcely perceptible.*" The fourth was aged 48, and had been vaccinated when young—"*two cicatrices, one good, the other very small;*" whilst the remaining death, or fifth, occurred in a patient aged 30, and had undergone vaccination, like all the others, when young—"*one cicatrix but very indistinct.*" Taking every circumstance into consideration, grave doubts must prevail regarding the genuineness of the vaccine disease originally produced. The true characteristic cicatrices were wanting; and as Dr. Gregory, always a good judge, attaches great importance to this feature, he (Dr. Webster) would not consider any of the examples here quoted as wholly free from suspicion. Similar inferences applied in some degree to the twenty cases of persons also stated to have died from variola, although all were said to be protected, amongst the total 283 deaths by small-pox, which took place throughout London, during January and February of the current year. Such testimony he thought incomplete. Mr. Grainger having adverted at some length to the employment of inoculation as a preventive of small-pox, he (Dr. Webster) would only observe that instances were on record of persons who had variola twice, and from which they ultimately died. The well-known case of Mr. Langford, in the fourth volume of the Medical Society's Transactions, might be quoted amongst others; and only last January, Mr. Mears of Lambeth, reported to the Registrar-General an instance of a child who died of small-pox, when three years old, although marked by an attack of that disease, which only occurred one year before. Other examples could be mentioned; indeed, they were more numerous than many practitioners perhaps imagined. Further, as to the notion that vaccination had not eradicated, or even much diminished the fatality of small-pox, Dr. Webster dissented from Dr. Gregory; seeing the mortality of small-pox was now very different, contrasted with former periods. For instance, one hundred years ago, when London was scarcely a third of the present size, 2625 persons died by variola, whereas, the average annual deaths from that cause ranged considerably under 1000 during the last fourteen years, being therefore less than one-eighth the previous amount. Lastly, were vaccination more extensively performed, as suggested by Mr. Grainger, he (Dr. Webster) really thought small-pox might be nearly eradicated; and having

obtained some experience on this subject, when physician to a vaccine institution, he must express his firm conviction in favour of the protective influence of cow-pox; and if vaccination is performed at the proper age, with good virus, which saturates the system thoroughly, whilst the usual pathognomonic signs have been recognized at the time and afterwards, then individuals may be considered as secure as it is possible to make them, even by inoculation.

Dr. Balfour said, that in the ten years, 1837–46, and out of an aggregate force of 255,000 soldiers serving in the united kingdom (and who are all presumed to be protected by vaccination or by small-pox previous to enlistment), 538 cases of small-pox were admitted into hospital, being in the ratio of 2 per 1000 of the strength annually; that of those, 52 died, or about 10 per cent. of the cases. The latter proportion was higher than that stated by Mr. Grainger as the result of the returns made by private practitioners, but is exactly the same as in the navy. The returns for a period of twelve years showed the proportion of deaths to cases, in the fleet serving in the Mediterranean, to be 10 per cent. The experience of the Royal Military Asylum appeared to him to bear strong evidence in favour of vaccination as a protective measure, for there had not been a single death from small-pox in that establishment during the last twenty-five years, among a constant average of 350 boys.

Dr. Gregory rose with some little hesitation, for it so happened that, with the exception of one of the observations made by Dr. Webster, nothing whatever had been said which related to his paper (hear, and laughter). It would be gratifying to him to meet the gentleman who had spoken so long in the rooms of the Epidemiological Society, and to discuss some of the minutiæ into which he had entered, and show their fallacies in relation to the matter. But he begged to say that this was the Royal Medical and Chirurgical Society, and not the Epidemiological Society (hear, hear). He had not been the least aware that an attempt would have been made to answer his paper by the reading of another emanating from the Epidemiological Society, and every word of which had been written before it was known what he (Dr. Gregory) had to say. Now, he would inquire whether this was a fair plan of proceeding towards the author of a paper read to this Society? He would only now advert to the observations of one or two gentlemen, to show how he had been misunderstood. Thus, Dr. Webster had said that he (Dr. Gregory) wished to substitute inoculation for vaccination. Now, he did no such thing; not a word, not even an allusion on this point, was to be found in his paper. On the contrary, it consisted of a simple statement of what took place formerly, and what was taking place now, in relation to vaccination. He also wished to show the benefit which would accrue to the country if parliament would cease to interfere in the matter of inoculation, and reconsider the determination it had come to in 1840—a determination which it had arrived at without any application having been made, either to the College of Physicians or Surgeons. It was a mere vote of parliament, and he contended that it was fair for us to consider if that vote met with the entire approbation of all parties. What was the position in which we now stood respecting the question of inoculation? Suppose an act of parliament passed which made it illegal to practise allopathy, and compelled us to follow the homœopathic method, should we not say that this was unfair? And yet the fact was, the law had for ten years past prohibited us from giving the ten grains of calomel, and insisted upon the administration of the infinitesimal dose (laughter). Parliament said that we were not to exercise our own judgments in the matter of inoculation, but that we must vaccinate; and yet this very parliament did not make vaccination compulsory on all persons, so that a great proportion of the population remained uninoculated and unvaccinated. He would just touch upon another point. What was the case just now in regard to vaccination? Was there a week passed that we were not applied to, to re-vaccinate persons? It had become, in fact, almost as usual as vaccination. Out of 140 persons applying from the 1st of January to be vaccinated, 60 of them were adults to be re-vaccinated. Did not this show that confidence in the protective power of vaccination was gone? The demand for re-vaccination was universal all over the country, from the palace even to the cottage. And why was this? The reason must be obvious to all. How did it happen, also, that after fifty years' trial of vaccination, the present discussion was taking place in this Society? Why, the heads of the Vaccination Board ignored re-vaccination, and it never had been brought before parliament; yet in Germany every person, and in Italy almost every person, was re-vaccinated. Why was this re-vaccination considered so essential in Germany, if, as Mr. Grainger had asserted, the protective power of vaccination was so clearly demonstrable? If this could be explained satisfactorily, he (Dr. Gregory) would acknowledge his error. This question was not to be settled by the opinions of 400 medical men, but by the experience of the whole world. If tested by such experience, the results he had arrived at would not be found so unwarranted as some would make it appear (hear, hear).

Mr. Grainger explained, in reference to the charge of unfairness advanced against him by Dr. Gregory, that he had met Dr. Gregory five or six weeks since, and stated to him that he should make some remarks on his views, which had been already before the public. He (Mr. G.) had referred to documentary evidence in support of his position, and he considered he had acted quite fair in the discussion (hear, hear).

Dr. Copland thought it would have been only courteous in Mr. Grainger to have informed him of his intended attack on the article in his Dictionary (laughter).

Mr. Grainger said that article was published, and was fairly open to criticism (hear, hear).—*Lancet.*

BIOLOGICAL SOCIETY OF PARIS.

ON THE PRESENCE OF A FREE ACID IN THE LUNGS DECOMPOSING THE ALKALINE CARBONATES OF THE BLOOD, AND THUS SETTING FREE THE CARBONIC ACID.

By M. Verdeil.

Amongst the results to which the experiments I have undertaken on the composition of the tissues and humours of the body, have led me, some are of such a nature as will interest the Society. I found in the parenchyma of the lungs of mammalia a distinct acid, which I have succeeded in obtaining in an isolated, perfectly pure and crystallized condition. The tissue of the lung of an animal lately killed did not sensibly redden blue turnsole paper. But when a mass of lung, cut up very fine, was macerated in warm water, it was found that the liquor possessed an acid reaction; which reaction became very manifest when the albumen and blood globules which coloured the liquid were coagulated.

This acidity is owing to a free acid in solution, in the juices with which the lungs are impregnated. This substance is formed of carbon, hydrogen, azote, and oxygen, in definite proportion. It crystallizes in brilliant needles, strongly reflecting the light. It is somewhat soluble in cold water, nearly insoluble in cold alcohol, but more soluble in boiling alcohol. Boiling absolute alcohol dissolves a very small quantity only. It is completely insoluble in ether. It possesses an acid reaction, and expels the carbonic acid from carbonate of potash and soda. When heated to 140 degrees, it does not lose water of crystallization; at a higher temperature it crepitates, becomes opaque, and is decomposed, giving rise to empyreumatic products; it forms a carbonaceous mass, which disappears completely, leaving no trace.

The parenchyma of the lungs therefore contains a free acid. We have also been able to prove that a portion of the acid which we extracted from the lungs, existed in the tissue as a salt of soda.

What must we conclude from the presence of an acid in the lungs? It is evident that, submitted to the general laws which govern chemical substances, this acid ought to decompose the alkaline carbonates carried by the blood; these, meeting in the lungs with the acid contained within

the tissues, ought to form a new salt of soda, and carbonic acid should be set free.

The pulmonary vesicles constantly secrete this acid, which, coming in contact with the carbonate of soda brought by the capillaries, the acid combines with the soda of the carbonate; the carbonic acid becomes free and passes off in respiration. The new salt of soda returns in the blood where we had found it, not free, but combined with the soda. This research was continued; all the characters of the acid and the phenomena of respiration concur to verify not a theory, but the fact, that an acid constantly secreted by the parietes of the pulmonary vesicles decomposes the carbonate of soda of the blood, and sets its carbonic acid free. This fact explains, amongst other physiological observations, the decomposition of the alkaline cyanurets and bicarbonates injected into the blood, when they arrive in the lungs, as M. Bernard has observed. —*Gazette Médicale de Paris.*

SUPPOSED VESICAL GONORRHŒA.

By R. G. Mayne, M.D., Surgeon of the Lock Hospital, Leeds.

By this name—and so far as the specific term is concerned, it is a very absurd one—is intended to be designated what I am induced to think was an example of so-called gonorrhœa, affecting the mucous membrane of the bladder; not simple cystitis, or what would be regarded as the sympathetic inflammatory affection caused by irritation in the urethra under that complaint, but actual *gonorrhœa* present in the bladder itself, producing from its internal surface a plentiful muco purulent or purulent discharge, in the same manner as it does from the urethra, and cured by the same treatment as is effectually pursued in ordinary attacks of that canal. I do not for a moment flatter myself that the correctness of this idea is beyond question; on the contrary, it cannot be more scrupulously regarded by others, than it has been hesitatingly adopted by me. Still it seemed to possess sufficient importance, at least to warrant its being given expression to, in order that it may be fairly weighed, and disposed of according to its value. I have had only this one case of a marked character, and have not met with any allusion to another in authors who have written on the general disease. I beg, therefore, to be allowed to state everything as it occurred to me, so as to afford the best illustration in my power of the manner in which the impression referred to was received.

Case.—On the 11th of October, I was sent for, to a considerable distance, to see a young man, who had been rigorously confined to his bed for above six weeks. Arrived at my destination, I of course objected to see the patient, except in the presence of his ordinary medical attendant; but was informed that that gentleman, having declined to meet one whom he did not know, had been dismissed. I found my new patient to be about 17 years of age, fair-complexioned, of the sanguineo-nervous temperament, sadly reduced in flesh, pallid, and emaciated; indeed as if he were in advanced consumption. I could get no medical history of the case, owing to the circumstance already alluded to. From the patient and his mother, however, I learned that he had been complaining since shortly before the period mentioned, of uneasiness in the loins, and slight tenderness over the region of the bladder, for which his adviser had enjoined strict confinement to bed; that he had taken much medicine without benefit, and thought that latterly he had been getting worse; that on some anxiety being expressed about his wasting condition, the medical attendant had called a highly respectable physician into consultation, who agreed with him, it appeared, both as to the case and its treatment; but what they may have considered to be the nature of the one, or upon what indication they pursued the other, was not shown to me. I only ascertained that the youth had passed *per urethram* a small calculus, some time before my having been called to him, and that thereupon a notion was imparted of there being probably another stone in the bladder, as the source of all the mischief. I further learned, that, for a considerable time past, his urine, on being allowed to rest for a few hours, had always deposited a large quantity of thick yellowish substance, amounting to about a fourth or fifth of its quantity, which, on agitation, again mixed thoroughly with the urine, but if undisturbed seemed adherent to the bottom of the vessel; that inflammation of the bladder was reputed to be a part of his ailment, for which, indeed, he had had a blister applied over the sacrum, but without producing the slightest amendment; and that this formed the reason (as they believed) why he should not leave his bed, on pain of serious evils. The patient informed me that he had contracted gonorrhœa three months before, or about six weeks ere he was thrown upon his bed, and had been treated for it by the same medical man who had latterly attended him for several weeks; but was now as bad as ever. Having patiently listened to these imperfect statements, I began to scrutinise for myself.

In all that had been recounted, I could discover no good cause for the spare diet, confinement to bed or even to the house, nauseated stomach, and their combined wasting effects. I found no tenderness, either of the renal or sacral regions, and only very slight uneasiness over the bladder, when strongly pressed on; but no other ailment whatever, save the urethral affection. There was neither cough, ache, nor pain; he could sit up, turn or move about in bed, or get out of it with such alacrity as the dwindled condition of his legs would allow, but without the slightest indication of suffering. Some difficulty was experienced in attempting to rouse him into a cheerful mood, so impressed was his mind with the notion of a fatal issue. When told to rise, get himself dressed, and take a little nourishing refreshment,—then, as the day was fine, to go out for a walk with some friend's help, return to a good meal, and repeat the same course as often as he pleased, only avoiding stimulating liquors, he looked bewildered and incredulous, as if he were mocked. Fixed as his whole thoughts had been upon a fate very different, he could scarcely believe me serious; and in fact, as I afterwards learned, did not dare venture out of bed, till after long persuasion, on the following day. From that date, however, he persevered, rapidly improving in general health, without a bad symptom; on the third day afterwards, as will be seen, he paid me a visit at my own house.

So far as my patient and his mother understood the former medical attendant's opinion of the case, and the treatment pursued, his complaints were cystitis, or inflammation of the bladder, dependent or not upon the assumed presence of another stone in the bladder, and the urethral discharge. Of the first, there existed no marked symptom save the large deposit in the urine; which, however, if really the result of inflammation, was only likely to be an effect of chronic inflammation of long standing, and that it could not, in this case, be. The second was altogether conjectural. The existence of the last alone was indubitably demonstrable. I passed a sound into the bladder without being able to detect the presence of a calculus, but found the neck to be highly irritable; and my patient informed me, he had been for some time annoyed by an urgent call to pass his urine several times in the course of the night. On minute inquiry, I learned that eighteen months previously he had experienced slight uneasiness in the bladder, and noticed some turbidity of the urine, both of which had disappeared on his going to reside for a time with some friends in Ireland; but that soon after his return home, which occurred shortly before he contracted the gonorrhœa, the uneasy sensations about the bladder, and the frequent desire to void its contents, began to be again felt. I further ascertained, that he had been treated for the urethral discharge by copaiba in some form, with slight improvement, for about a month before taking to bed, and for some time subsequently; that he had taken medicines, of one kind and another, till his stomach would bear no more; the deposit in the urine, which gradually appeared since the gonorrhœal attack, had latterly greatly increased; and his mother, seeing him getting daily worse, weaker, and thinner, had resolved on changing his medical attendant. His age and evidently sound constitution, together with

the information obtained, precluding all idea of chronic cystitis as the cause of the copious deposit, it seemed wholly unaccountable, except on the ground assumed in the outset, that the case was one of so-called gonorrhœa affecting the mucous coat of the bladder.

I explained my views, as well as was practicable, and readily obtained consent to the employment of any measures which might be judged necessary. It was arranged that the patient should come to me in three days hence for the purpose of commencing treatment.

October 14th. The patient came according to appointment. I introduced into the urethra, and down into the neck of the bladder, a gum bougie, smeared with a strong and firm caustic ointment—fifteen grains of the nitrate of silver to one drachm of simple ointment—and desired the youth to return to me in a week; but did not yet supply him with any internal medicine, because of the weak state of his stomach. 20th. He returned with a slight discharge, but as the entire effect of the caustic might not have passed off, nothing further was done. 25th. The discharge had somewhat increased, and returned to a more yellow colour, a circumstance contrary to usual experience of the abortive treatment thus pursued in the case of males. I therefore again applied the anointed bougie, as efficiently as I could, and desired him to come back on the fifth day thence, in order to commence with the use of medicine, which his bodily condition now fully permitted. 30th. He came accordingly, and took with him a week's supply of a copaibal mixture, containing four drachms of the balsam, to eight ounces of water, one ounce for a dose, three times a day.

November 7th. The discharge was still persistent; had positively again appeared, after its second temporary subsidence having been effected by the caustic ointment. The occurrence was almost unprecedented and inexplicable, save by the diagnosis formed, which it thus unequivocally confirmed. In no other way was it conceivable that the urethral membrane, cured by the caustic application, as happens in other cases nearly without exception, should become again diseased, than that it had been reinfected by being subjected to the contagious influence of the mucopurulent or purulent discharge of the unhealthy vesical membrane. Acting upon this opinion, and judging that the copaiba had not yet had time (only one week) to make any very decided impression on the state of the bladder, I enjoined its steady continuance, and once more introduced the anointed bougie. 14th. On his appearance to-day, he reported that he had only seen a little watery discharge, and that the condition of the urine was greatly improved, the proportion of deposit being considerably reduced; as also the irritability of the neck of the bladder was less, so that he was not so often troubled to pass his urine. Directed to continue the copaiba. 21st. No discharge, but about a drop, or half a drop of transparent fluid (which is, in fact, the natural secretion in a state of health), and the deposit still less. 28th. Greatly improved in every respect, the deposit having diminished down to a mere shadow of a cloud, what would not have attracted notice in the case of any one who had not been similarly complaining. My patient was become as stout, full-faced, and comfortable in spirits and bodily aspect, as could be wished. He and his friends were desirous that he should speedily again repair to Ireland, where a situation of some importance was promised him; and from a fear of relapse by stopping the treatment even a day too soon, I proposed, as a safeguard, to act on the mucous membrane of the bladder, by injecting a caustic solution into the viscus itself; and it was agreed that my patient should pass a few days in Leeds for this purpose.

December 9th. He and his mother called to inform me of their arrival, and gave me their address, the former being quite well in all respects, but nevertheless resolved to undergo what had been proposed. 10th. I waited upon him in his new abode, and having made him empty the bladder, I injected into it by means of a double catheter, a solution of one drachm of the nitrate of silver in four ounces of distilled water. When it had flowed out, I introduced a dilution of one drachm of tincture of opium in four ounces of water in its place, with the object of reducing any slight portion of the caustic injection that might remain, and of allaying undue irritation. 11th. Kept him to bed, having found all satisfactory. 12th. The same; no inconvenience from the caustic injection, save a little smarting on micturition. 13th. The same; I desired him to get up, but this he chose to defer for another day. 14th. Walked out; free from all uneasiness. 15th, 16th, 17th. No inconvenience whatever; urine clear; no desire to get up in the night; in perfect health. 18th. Took his departure, strong and robust; as compared with his condition nine weeks before, like one snatched from death.

From the history of this case here given, I have ventured to draw the following conclusions:—

1. That it was one of so-called *gonorrhœa*, directly affecting the entire mucous membrane of the bladder; and therefore different from those comparatively rare complications of that affection with cystitis,—that is, simple, or as sometimes named, sympathetic inflammation of the bladder, arising from the irritation of urethral gonorrhœa, from acrid substances taken into the system for its cure, which act injuriously on the bladder, as cantharides, terebinthinate substances, or balsams; or from irritating injections used too frequently or pushed too far.

2. That the preceding view seems to be borne out by the history, so far as ascertained; by the case having obstinately resisted, and even become worse, under all means attempted as remedies for cystitis, or whatever else it was supposed to be, during the six weeks preceding the adoption of treatment pursued in accordance with that view; and by the perfect success of such treatment; also by the fact, just alluded to, that cystitis is sometimes produced by the balsams taken into the system for the cure of gonorrhœa; therefore, had this been a case of simple inflammation of the bladder, it would have been aggravated by the copaiba, so freely exhibited as it was; whereas it steadily yielded, like a case of urethral gonorrhœa, to the curative influence of the balsam. Sir Astley Cooper pointed out in his lectures a mucous disease of the bladder, in which there was an enormous quantity of ropy mucus discharged with the urine, and for which he said—"The best remedy, however, is the balsam of copaiba." In the present case, however, the youth and healthy constitution of the patient were unfavourable to the supposition of a mere mucous disease of the bladder, so extensive and so suddenly lighted up, and spontaneously; for Sir A. Cooper does not state it as a consequence of gonorrhœa; while on the other hand, the view taken is supported by the fact of the previously contracted urethral affection, by the discharge from the bladder having, to all seeming, been contagious, so as twice to *reinfect* the urethral membrane; and by this renewing of the infection having entirely ceased when the disease was controlled in the bladder itself. Again, had it been merely a mucous disease, would not the qualified general practitioner and the experienced physician who preceded me, have been sure to detect and easily cure an ailment so very simple?

3. The *rationale* of the encroachment of gonorrhœa upon the bladder—a circumstance certainly not common; for, so far as I am aware, it is not mentioned by authors, unless we may consider that the case or cases referred to by Sir Astley Cooper had such an origin; and the present forms the only example in my own practice—may be conceived thus:—The patient had suffered once (eighteen months) before, from slight inflammation of the bladder, which was easily subdued; and he was again the subject of a similar attack (whatever the true nature and causes of that affection) at the very time when he contracted the urethral gonorrhœa. He had at that time to get up in the night to pass his urine, and had a considerable stinging sensation, particularly towards the root of the penis or neck of the bladder. This, I conceive, constituted the most favourable condition of parts for inducing the progressive advancement of gonorrhœal infection. The contagious muco-

purulent or purulent discharge would glide along, invited, as it were, by, and mingling with the heightened secretion of the predisposed surfaces, to or into the neck; from whence in the same manner, as from the smallest portion accidentally placed upon the border of the conjunctival membrane in gonorrhœal conjunctivitis or upon the extreme margin of the urethral membrane, it would extend, slowly yet surely, over the whole.

4. The case tends to show that while the affection, which for want of a better term, I have called vesical gonorrhœa, cannot be cured by the means to be relied on (and, I must believe, put in exercise by my precursors on the occasion in question) in cystitis, or simple inflammation of the bladder, howsoever caused, it is directly amenable to the ordinary treatment of common gonorrhœa; clearly indicating, not only their identity, but also that, contrary to the opinion of M. Ricord and certain of his ardent followers, there *is* a specific quality in the characteristic muco-purulent or purulent discharge of so-called gonorrhœa, which distinguishes it completely from the suppurative effect of simple inflammation.—*London Jour. of Med.*

REVIEWS AND NOTICES OF BOOKS.

RESEARCHES INTO THE PATHOLOGY AND TREATMENT OF DEFORMITIES IN THE HUMAN BODY. By John Bishop, F.R.S., Member of the Council of the Royal College of Surgeons of England, Consulting-Surgeon to the Northern Dispensary, &c. London. 1852. 8vo. pp. 266.

Mr. Bishop is already favourably known to the profession by his papers upon the subject of Deformities, published in the *Lancet*. In this treatise he has embodied the greater portion of what has appeared in the pages of that journal, adding such further details as his additional experience suggested; and we are glad to observe that the fault which applies to too many works upon this subject—viz., that they are addressed rather to the public than the profession, does not apply to his treatise, which is intended exclusively for the profession.

The subject of deformities has been, the author observes, "too often treated by medical men with neglect, as one of an inferior order, and devolving on the mere mechanician, to whom, in effect, the problem is commonly proposed for solution—Given a distortion, to discover an instrument that will cure it. It need not, therefore, excite surprise to find, as will be shown, that means have frequently been employed, even by respectable practitioners, entirely at variance with the intrinsic nature of the case; so that, with the expectation of giving relief, useless torture or deplorable mutilation has, in many instances, been inflicted."

"The subject of deformity is here proved, on the contrary, to require the most careful research, and to present a field for the most elaborate mathematical investigation. The principles of treatment recommended are based on mechanical and dynamical laws, which have received the assent of the most distinguished physical philosophers of the present day. It is, in fact, the wish and aim of the author to induce the members of the profession to advance from the employment in such cases of mere mechanical experiments, to a sound and judicious practice founded on scientific data."

Mr. Bishop, after some preliminary remarks, proceeds to consider, first, the properties of bone; followed by a sketch of the vertebral column, and remarks upon the properties of muscle. The author next calls attention to the circumstances which tend to produce curvatures of the spine, and distortions or deformities of other parts. In this place the various deformities of the knee and ankle-joints are considered, including the several forms of club-foot. The author's remarks upon the value of myotomy and tenotomy, as a mode of cure in these and similar affections, are much to the purpose.

"Surgeons, more especially of the German and French schools, finding it difficult to stretch contracted muscles, have adopted the plan of cutting through the muscles themselves, or their tendons. By this means, the parts held by the muscle are released, and it is found that after a longer or shorter time, the fleshy or tendinous portions reunite, although the points of attachment are at a greater distance than they were before the operation; they have therefore become elongated. . . . . .

It is probable that the tendon recovers its original strength, but not so the muscle; at least such is the opinion of many of the French surgeons, who say that the muscle so mutilated loses a portion of its force. This may easily be understood to be the case from the experiments of Schwann, who observed that the force of the muscle is at a maximum when it is in its greatest elongation, and at a minimum when it is in its greatest contraction; so that the forces of muscles, in different stages of their contraction, vary in some way directly as their lengths. Now, as the muscles after their division become shortened, and have no power to elongate themselves, their union must take place by the production of new matter, which fills up the interval between the divided parts. By this means, the muscles are lengthened without being stretched, and do not acquire the tonicity and extension of their normal state, and hence their loss of power.

. . . . . .

To prove the utility of the subcutaneous section of muscles and tendons, it is not enough to show that the operation may be performed with little pain, and trifling danger; although the truth is, that it is not so free from danger as Guérin and others suppose. The posterior tibial artery has been wounded in dividing the tendo-Achillis, and the internal plantar artery in dividing the plantar fascia. In both cases abscesses formed, and it was ultimately found necessary to tie the arteries. . . . . .

As muscles are incapable of elongating themselves, and although they oppose great resistance to being stretched, are, nevertheless, susceptible of elongation, it becomes an important subject of inquiry whether some mode of producing this effect may not be practicable without the necessity of subcutaneous sections. If a muscle is stretched by any force for a short period, it becomes contracted again as soon as the force is removed; but if the force is long applied, the muscle will not regain its primitive condition until after a lapse of time of greater or less duration, to be determined by future experiment. Now, there are, it is true, some organs so constituted, and some muscles so situated, that it is either difficult or impossible to apply a force sufficient to effect the object in view. . . . . When, however, the contracted muscles are situated in the back and lower extremities, we have ample means of promoting their extension; and in these cases, what excuse is there for dividing muscles and tendons which are only contracted mechanically? Is it rational to do this merely to lengthen them, when it is found that the same end can be accomplished by other and simpler means?

On a careful and rigid examination of the subject of myotomy and tenotomy, it appears that these operations cannot, in the majority of cases, be deemed expedient for the purpose of curing deformities, as nothing can be obtained from them which may not be effected by other and less objectionable means. The excepted cases, if any really exist, are strabismus and other analogous affections; but even these are to be regarded with great suspicion. The best surgeons of the French school have already decided against the practice, and few of our most eminent English surgeons adopt this empirical plan of mutilating the body."

The effects of caries, rickets, and mollities ossium in causing distortion, are next considered at some length. In the succeeding chapter, the author shows the necessity for the study of the human frame in order to treat deformities successfully; and he then notices in detail some of the plans recommended for this purpose, accompanied by figures of the apparatus which have been most extensively employed in cases of spinal curvature. "It is remarkable (Mr. Bishop observes), considering the attention that has been paid to the muscular powers which Nature has bestowed on the human body, how little these powers have been employed in attempts to correct distortions." "Hence we have a multitude of machines invented for the purpose of doing what they have never accomplished, in cases in which the only mechanism needed might have been found in the body itself; while in others, in which extraneous aid was required, that which was

employed has often been at variance with physiological and mechanical principles; so that, we find that in cases in which the causes of distortion are very dissimilar, the mechanism adopted to relieve them has been almost, if not entirely, the same."

"The various kinds of machinery just mentioned may be classed under three heads—namely, 1st, those designed to stretch the body, either in a horizontal or vertical position; 2nd, those which tend to prop the body and limbs; 3rd, those which have for their object the reclining the body, either obliquely or horizontally, in prone and supine positions."

In this chapter the author dwells at some length on the injurious effects of stays, under the heads "propping use of corsets or stays;" "their debilitating effects on the muscular system;" "their effects on respiration, circulation, and digestion;" "their effects on the human figure;" "their use dependent on ignorance and vanity." An idea must surely prevail, Mr. Bishop observes, that from an early period the human body is not a self-supporting machine, and is therefore in this respect inferior to the lower animals; whereas, in truth, the greater the freedom of muscular movement, the greater is the normal strength and power of the muscles to keep the body erect. "But let us inquire (he adds) into the actual effect of stays, especially when applied to growing persons between the periods of youth and adolescence; and let us take, for example, a young girl of from four to fourteen years of age." "Up to the first period, the parents usually allow the muscles to perform their natural office of controlling the attitudes, and of preserving the equilibrium of the body about its centre of gravity."

"When the child has acquired a perfect control over the various attitudes which the body commonly assumes in youth, when the muscles have been accustomed to freedom of motion, and when the erect position is maintained with perfect ease, then the parents usually encase the body in some kind of corset, which restrains the movements of the back within narrower limits than those to which it had been accustomed; the muscles are at the same time curtailed of their natural action, and lose a portion of their power, becoming less able to support the trunk steadily. In a short time after the application of the stays, the wearer feels unable to maintain the erect position comfortably without them; and after the lapse of a still greater period, by habitual use, these unnatural appendages to the human figure become apparently, though not really, as necessary to the individual as is the natural carapax to the tortoise. The injurious effects of stays, however, are not confined to their debilitating influence on those muscles which serve to keep the trunk erect; they extend to several other very important functions of the body. It is well known that the framework of the thorax is composed of an assemblage of bones and cartilages, which are articulated to each other in such a manner as to allow, during the respiratory processes, of very peculiar movements essential to a healthy state of the body. One of these movements—namely, that of inspiration, increases the horizontal section of the thorax; but since stays are usually composed of unyielding materials, the full expansion of the chest, and its normal and automatic movements, are impeded. When the stays are laced tightly round the body, under the erroneous idea of improving the figure, the natural areas of the thorax and abdomen are diminished, the viscera displaced, and the great vital functions of respiration, circulation, and digestion deranged."

In the chapter which succeeds, the relative advantages of the recumbent, supine, and prone posture in the treatment of deformities of the spine are discussed; followed by a summary of the author's views respecting the treatment of lateral curvature, and distortions of the lower extremities. The concluding chapter is headed "physical and psycho-physical treatment of children." We cannot delay upon the subject-matter of this chapter, but shall endeavour to make room for a single extract from the concluding portion:—

"When we take a survey of the vile machines that have been invented, and consider the amount of torment inflicted by them for no useful end—that patients have been subjected, often for years, to painful restraint, have incurred expense, and lost much precious time, all which has been borne with fortitude by the young and delicate, buoyed up by the fallacious hope of a happy result, and that muscles and tendons have been cut, and various other mutilations inflicted on a mechanism so beautiful and so perfect as that of the human body, in order to attain objects which such means could never accomplish, it must be acknowledged that this branch of surgery is in a most deplorable state. Almost every orthopœdic practitioner has hitherto employed some favourite machine for the treatment of distortion. The author does not intend to propose any new machinery, either for stretching, pulling, pushing, or propping the body; his aim being to dispel the illusion that such machines possess any value, by demonstrating their inefficiency in the majority of cases, and thus to pave the way for a more scientific and rational practice in this branch of surgery."

In concluding, we shall merely remark, that, of the many treatises which have issued from the press within the last few years upon the subject of deformities which we have had the opportunity of perusing, some are immeasurably behind the work before us, and none take a more correct or scientific view of the subject, or appear to be so well calculated to lead to an improved method of treatment.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, MARCH 31, 1852.

A REAL CURIOSITY OF MEDICAL LITERATURE.

We had the following in type for preservation in that compartment of our archives which we devote to the "state papers" of the profession, but casting an eye accidentally over its contents, an unfortunate propensity to indulgence in a laugh so disturbed our editorial equilibrium, that for the life of us we could not recover composure sufficient to discharge so serious a duty. From the days of Rabelais to this unlucky hour, when our risibilities are thus provoked, the "sad and learned" section of our body has ever and anon called forth a similar unseemly expression of mirth, but seldom indeed has it more effectually done so as here. The effusion purports to be an address to the Lord Lieutenant, and was, we have no doubt, delivered as such; but even that association of it cannot restrain our inclination to give it the place in our columns to which it is entitled:—

"We, the President and Fellows of the King and Queen's College of Physicians in Ireland, have come to tender our homage to your Excellency as the chosen representative of our beloved and gracious Queen.

Nor are we less anxious to express our deep satisfaction at being placed under the authority of one who, descended from a long line of noble ancestors, and bearing an escutcheon blazoned with emblems which tell of royalty, and point to the chivalry of France and Scotland, comes here, we doubt not, faithfully to carry into operation that principle of action which springs from "trust in God, and good will towards man," which we gladly accept as our surest foundation for a high and heartfelt confidence that we shall be "Godly and quietly governed;" as it is also our best security for "the safety, honour, and welfare of our Sovereign and her dominions."

As Irishmen we rejoice to believe that, could we penetrate the inmost feeling of your Excellency's bosom, it would tell us that Irish hearts and Irish affections are there associated with a charm of such deep and tender influence, as will cause the sentiment, so richly deserved by one, to be, for her sake, extended to many.

Joyfully, also, do we recognize in your Excellency's appointment a pledge of the abandonment of that centralizing system whose blighting influence has already fallen so heavily upon this land, like some of those fatal diseases which waste and wither up the limbs, while giving to the body an unwieldy and unsound preponderance; and so we trustfully anticipate never to see those stately halls ungraced by a vice-

regal occupant prepared to emulate your Excellency's princely splendour.

We have now only to express our fervent hope that your Excellency may long enjoy among us here, in health and happiness, the high honour conferred upon you by our Sovereign."

Some may, perhaps, feel inclined rather to weep than laugh at this malaprop display of fulsome adulation, as angels themselves do when vain man, dressed in a little brief authority, plays such fantastic tricks; for truly such a public exhibition of imbecility is little suited to win that confidence which our profession requires. On second thoughts we begin ourselves to be serious too, touching the matter, seeing that we live in times when we cannot afford to be made ridiculous, even by implication. The Fellows of the College of Physicians on all occasions ostentatiously claim to be the representatives of the Physicians of Ireland (which it is scarcely necessary to say they are not), and when they thus, at a critical moment, lower the character of the body for common sense, it becomes absolutely necessary to repudiate the assumption. The LORD LIEUTENANT must be taught that the medical practitioners of Ireland are not composed of such materials as a perusal of this silly document might lead him to suppose, because such a misconception might prove most injurious at the present moment. He must, in fact, be informed that they have taste and judgment enough to prevent their committing such an absurdity. For several of the College of Physicians we entertain a high respect, and the majority we consider fair specimens of the medical genus, but we frankly confess that there are a few amongst them we cannot admire, neither can we compliment the body at large upon its tacit acquiescence in the very discreditable proceedings which have latterly disgraced the Medical School of Dublin. If the government and the public are to be impressed with a proper sense of the importance of the medical profession by them, it is not by the adoption of the suggestions of such men as these who penned this nonsense, or who, to gain their private ends, hesitate not to sacrifice the "honour, reputation, and dignity" of the medical profession by acts of an equivocal nature, and ridiculous efforts to attract the admiration of the vulgar. To the honest and sensible members of the College of Physicians, we venture to say that if they are to exercise any salutary influence on the destinies of the medical profession, the sooner they emancipate themselves from the obsolete rules of antiquated corporations, and abandon clandestine proceedings, the better. We also venture to say that the sooner they rely on their own resources the better too; for, to be dragged through the dirt by any other institution will not redound to their credit in the sequel.

AGITATING PLACEMAKERS IN THE FIELD AGAIN!

STRAWS in the air tell us which way the wind blows, and political litter is equally indicative of the currents which prevail in the placehunting world. In the House of Commons we see that a Southern Member has moved for a string of returns touching the Lunatic Asylums, and as we believe he knows nothing whatever about the matter, we come to the conclusion that he is only doing the work of others. Be this as it may, we have no doubt that the move is a prelude to a campaign similar to those which have closed with the passing of the last Medical Charities Act. The returns demanded are evidently called for by way of insinuation that the annual returns of the Inspectors are either imperfect or untrue; for whatever of importance is required has already been printed. The truth is, that the old placemaking spirit is as rife as ever, and the appetite of the placehunter by profession is as insatiable as heretofore; so we are in for another bout of "agitation" in this direction. Whether it be that some of the lunatic officials have cast the eyes of affection on the places and salaries of others in the department, or that the poor-law people are yearning after more of the loaves and fishes of "inspection," we cannot tell; but certain are we from this rustling under the straw that the old vermin are at work. Satisfied, however, that we have had enough of these doings for the present, we are determined to watch the movements of the parties concerned without intermission. This agitation for place is the curse of this country, and in no department has it been so mischievous as in ours. Never shall we have one hour's peace or rest, or one fair opportunity to bring the medical institutions into salutary operation, until the government resolutely repulses all candidates for office who found their claims on "agitation." We do not mean mere political agitation, although that has been the foundation of these proceedings, but placemaking agitation, which aims at the destruction of existing institutions, in order to appropriate the salaries of those displaced to the use of the agitatior.

While penning the above, additional proof is afforded us that the indomitable spirit to which we have been alluding still exists in all its pristine strength, although not perhaps directed in the channel to which we have been directing attention. The document, it is true, is an amusing proof of the ruling passion of its author, but there may be more at the bottom of the overture than simple people can well comprehend. Has the working of the Dispensary Act revived old hopes, or is there any "cross" at head quarters which encourages a return to ancient tactics? The cat's paw which subscribes the document has been dipped into a queer cream crock, but no one knows the luck of a dip in the dark:—

TO DENIS PHELAN, ESQ., INSPECTOR OF POOR-LAW UNIONS.

DEAR SIR,—Having learned that by recent arrangements, connected with the administration of the poor-laws, you have ceased to be the Medical Inspector of the Poor-law Unions of Ireland, and that your present duties are confined to the supervision of a northern district, as permanent inspector, we cannot permit the occasion to pass without giving expression to our regret at the cessation of that intercourse which has so long subsisted between us, and also to the grateful feelings of sincere respect, esteem, and affection, with which we have been inspired by your official conduct and personal kindness.

We are peculiarly qualified to appreciate the great difficulties of your official position during a protracted period of unexampled suffering, sickness, and mortality of the people of this country; and we feel great satisfaction in acknowledging that while these difficulties would be calculated to convert the relation subsisting between us and a less judicious and less kind inspector into a state of antagonism, your supervision was only productive to us of support, encouragement, and hope in the discharge of our arduous duties.

We cannot forget that while throughout this afflicting visitation your frequent inspections of the several union hospitals under our care were conducted in the most efficient manner, and with the strictest and most conscientious regard for the public interest, your conduct towards us was uniformly characterised by the most gentlemanlike courtesy and considerate kindness, and that at all times we were indebted to your great experience and mature judgment for friendly advice and valuable assistance.

Permit us, incidentally, to acknowledge the eminent services you have rendered to our profession and the public, both before and after your connexion with the poor-law commission, by your valuable writings and able reports, which we do not hesitate to say form the groundwork of the great improve-

ments which are contemplated, or have already taken place, in the medical institutions of this kingdom.

We now take leave of you with sincere regret. Our several positions render it probable that we shall seldom have the pleasure of meeting you; but be assured, very dear sir, that those feelings of attachment, respect, and personal friendship which your continuous kindness has produced, will be ever cherished by us, and that you bear with you to the new sphere of your labours, our heartfelt wishes for your happiness.

CHARLES HALPIN, Secretary to Committee.

ROYAL COLLEGE OF SURGEONS.

His Excellency the Lord Lieutenant received a deputation of the President, Members of Council, and Fellows of this College on the 24th inst., when the following address was presented to him by that body:—

To his Excellency Archibald William, Earl of Eglinton, Lord Lieutenant General, and General Governor of Ireland, &c.

MAY IT PLEASE YOUR EXCELLENCY,—We, the President, Council, and Fellows of the Royal College of Surgeons, beg leave to approach your Excellency to congratulate you upon your arrival in Ireland, and to assure you that we are much gratified at having an opportunity afforded us of thus expressing our feelings of respect.

We beg leave also to assure your Excellency that we shall at all times be prepared to contribute, by every means in our power, towards advancing the welfare of the public service in our particular department, and that we shall be glad to receive from the government such suggestions, as it may think proper to make, to enable us to carry this, our determination, into effect.

We are also anxious to avail ourselves of the present occasion to solicit, most respectfully, the attention of your Excellency to the state of the medical institutions of this country, and to express a hope that you may be pleased to extend to our profession that protection and support which, from its public services, it is entitled to claim.

LEONARD TRANT, President.
ALEXANDER READ, Secretary.

His Excellency replied as follows:—

MR. PRESIDENT AND GENTLEMEN,—I feel much satisfaction at receiving these expressions of regard from a body so respectable and so useful to the community.

Men of your profession have, perhaps more than any other, been found ready and able to do their duty under the greatest difficulties and the most trying circumstances, and I well know that the Surgeons of Ireland, inferior as they are to none in ability, will never be found wanting where the public service is in question.

I will give my best attention to the state of the medical institutions in this country, and bestow that interest on the subject which its importance so well deserves.

The following were of the deputation:—

President—Mr. Leonard Trant. *Vice-President*—Mr. E. Hutton. *Secretary*—Mr. Alexander Read.

Members of Council—Mr. Cusack, Mr. Jacob, Mr. Tagert, Mr. Williams, Mr. Ellis, Mr. Beatty, Mr. Rynd, Mr. Adams, Mr. Barker, Mr. Colles, Mr. Lipsett, Mr. Corr, Mr. Bevan, Mr. Irvine, Mr. Hughes.

Secretary to Council—Mr. H. Maunsell.

Fellows—Mr. Banon, Mr. McDowel, Mr. Egan, Mr. A. Walsh, Mr. W. A. Elliott, Prof. Benson, Prof. Hargrave, Dr. Shekleton, Mr. Rumley, Prof. Wm. H. Porter, Mr. Butcher, Mr. Fleming, Mr. Johns, Mr. J. T. Maguire, Mr. F. L'Estrange, Prof. Geoghegan, Mr. Tufnell, Mr. William Bevan, Mr. Wharton, Mr. G. H. Porter, Mr. William P. Geoghegan, Mr. Mayne, Mr. S. L. Bigger, Mr. J. Willett, Mr. B. W. Richardson, Mr. G. Ellis, Mr. S. L. Hardy, Mr. Joseph Burke, Mr. Pentland, Prof. Power, Prof. Hart, Mr. Jameson, Mr. Carte, Mr. McClintock, Mr. G. Elliott, Mr. Field, Mr. Campbell, Mr. Haffield, Mr. Leeson, Mr. Labatt, Mr. Faussett, Mr. Speedy, Mr. Croly, Mr. G. Davis, Mr. Plant, Mr. Osbrey, Mr. McGusty, Mr. Peebles, Mr. F. Byrne, Mr Lynch, Mr. Toler, Mr. Hamerton, Mr. R. Morrison, Mr. R. L. Nixon.

CORRESPONDENCE.

THANK-YE INSURANCE COMPANIES.

TO THE EDITOR OF THE MEDICAL PRESS.

DEAR SIR,—The *Lancet* did much service to the profession in England by publishing the names of those insurance offices which refuse to pay medical men, but yet expect that they will give them valuable information. Knowing your zeal for the good of the profession, I would beg leave to suggest to you the propriety of your doing the same here. To commence, I will give you the names of two which have lately written for information, but declined giving any fee for it:—"The West of England Life and Fire," and "The Standard."—Your obedient servant, N.

March 17, 1852.

OVARIOTOMY.

By E. BENNETT, M.D., of Danbury, Connecticut, U.S.

I OPERATED, a short time since, for ovarian dropsy, on a Mrs. B—— of Redding. The patient was 52 years of age, was married, and had two children. She had usually enjoyed good health until about two years since, when she became somewhat indisposed, but not so much as to compel her to desist from her household duties. In the spring of the present year she consulted me, when I detected a tumour immediately above the pubis about half the size of the head of a new-born child. It was in the median line, grew rapidly, and soon fluctuated; she was tapped, I think, as early as March, by her attending physician, Dr. Gorham, twice within five or six weeks; the fluid was albuminous. I removed the tumour in June. It was adherent to the walls of the abdomen over a space about the size of the palm of the hand; no other adhesions. The wound appeared to do well. No appearance of inflammation within the abdomen; but she died from exhaustion on the fourth day. The operation was performed under the influence of chloroform. The sac was large, capable of containing a pailful, and was evidently multilocular; her age was against her; the operation was too long delayed; the fluid being albuminous, the restorative powers of the constitution were destroyed. I have not thought it necessary to go into the minutiæ of the case.—*Amer. Jr.*

TREATMENT OF UNUNITED FRACTURE OF THE PATELLA.

FRACTURES of the patella sometimes fail in becoming consolidated, but are united by ligamentous tissue, which is incompetent to sustain the necessary movements of the knee-joint. A case of this kind is recorded by M. Bonnet in the *Revue Medico-Chirurgicale*, in which he obtained bony union by a peculiar process, which, together with section of the triceps muscle, is thus narrated:—The subject of this case was a vigorous man, aged 44, who had been treated for fracture of the patella in the usual manner, without inducing consolidation. He therefore entered the Hotel Dieu of Lyons, under the care of M. Bonnet, who considered that some amelioration, at least, might be accomplished by section of the triceps; and after scarifying the ends of the bones, keeping them in contact by clamps, as suggested by M. Malgaigne. Accordingly, M. Bonnet commenced by subcutaneous section of the triceps, a few lines above the upper fragment. This allowed the descent of the fragment, which, together with the lower portion of the bone, was scarified by two other subcutaneous punctures, and the limb was then placed in appropriate splints, with the heel elevated. For the first few days there was some swelling of the joint, but the inflammation speedily subsided, and M. Bonnet proceeded to complete the operation by inserting small screws into each fragment, and causing these to be brought together, and retained in apposition by waxed thread. The screws are said to have remained forty days without producing any other unpleasant effects than some hydrarthrosis. The result was highly satisfactory, the fragments being brought nearly into apposition, and the uniting tissue being sufficiently resisting to allow of active use of the limb.—*Prov. Jour.*

MEDICAL CHARITIES BILL FUND.

Dr. Morrison begs to acknowledge the receipt of the following sums :—

Dr. Tabuteau	£0	7	6	Dr. Wallace, Ferns	£0	7	6
Dr. Patterson ...		7	6	Dr. Dyas ...		7	6
Dr. Kingsley ...		10	0	Dr. Trotter ...		7	6
Dr. Pentland ...		10	0	Dr. Nicholl ...		7	6
Dr. Hamerton ...		10	0	Dr. Bennett, Bruff	1	0	0
Dr. Reardon ...		10	0	Dr. Phelan, Graig	1	0	0
Dr. Forsythe ...		10	0	Dr. McMehan ...		10	0
Dr. Hynes ...		10	0	Dr. Crosier ...		10	0
Dr. O'Reilly ...		10	0	Dr. J. Leeper ...		10	0
Dr. Russell ...		10	0	Dr. Mansfield ...		10	0
Dr. Burnett ...		10	0	Dr. Hunter ...		10	0
Dr. Waters ...		10	0	Dr. Smith ...		10	0
Dr. Purefoy ...		10	0				

Newry, 29th March.

OBITUARY.

March 23rd, at his residence, Lower Baggot-street, aged 60, Maurice Collis, Esq., F.R.C.S., formerly Surgeon to the Meath Hospital.

March 23rd, at his house, in Limerick, aged 85, James Tandy Wilkinson, Esq., M.D., Senior Fellow of the Royal College of Surgeons in Ireland.

METEOROLOGICAL TABLES.

ROYAL COLLEGE OF SURGEONS, DUBLIN.

1852.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Mar. 21st, 50	45.5	29.900	
Monday,	22nd, 57.5	48	29.950	.025
Tuesday,	23rd, 59	45.5	30.050	
Wednesday,	24th, 62	39 5	29.950	
Thursday,	25th, 58	41.5	30.116	
Friday,	26th, 54	39.5	29.950	
Saturday,	27th, 43	38	29.612	

PORTARLINGTON, QUEEN'S COUNTY.

1852.	Max T.	Min. T.	Barm.	Dry T.	Wet T.	Dew Point	Rain.	Wind.
Mar. 21st,	52.5	43	29.553	47.4	46.3	45.2	.036	SSW
22nd,	56.5	46	29.605	56.5	55.4	54.5	.393	SSW
23rd,	59	42 5	29.742	56 2	51.4	47	.001	SSE
24th,	60	32.5	29.677	50.5	46.8	42.9		SE
25th,	59	38.5	29.807	43.3	39	33		ENE
26th,	48	30	29.734	40.1	36.4	30.8		E
27th,	44	35	29.383	42.3	41.3	40.1	.014	SSE

M. W. HANLON, M.B.

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SURGICAL SOCIETY OF IRELAND.—MARCH 20.

Dr. JACOB in the chair.

CASE OF MALIGNANT TUMOUR—DISCUSSION ON THE VALUE OF THE MICROSCOPE.

By Dr. BANON.

DR. BANON exhibited a specimen of disease of the uterus, which, he said, would be regarded with some degree of interest, in connexion with the proceedings of the last meeting of the Society. It was yet in their recollection that on that occasion the subject of malignant disease was brought under their notice by Mr. Butcher, whose paper was illustrated by a variety of interesting cases; by Dr. Bellingham, who presented a very remarkable specimen of an encephaloid form of cancer; and by himself, in connexion with a cancerous growth of enormous extent which existed in a very young child, and was found in the cellular tissue behind the peritoneum, forming what was commonly called "a post-peritoneal tumour."

The case to which he then wished to direct attention, occurred during the past week, but as yet, not having had time for a careful examination, he had not been able to ascertain its exact nature with any degree of certainty. It was a firm resisting tumour. It was composed of a number of lobes connected together by loose cellular tissue, and when firm pressure was made upon it, an exudation of a creamy-looking fluid took place. The woman, who was the subject of the case, was taken into the hospital for phthisis, and it was a remarkable fact that there was no symptom whatever which was likely to call attention to the uterus.

The patient ultimately died of phthisis, and on making an examination of her body, this tumour was discovered between the muscular fibres of the fundus of the uterus; and it was a rather peculiar feature of the case that on the day preceding her death she was menstruating, and continued to menstruate up to the time of her death. She was about 35 years of age, had not been married, and had never borne any children. The cavity of the uterus was larger than would be expected in a virgin; a cyst was attached to one of the ovaries, containing a small quantity of fluid, and a hydatid hung from the same ovary.

Though he had not yet examined the tumour under the microscope, he was strongly inclined to believe that it was of a malignant nature.

Dr. JACOB said that on the last night of meeting, when Mr. Butcher brought forward his admirable communication, justice was scarcely done, by the discussion which then took place, to the important subject of malignant growths; but he was happy to say that an opportunity was then presented for any further remarks which members might wish to make, in connexion with malignant disease—the subject being one which at the present time was under general discussion in the medical world.

Dr. BEATTY said, that as far as a cursory examination of the tumour could enable him to judge, he could not agree with Dr. Banon that it was of a malignant character. It was not, in his opinion, the common fibrous tumour which they met with in the uterus; but it presented some of the characteristics of the fatty tumour which was found in that organ. He did not think it was encephaloid, and if he were to give it a name, he would say that it resembled a fibrous tumour more than any other with which he was acquainted.

Dr. BANON could not perceive anything like a fibrous arrangement in the tumour with the naked eye, nor any of the characteristics of cancer enumerated by the medical authorities; but on the whole, he was of opinion that it resembled a malignant growth. At the same time, he entertained the greatest respect for the opinion of Dr. Beatty, whose experience and opportunities, in reference to diseases of this character, were so much greater than his own.

Dr. H. KENNEDY remarked that on two or three occasions he had seen scrofula and malignant disease together in the abdomen. He thought the fact a remarkable one, though he was unable to say at what period either disease took its origin. Before sitting down, he would ask whether in cases of that kind, the microscope was more likely to

throw light on the real nature of the disease than the unaided eye. Though he had not seen the paper, he understood that an eminent microscopist of France had recently stated that the microscope would not go further, in detecting the nature of these cases, at a post-mortem examination, than the naked eye; and he had reason to believe that persons who were in the habit of using the naked eye in such cases, acquired a degree of skill scarcely, if at all, excelled by the professor of microscopy.

Dr. Banon observed that the microscope was considered to be useful because it enabled them to ascertain the existence of certain encephaloid cells which were always found in connexion with cancerous structures.

Dr. Jacob said that Dr. Kennedy had challenged the histologists to prove by the microscope whether a structure was or was not cancerous; if this was not answered many persons might draw an unfavourable conclusion as to the utility of the instrument in such cases.

Dr. Carte did not rise to defend the microscope, but simply to try and place it in its true position as *an additional* means of detecting malignant from non-malignant structures. A great deal had been said against the use of this instrument, but something also, he thought, might be said in its favour. If taken alone or in an isolated way, it would not perhaps prove of so much value as when taken along with other and concomitant circumstances, when the results were well known to be very satisfactory. What Dr. Kennedy had stated was in a great measure quite true; no doubt, as in former days, an experienced observer might distinguish malignant from non-malignant growths without the aid of the microscope; so likewise in the present day the practised eye will still without this instrument determine the character of each peculiar growth, and which the inexperienced eye could not do even with the aid of the microscope. He (Dr. C.) had paid some attention to the use of the instrument, and the result was, that he generally made his diagnosis upon the presence of certain peculiar nucleated cells mingled more or less with fibrous stroma; but both of these are greatly modified according to the species of the diseased structure under examination, and which are not present in growths of non-malignant character. He was quite convinced that the practice of decrying the microscope was in a great measure to be attributed to the great amount of patient labour which it involved, requiring, as it occasionally did, some three or four hours for the examination of a single specimen to arrive at anything like a satisfactory conclusion. It may be in the recollection of the Society that about a year ago he brought under their notice an enormous tumour springing from the forearm, which bore all the external appearances of fungus hæmatodes, but which in reality was a colloid growth. On that occasion it took him six or eight hours before he could distinguish a cell of any kind, and consequently he felt for the time disposed to withdraw his faith from the microscope: however, with the assistance of reagents, a proper adjustment of the light, and an additional stock of patience, he was enabled to discover them, the cause of failure being due to the extreme tenuity of the walls of the cells and the great amount of them, and their being congregated in such a way as to prevent the eye from defining them with accuracy. Gentlemen, he thought, should not be in too great a hurry to decry an instrument which was in its infancy, and it should be held in remembrance by them that another most valuable instrument—*the stethoscope*—when first introduced, was, if possible, more decried by some of the most eminent men of former days; but who would be without this valuable instrument now? It may therefore not be advisable to attempt, by the same species of opposition, to put down the microscope, which promised to be of equal utility in a different department of medical science.

Mr. Butcher observed that his experience with the microscope, which had extended over a very ample field of observation, led him fully to concur in the views laid down by Dr. Carte, which were also those laid down by all modern pathologists. Some of them throw a degree of doubt on the formation of the cell which was characteristic of cancer; and Dr. Bennett, whose researches on the subject were well known to them all, though he also laboured under some doubt in the matter, had laid down a few particulars which were, in his opinion, in all cases indicative of cancerous degeneration—namely, 1st, where encephaloid cells were found in a certain fibrous arrangement of structure; and 2nd, where the cell-wall was dissolved by the addition of acetic acid, and the nucleus became *more* distinct. In several instances he (Mr. B.) had tested the accuracy of these views, and very recently he brought before the Society numerous cases which bore him out in his statement. He knew that Dr. Lyons and many others in Dublin, who had applied themselves to that particular branch of study, could corroborate him fully in what he had advanced—namely, that it was possible to arrive at a certain conclusion as to the malignancy or non-malignancy of a particular structure. In saying so much, he thought he had said quite enough in reply to the question raised that evening by Dr. Kennedy; and for any further information he would refer such gentlemen as were sceptical on the subject, to the many able books which had lately been written upon the subject, in which the several writers had agreed in handing down the points he had mentioned as facts which had been ascertained beyond all doubt to be characteristic of malignant disease.

Dr. Stapleton said that all Mr. Butcher had stated might be perfectly true, but he would like to know whether the writers in question could particularise a cell in such a manner as would enable them, not taking into account the concomitant circumstances, to say that it was really and truly a cancerous cell. For his own part, having examined a variety of specimens with the microscope, he had not been able to satisfy himself that he had seen any single cell which he could say was a true cancerous cell. He agreed with Mr. Butcher that if they took the concomitant circumstances, they would be able to decide as to the malignancy or non-malignancy of a certain growth; but he would feel obliged to any of those gentlemen who, having devoted more time to the subject, were better informed respecting it than himself, if they would describe to him what they called the "cancerous cell," which was to be found in growths of a malignant character; and let him know whether he might expect to meet with it in carcinoma, in fungus hæmatodes, or in any other form of cancerous growth? Could they, in short, delineate any cell whose characteristics were so definite as to enable him, without the aid of the concomitant circumstances, to point out any particular form of disease?

Dr. Carte did not mean to convey that fungus hæmatodes and the other species of malignant disease were characterised by one form of cell. In his opinion the determination of each species depended upon the relative proportion and disposition of the cells with regard to the fibrous matter, and the amount and nature of the peculiar fluid contained in such growths. He wished it to be understood that the microscope was not to be taken up as a mere toy, but rather as an instrument to which a man must devote his mind and attention, otherwise the result may prove quite unsatisfactory, leading to disappointment.

Dr. Stapleton understood Dr. Carte and Mr. Butcher to say that if they took the concomitant circumstances into account, they might be led to conclude that it was a malignant growth; but that was not the answer he required. What he wanted to know was whether, taking fungus hæmatodes as the true type of cancerous disease, he was to believe that there was a particular cell in it, which might be easily pointed out to him—putting aside altogether, want of knowledge, want of light, or want of a perfect instrument—as indicative of malignant disease?

Mr. Butcher admitted that the question was one of great difficulty, and that it was considered to be so, not only in England and Scotland, but also on the Continent, where it first originated. Still he would persist in saying with Dr. Carte, that there was a particular cell, which it was not necessary to isolate; and also a particular juice expressed from cancerous or malignant growths which was

capable of yielding cells which no other fluid would be found to yield. That was a proof which he regarded as conclusive with respect to cancerous degeneration.

Dr. Jacob said they must not permit it to go abroad that any member of that Society was disposed to decry the microscope. Its powers had no doubt been questioned to some extent, and he was glad the question had undergone discussion, because the effect of that discussion would be to make the cancer-cell a test object for some time to come, until they could arrive at a clearer judgment. While they did full justice to the instrument, they should have its powers accurately determined and placed within their proper bounds.

Dr. Stapleton said that for his part he would be very sorry that he should be looked upon as an opponent of the microscope. In point of fact, he advocated its use, and it was for that reason that he had taken part in the discussion that evening.

Dr. Banon stated that he found he had committed a mistake in saying that no examination of the tumour had been made in the case which he had laid before the Society on that occasion. He had since ascertained that after it was left at the College of Surgeons, it was examined by Mr. Carte, who had succeeded in detecting in it some of the cells which were characteristic of cancerous disease. About eighteen months ago he submitted to Dr. Carte a tumour which he had removed from the breast of a woman, of which he (Dr. B.) said there was considerable doubt as to its malignant nature. Dr. Carte subsequently gave him a drawing which represented the appearance of the tumour under the microscope, stating that in his opinion it was a cancerous tumour, and that if watched, it would probably return, which prediction was ultimately verified, as the disease returned with greater malignancy than ever, and the woman died from its effects.

MEDICAL SOCIETY OF LONDON.

Dr. H. Jones read a paper

ON THE MORBID CONDITIONS OF THE KIDNEY GIVING RISE TO ALBUMINURIA.

The author commences by referring to the fact noticed, and dwelt upon by Mr. Bowman and others, that in consequence of the peculiar arrangement of the vascular system of the kidney, a more than ordinary pressure is exerted upon the capillaries of the Malpighian tufts, which, at the same time, being unsupported by fibre or solid tissue, are therefore peculiarly liable to rupture and hæmorrhagic effusion. These peculiarities will of course tell with increased effect if the organ becomes actively congested. These well-marked conditions of the kidney are noticed as existing in albuminuria. The first is the condition of engorgement, such as is seen in those who die in the early stages of acute anasarca, or in that of dropsy succeeding scarlatina. The organ is enlarged, dripping with blood in every part, its tissue not destroyed, but many of the tubes are seen under the microscope to contain coagula of exuded fibrine entangling blood globules, and more or less of epithelium. Under timely and appropriate treatment, the author believes that complete recovery from this affection may take place, and the kidney be restored to its original healthy state. He formed this opinion partly on the result of one examination, partly on the testimony of general experience with respect to the recoveries which take place in scarlatinal dropsy. The second form of diseased renal structure described, is that of the large, heavy, often mottled, and pale kidney. In this there is no hyperæmia, or rather the reverse state usually exists. The cut surface has not the appearance of healthy structure, and gives one the idea of some matter having been implanted among the natural constituents, so as to obscure them, and to produce a confined aspect. The tubes are found impacted with epithelial matter, but not by any means constantly obstructed or blocked up, although they are irregularly dilated. In some parts, though this is not the case in all instances, oily matter is deposited, and makes the tubes, where it exists, quite opaque. The evidence is, however, as clear as possible, that the morbid process is not of the nature of fatty degeneration. The Malpighian tufts are often obscured by effused matter, and the medullary tubes more or less filled up with oily, or granulous matter, washed down into them. The author believes that this state of disease may arise, either as a primary degeneration, without any preceding engorgement and hyperæmia, or that it may be the sequel of the first described condition. The third variety of morbid change is that so familiar to observation as the dwindled granular kidney. The organ is generally somewhat congested, the cortical secreting tissue remarkably atrophied, the capsule adherent to the surface, which presents the well-known granulations. In advanced cases there is found extreme destruction of the tubes of the cortical substance, their basement membrane is gone, their epithelium scattered about as mere *debris*, and their place occupied in many cases by an abundant cyst formation; the medullary tubes are filled up very often with more or less of granulous and oily matter. The Malpighian tufts are sometimes compressed, sometimes obscured by films of exuded matter, sometimes they seem tolerably healthy. There is no very decided evidence of the formation of new fibrous tissue, as in scirrhus of the liver, but the nutrix often seems to have lost somewhat of its natural homogeneous aspect, and to be infiltrated with a granulous stuff. The author coincides entirely with Mr. Simon's account of the origin of the cysts which are so numerously developed in many cases of granular kidney; he thinks the two following arguments conclusive as to the question whether they are formed solely from an alteration of the tubes, or as a secondary development out of their *debris*—1st, that, as Mr. Simon observed, they have a diameter sometimes less even than that of the tubes themselves; and 2nd, that they are not formed in nearly all the instances of kidneys which have apparently undergone precisely similar destructive change of their tubular structure. He believes, however, that cysts are formed by dilatation of the tubes, and perhaps of the Malpighian capsules. The author adopts Dr. Prout's view, that the nature of the morbid change in the two latter forms of renal disease, is not such as can with any propriety be considered as inflammation, sub-acute or chronic; he coincides entirely in the original idea of this celebrated physician, that the disease is truly a degeneration, a spoiling, and impairment of the whole organ, occurring quite independently of inflammation; but on which, inflammation or congestion may very easily, and does very commonly, at various times, supervene. This opinion seems to be strongly supported by the acknowledged causes of the disease, which are all of a debilitating nature, exhausting the organic life and vigour of the system. He further contends that the mere exudation of coagulable material into the tubes is insufficient to account for the atrophic change, since it might continue to be washed out by the urine, which does not depend on their being retained in the organ, but on their being no longer formed in consequence of the hyperæmia having subsided. In the treatment of acute anasarca, from whatever cause, cupping on the loin, bleeding if the strength allow, and tartar emetic, are pointed out as the means on which reliance may be placed. The action of the skin is to be promoted, and saline and other diuretics forborne, until the latter stage of the disease, when the author believes they may be employed with benefit. He compares their use at such times to that of squills or the balsams in the latter stages of a bronchitis. In the chronic form of disease, constituting "Morbus Brightii," the author remarks, that the degenerative nature of the affection should never be lost sight of, and that our chief endeavour should be, as long as any hope remains, to uphold, strengthen, and improve the constitution, by every tonic and corroborant means in our power. It is suggested also, whether, in consequence of the ascertained condition of the renal organs, their tubes containing unnatural, dense, accumulated epithelial matter, and when the Malpighian tufts being also overlaid by effused

fibrine, it might not be of advantage to administer the alkalies, and especially the liquor potassæ, somewhat in the same way as was done by Mr. Brandish, in the hope of inducing a healthier condition of the epithelial lining of the tubes. This seems the more reasonable, from the known influence of the alkalies upon albuminous matters, and the experience we have of their deobstruent powers.

Dr. THEOPHILUS THOMPSON and Mr. CHIPPENDALE having briefly addressed the meeting, the Society adjourned, after a few words from Dr. H. Jones.—*Lancet*.

THE DUBLIN STUDENTS' MEDICO-CHIRURGICAL SOCIETY.

Mr. JOHNSTON FERGUSON in the chair.

REPORT OF A CASE OF ACUTE GLANDERS IN MAN, WHICH TERMINATED FATALLY: WITH NOTES OF THE POST-MORTEM APPEARANCE OF THAT DISEASE AS IT OCCURS IN THE HORSE.

By Mr. ARTHUR H. TAYLOR,
Clinical Clerk to the City of Dublin Hospital.

THE case which I purpose bringing under the notice of the Society affords us a good example of acute glanders, or more correctly speaking, of the acute, supervening upon the chronic form of that terrible malady.

M. W——, ætat. 51, married, a hackney-carman, residing in the neighbourhood of Baggot-street, is of leucophlegmatic temperament. When admitted he was very weak and exhausted, consequently I did not disturb him by asking him any questions as to his previous history. I, however, examined his wife, who gave me the following history of the patient up to the time of his admission into hospital:—States that his health up to about three years since had been very good: about that time he met with a severe accident, having been thrown from the seat of his car whilst driving, by which he received a severe head injury, with some contusions on the back. For this he was admitted into the City of Dublin Hospital, from whence he was discharged cured in about three weeks, but since that time he has never enjoyed such good health as before he received the injury, as he frequently complained of headache, with pain in his back. Has been extremely temperate for many years, and lived well. She further states, that about one year and nine months since, one of his horses became ill, with what in a short time proved to be glanders. This horse died in about three months. A short time after another of his horses became affected; it also died in about the same time. He then got two others, these also took the disease, in consequence of having been put into the stable where the others had died. Although it had been most carefully cleansed, having been sprinkled with solution of chloride of lime, aired, and whitewashed, these animals went on gradually becoming worse, when he disposed of them. Shortly after, about ten months from the death of the first, he got another horse; this was the fifth, and is the one which he now has in his possession. This animal was also placed in the same stable as its predecessors, it first having been carefully cleaned out as before; however, in about two months it also exhibited symptoms of the disease. This was about *nine* months since. In this animal there was a profuse, viscid puriform discharge from the right nostril, with of late (what appears from her description to have been) an abscess about the commencement of the trachea.

Thus it would appear that for the last year and nine months, he has been almost constantly attending and endeavouring to cure these glandered horses, sometimes having two under treatment at the same time. His mode of treatment, which consisted principally in syringing their nostrils with water, and strong solutions of sulphate of copper, and in removing the purulent matter which was constantly accumulating and obstructing those passages, exposed him very much to the danger of infection or inoculation, and it would appear he was fully aware of this danger, and was particularly careful, always washing his hands after touching them. Whilst attending to the present animal in August last, he received a slight injury on his right shin; he fretted very much about this at the time, as he was afraid some of the matter had got on the denuded surface, although it was difficult to imagine how such an accident could occur; it, however, healed in a short time, but she states shortly after a little "rash" came out over the part whence the skin had been removed. This alarmed him very much at the time, but it quickly disappeared, and she thought he had completely forgotten it, when, towards the end of October last, he got a slight cough, with a quantity of thin viscid expectoration, the cough was very trifling, and the expectoration was more as if it were drawn into the mouth from the posterior nares, than as if it were coughed up. He also had a discharge of a similar nature from the nostrils, but particularly from the one of the right side. He now became very much depressed, and indeed he never completely recovered his wonted cheerfulness from the time he had injured his shin. He went on in this way till about two months ago, when he complained of pain in his back, but that, she says, he thought was caused by the fall; for as I have already stated, he often complained of similar pains long before he had been attending glandered horses. He now, however, became very much afraid of getting the disease, but did not discontinue attending the horse, as he was very fond of it. He would frequently sit for four or five hours in the stable with it. He often, about this time, made the remark to his wife, that he was "afraid he would get knocked up some day or other." His cough became something worse; his appetite, which of late had been slight, now became even more so; he often was so unwell as to be compelled to go to bed, complaining of headache, pains in his back, and weakness. He went on in this way, sometimes better, sometimes worse, until February 26th. Up to this time he had been under the care of a medical man in the neighbourhood, who said it was like influenza, and gave him various mixtures, &c. But as he had not improved, and his spirits becoming more depressed, his wife requested one of the medical gentlemen of the hospital to see him, which he accordingly did this day, when the patient presented the following appearances and symptoms: Pulse quick, weak, and small; he seemed labouring under *intense mental despondency*; said that he had been attending glandered horses, and that he was afraid, as I have already stated, that some of the discharge had got into a slight scratch on his shin; complains of an unpleasant sensation or tightness about the heart; hardly sleeps any in consequence of the great *mental* anxiety under which he suffers. Schneiderian membrane of right nostril highly vascular, injected, and congested, and rapidly pouring out a quantity of thin colourless viscid discharge. On the soft palate, in one part, there was some appearance of redness, which he said was a little tender. Ordered the following bolus every third hour:—

℞ Carb. ammoniæ, gr. v.
Camphoræ rasæ, gr. iii.
Theriacæ q.s. M.

He was also directed to have one grain of muriate of morphine at bedtime.

27th. Pulse improved; slept well, but does not feel better, but rather worse; slight effusion into both eyelids; eyes suffused; great lassitude, and feeling of impending danger; discharge increased.

Cont. omnia ut antea.
Injictr. enema purgans statim.

29th. Pulse quick and compressible; tongue dry and coated; is much worse; feels greatly depressed, and is confined to bed; complains of headache; upper lip somewhat swollen; nose swollen and inflamed looking; discharge altered, being now *thicker and more puriform* than on any of the previous visits; nearly complete loss of appetite. He was directed to continue all, and to have as much beef-tea or any other nourishment as he can take. He, however, continued gradually becoming worse until March 3rd; when visited this day, he was very much worse; nose and eyelids more swollen; despondency increased. CONT. omnia.

4th. Was this day admitted to the City of Dublin Hospital, under the care of Dr. Williams. When admitted he was extremely faint and weak; pulse slow and very feeble; tongue dry and brown; face pale and languid; eyes suffused; right eye considerably swollen; right side of nose much swollen and covered with a number of *large, well-formed, yellowish pustules*, resembling in appearance the pustule of confluent small-pox, wholly confined to the nose, and most numerous on the right side; discharge diminished in quantity, but *thicker and more opaque;* cough with *diminished expectoration.* Directed to have a separate ward, and no communication with the other patients.

5th. Pulse improved; sleepless night. Ordered beef-tea diet, with six ounces of wine, at intervals during the day, with two ounces at bedtime, containing one grain of muriate of morphine, and the following:—

℞ Carb. ammoniæ, ʒss.
Mur. morphii, gr. iss
Theriacæ q.s. M. In bol. sex. Capt. i. ter die.

6th. Pulse 102, very weak; *cough slight, with thick yellowish viscid expectoration;* pustules extended, but still confined to the nose, which is very much swollen; conjunctiva of internal angle of right eye somewhat inflamed; *œdematous swelling of both eyelids;* slept well, but does not feel refreshed, and seems worse. Ordered ten ounces of wine during the day, with more if necessary, and a grain of muriate of morphine as before.

℞ Spt. ammon. aromat. ʒss.
Liq. Hoffman, ʒii.
Mist. camphoræ, ʒvii. M.
Capt. cochl. i. ampl. quaque hora.
℞ Carb. ammoniæ, gr. xvi.
Mur. morphii, gr. i. M.
Ft. pil. viii. Capt. i. secunda quaque hora.

7th. Pulse 102, weak; tongue dry and brown; erysipelatous inflammation extended over the centre of the forehead; one large badly formed pustule over the nose on the forehead; both eyes very much swollen; inner angle of right eye much inflamed, and presenting an appearance as if a pustule were about to form there; *complains of pain in left shoulder and hip*, and in various parts of the body; slept heavily during the night; nose greatly increased in size, and the parts where the pustules first made their appearance are now dried up and covered with a *dark, somewhat purplish incrustation.* Cont. omnia.

8th. Pulse 98, fuller; there are now eight *semi-gangrenous phlyctenecæ, or badly-formed pustules*, on the forehead, seven new ones having made their appearance since yesterday; the pustules did not appear in this way on the nose, and it would seem that there is now a decided change in their mode of appearance; the spots are now preceded by an erysipelatous inflammation of the part about to be affected; both sides of the nose are now equally engaged; but for the extension of the spots to the forehead he is not perceptibly worse; cough very distressing in consequence of the thickness and viscidity of the expectoration. Cont. omnia.

9th. Pulse 114; tongue not so dry, but marked with a broad dark line down its centre; slept well; increased number of spots on the forehead, presenting a very gangrenous appearance, being of a dark purple colour; the line of tumefaction on the forehead is very well marked, but does not show any tendency to affect one side more than another, the tendency to spread being more vertical than otherwise; no discharge from the anterior nares for the last two days, the discharge, if any, being taken into the pharynx by the posterior openings, as the nostrils are now completely closed by the dried matter and quantity of incrustation about the nose with which it is now completely covered; no abnormal appearance in any other part of the body, discoloration or otherwise; pains in hips and shoulder nearly completely gone, and this without any external appearance of any kind; both eyes closed up with œdematous swelling of the lids; has taken twenty-eight ounces of wine during the last twenty-four hours; also some porter and *yeast;* the latter was recommended as an antiseptic ferment; does not appear worse, but for the extension of the spots; bowels confined.

Cont. omnia
Habeat olei ricini, ʒvi. statim.

10th. Decubitus this morning on mouth and nose; and it appears that from the increased viscidity and consequent difficulty of discharging the expectorated matter from the mouth, he has of late found that position the easiest; increased discoloration of forehead, and more to the right side; increased number of spots; did not sleep so well last night, and when sleeping was very restless, with laboured respiration; the phlyctenecæ on the parts corresponding to their first appearance on the forehead have become broken, and are now discharging a small quantity of sanious matter; seems much worse to day; pulse 132, weak, and very easily compressed; has been getting wine as before, with the addition of jelly. I saw him about an hour after the last note, and on endeavouring to get him to swallow some wine he could not; he was then lying on his back perfectly inert, head thrown back, and mouth open; shortly after a drawing was made of him in this state, and in about an hour he died. There was no post-mortem.

The horse from which the deceased contracted the malady was destroyed, and Mr. Hugh Ferguson, veterinary surgeon, who examined the animal, both before and after death, stated that it had chronic glanders; and he kindly furnished me with notes of the post-mortem appearances in the animal, which I shall now read, with your permission, and think they will prove interesting, as it is but reasonable to suppose that when the disease in the horse and man are alike, there must exist a certain amount of similarity in the pathological appearances in both.

Post-mortem examination of the horse.—The mucous membrane of the nasal cavities of a yellowish red colour, much thickened, having numerous ulcerations, with indurated and reddish margins, many of them running one into the other by lateral extension. These ulcers were covered in some parts with a thick cheesy matter, which, on the ulcers of older standing, was mixed with some of a thinner and more fœtid character. The ulcerations in some places extended not alone entirely through the thickness of the mucous membrane, but also affected the cartilaginous septum to a considerable depth. Knotted cords in the mucous membrane, irregular in their direction, extended towards the guttural openings. All the sinuses of the head, as well as those of the turbinated bones, contained a yellowish glairy mucus, of ropy consistence, streaked with blood. There were ulcerations in the larynx. In the substance of the mucous membrane of the air-passages of the head, might be detected several white lenticular bodies, which by some might be denominated tubercular, easily crushed, surrounded by red circles, which is the preliminary state to the ulcerative stage already described. The entire tissue of the lungs contained, or was studded with tubercular-like depôts, few larger than the size of a small pea, formed of albumino-fibrous matter, easily crushed between the fingers, having their centres of a dirty-whitish colour; the tissue by which they were surrounded being of a bright red colour, and very friable. The superficial lymphatics of the lungs were easily visible, being abnormally large and unusually numerous. Those glands through which lymphatics passed from the different seats of ulceration, such as the submaxillary, subparotidean, pectoral, bronchial, and inguinal ganglions, were much enlarged, and were surrounded with inflammatory infiltration into the cellular tissue. There was a general tendency to œdema.

THE MEDICAL PROFESSION IN FRANCE.—The *Union Médicale* states that in 1812 there were 537 medical men practising in Paris, whilst in 1851 there were 1352, being an augmentation of 815 in forty years. The population of Paris in 1812 was 547,756 inhabitants, or 1018 persons for each medical man; at present it is 900,000—666 for each medical practitioner.

ORIGINAL COMMUNICATIONS.

OVERDOSE OF CROTON OIL.

By R. Crothers, M.D., of Moy.

TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—I enclose a report of a case in which an overdose of croton oil was taken by mistake. Should you think it worthy of a place in the columns of your valuable journal, you will oblige yours very truly, R. Crothers, M.D.

Moy, March 25, 1852.

On October 25, 1850, I was sent for about six p.m. to visit a lady, labouring under phthisis, who had just swallowed a teaspoonful of croton oil, having mistaken it for a mixture of syr. ferri iod. From taking it quickly, the taste was not observed until it was completely down. She immediately felt burning pain in the mouth, pharynx, œsophagus, and stomach. When I saw her, about fifteen minutes after, she was in a state of great alarm; she had drank freely of warm water, and had vomited. I gave an emetic of zinc. sulph., which acted immediately; the ejected matters having a strong smell of croton oil, and followed this up by draughts of salad oil and milk, which, although vomited, relieved the pain in the mouth and throat; but that in the stomach continuing, I gave magnesia, and afterwards soda in milk, in order to combine with any oil which might still remain attached to the mucous membrane. She felt great relief from this, and soon after threw off a little, but without any smell of the oil. She was very much exhausted.

Half-past seven. The bowels were now very freely opened, and she vomited a dark-coloured soapy matter, with almost complete relief from pain. This was succeeded by great weakness; the pulse had fallen from about 136 to 90. She soon became almost collapsed; the skin felt cool; the forehead cold; with faintness. After getting some ether and tr. opii in aq. cinnam. she revived a little; but attacks of this kind recurred at intervals of half an hour, or even oftener, until about two a.m., so that I was obliged to remain by her side and endeavour to keep up the action of the heart; in fact, to combat the tendency to death by the constant use of ether, wine, external heat, &c. She then had some rest, but about four a.m. griping, with slight purging, commenced, and severe burning pain in the rectum. On visiting at seven a.m., I found reaction set in; skin warm; tongue clean, red; no tenderness of epigastrium or bowels; pulse still diminished in frequency, from 80 to 90; before this it was usually about 120. Still complains of severe pain in rectum and great exhaustion. Ordered fomentations and starch enema, c. tinct. opii, beef-tea, and mucilage (had been using the latter), and to continue the stimulants carefully.

Ten a.m. Could not get the enema on account of the soreness of the part.

℞ Opii gr. ii., statim, et gr. i. omni secunda hora in pil.

The second dose gave so much relief, that it did not require to be repeated. Next day she was as well as usual, but weak and sore from the vomiting, and no appearance of gastric irritation, except redness and soreness of the tongue. On the third she required a gentle aperient. In about a fortnight after, I was applied to respecting a return of pain in the rectum; it was relieved by a suppository with opium, and I believe gave no further trouble. The pulmonary symptoms were rather relieved for a time, and the pulse kept low for several weeks after.

It is to be feared that the result in this case would have been very different only that she had dined about two hours before, and the stomach being partially filled with food, prevented the oil from acting so quickly and producing the powerful purgative effect which it otherwise would have done. The vomiting was also less exhausting than in an empty state of the stomach, and did not require to be kept up so long, a matter of great importance, in a patient who was already suffering from extensive disease in the lungs. She died in August last, and never suffered from diarrhœa even in the most advanced stage of her disease. The quantity of oil swallowed was fully one drachm.

DUBLIN MEDICAL PRESS

LONDON HOSPITAL REPORTS.

CHARING-CROSS.

Amputation at the Shoulder-joint.

By Mr. Hancock.

Ann V——, aged 29, of fair complexion, blue and somewhat wild-looking eyes, was admitted April 10, 1851. She is evidently of a highly nervous and excitable temperament; has generally attended to household duties, without any fixed occupation, and seems to be affected with the peculiar hysterical tendency of exciting as much as possible the attention and sympathy of those with whom she comes in contact. The left arm has been amputated at about the middle point between the head of the humerus and the condyles, and the stump is constantly and convulsively moving, principally in a direction from above downwards. The pectoral muscles, the trapezius, the scaleni, and the platysma myoides, are also strongly agitated, and the parts are never at rest except when the patient is asleep.

She states that she was seized, about sixteen years ago, with severe pain and inflammation of the elbow-joint (without having met with any injury), and soon after a rather serious illness, probably continued or other fever. For these symptoms she was actively treated; but becoming worse, she repaired to town, and placed herself under the care of the late Mr. Morgan, at Guy's Hospital. Here the usual means employed for diseases of joints were carefully used, but to no purpose; and Mr. Morgan was at last obliged to take off the arm—a period of five years having elapsed between the first onset of the articular disease and this amputation. The patient returned to the country before the stump was completely cicatrized; the healing process was completed in about two months, and a firm cicatrix formed.

At the expiration of three months after the operation, and one after the entire closure of the wound, the stump began to move convulsively, most of the muscles of the shoulder and neck connected with the arm soon partaking of the spasmodic twitchings. This had been preceded for several days by very intense pain in the extremity of the stump. Soon afterwards, a collection of matter occurred in the part, and she was then several times seen by the late Mr. Aston Key at St. Alban's, who recommended her to return to Guy's Hospital. She now stayed in that institution for several months, during which blisters, setons, issues, ointments of various kinds, and general treatment, were tried with great perseverance, but without any relief to the convulsive action or to the pain. Among the means employed, was the tying down of the stump; but when the latter was well secured, and the movements completely prevented, the *whole body* used to be thrown into convulsions. The pain would sometimes radiate from the stump to the neck, back of the head, and down the spine, and convulsions occasionally were noticed in the left thigh, leg, and great toe. Even the right shoulder shook now and then violently, and became exquisitely painful. She often woke suddenly, and found both the left leg and the stump in violent convulsions, but the movements used mostly to cease during sleep. The patient, however, stated that she had often been told that the stump, even when she was sound asleep, would start occasionally. It was likewise noticed that, at the height of the convulsive action the skin and cellular tissue of the cicatrix became violently retracted.

Some time after leaving Guy's the patient was admitted into St. George's Hospital, where the series of remedies available and sometimes efficacious in such cases, were successively tried, but as none gave any relief, amputation at the shoulder-joint was mentioned, and agreed upon, two years having elapsed since the removal of the arm. But at this time a new feature arose in the patient's case; severe epileptic fits set in, which occurred more or less frequently for the space of two years after she had left St. George's.

We now find that the girl fell into the hands of a mesmerist, and she states that the convulsive action generally

stopped during the artificial sleep But it is difficult to put any faith in the circumstances connected with this period of the patient's history, as everything coming from such quarters must be received with extreme caution. There can be no doubt, however, that the girl must have been made much worse by the mesmeric juggleries, and that her present nervous, hysterical, and excitable condition is principally owing to the constant irritation offered to her nervous system during seven years' mesmeric treatment. After this, the patient suffered so much pain and inconvenience, that she applied for admission at St. Bartholomew's Hospital, where she stayed about nine months. The best-directed means were here again perfectly useless; the amputation at the shoulder-joint was proposed, but she seems to have been at that time unwilling to submit to this last resource. At St. Thomas's Hospital, whither the patient next repaired, Mr Green and Mr. Travers were of opinion that there was no chance of any relief but by removal at the joint. Some incisions were here made into the stump, but she left without consenting to the operation proposed.

Frequent blisters were subsequently applied to the part, as well as to the spine; galvanism was tried, but all to no purpose. The violence of the fits would sometimes abate considerably, and then she improved in health. She has always exhibited signs of indolence, and within the twelvemonth which preceded her admission into Charing-cross Hospital she gained much flesh.

The patient has amused herself in casting up the number of some of the remedies which were used in the different institutions where she was admitted, and finds that the stump was lanced twenty-five times, that she had 495 leeches, ninety-six blisters, &c. It should be particularly noticed that during all these years, the catamenia (which had begun at eleven) were always very regular.

Mr. Hancock endeavoured at first to give tone to the system, and to overcome the hysterical and nervous state of the patient. For this purpose, the most approved means, as quinine, steel, zinc, morphia, &c., were used for a considerable period, but without any very tangible effect. It was clear, after several months had elapsed, that a more direct interference would be required to subdue the convulsive action of the stump. There could be hardly any doubt but that the bulbs of the nerves were much enlarged, and that their great size would ever be in the way of a cure; Mr. Hancock therefore resolved, before having recourse to the complete removal of the stump, to dissect out the bulbous extremities of the nerves.

On the 22nd of August, 1851, whilst the patient was under the influence of chloroform, Mr. Hancock made a longitudinal incision, from the shoulder downwards along the anterior aspect of the stump. When the parts were fairly laid open, a bulbous mass, about the size of the last phalanx of the thumb, came into view. This was carefully freed from the surrounding parts down to the bone, and removed. During the operation the brachial artery was divided, and immediately tied; the lips of the wound were brought together, and when the stump was placed upon the pillow it was observed that the spasmodic movements had entirely ceased. This circumstance was extremely satisfactory, and confirmed the belief that the presence of the nervous bulbs had been mainly instrumental in the persistence of the symptoms through so many years.

This favourable state of things lasted about one month; the stump lay perfectly still, and hopes were entertained that this very obstinate affection was at last conquered: but the patient, having been seized by a fit of impatience, about four weeks after the last-mentioned operation, the stump began again to be convulsed, and matters soon became as bad as ever. It was now evident that nothing short of amputation at the shoulder-joint would be of any avail. Mr. Hancock therefore proposed the operation to the girl, who readily consented. On the 12th of November, 1851, the patient having been narcotized with chloroform, Mr. Hancock performed amputation at the joint, making a good flap of the deltoid muscle. It was noticed that the stump, when severed from the body and placed on the table, continued to be convulsively agitated for several minutes. No pathological appearance of importance was revealed by the examination of the stump, except that the nervous trunks were closely adherent to the bone.

The chloroform affected the patient to a very great degree for about twenty-four hours after the operation, the hysterical diathesis having a large share in the somewhat alarming symptoms which were observed. This doubtful state did not, however, last long; the patient progressed very favourably for several weeks, and it might now be fairly surmised that all the pain and inconvenience which had been undergone for so many years were arrested: but hardly had the cicatrix formed, about two months after the operation, when the muscular fibres forming the deltoid, those of the trapezius, the scaleni, a portion of the great pectoral, and even the platysma myoides, were again thrown into strong convulsive action. The movements were just as continuous and spasmodic as they had been in the stump. When the girl was not observed, the jerking was much less rapid than when she was either angry or excited. Some suspicion had previously existed, and was now made somewhat strong, that the movements were, perhaps, not completely involuntary. Mr. Hancock thought it now prudent to allow the girl to breathe the country air; she was therefore discharged, February 15, 1852, about ten months after her admission.

This is certainly one of the worst cases of the kind which have as yet been put upon record, with the only exception that Mr. Hancock's patient had no aneurismal pulsations accompanying the convulsive action. This case fully confirms the very generally received opinion that neuralgia and convulsive movement of stumps, depending on a bulbous state of the extremity of the divided nerves, are hardly amenable to treatment, and that even the very severest measures, such as a complete removal of the stump, are found inefficacious. That the hysterical diathesis so unmistakable in Mr. Hancock's patient must have had a very large share in the production of the symptoms, cannot for a moment be doubted; but it is clear, on the other hand, that the extremities of the nerves were more bulbous than is the case in the generality of stumps, and that there was a material and tangible cause for the symptoms besides the highly nervous and hysterical temperament. Had the patient never been affected with the disease of the elbow-joint, which led to the first amputation, it is very likely that the hysterical diathesis, which exercised its full force on the stump, would have manifested itself in one of the numerous ways belonging to hysteria.

We need but refer our readers to the paper of Mr. Langstaff, in the sixteenth volume of the Medico-Chirurgical Transactions, to show that the soundness of a stump depends very much on the manner in which the soft parts cicatrize, and that very severe symptoms are apt to ensue when the bulbs of the nerves, which form almost in every stump, are increased to such an extent as to assume a neuromatous character. As to the actual nature of the enlargement, a subject to which we alluded above, Mr. Langstaff says:—"I think it right to mention that on cutting through these bulbous extremities of the nerves, there are no signs of enlargement of their natural structure, the thickening appearing to have been occasioned wholly by the deposition of lymph, the effect of inflammation in the cellular tissue covering the neurilemma."

Mr. Langstaff mentions, in the same paper, the case of a girl, aged 20, whose forearm had been taken off, and who, like Mr. Hancock's patient, suffered from pain and convulsive action in the stump, with the addition of aneurismal pulsation. Every kind of means was tried at several hospitals without any favourable results; at last Mr. Langstaff took off the arm above the elbow-joint; and in describing the operation, he says:—"I drew out each nerve, to the extent of half an inch, from the surface of the stump, with a tenaculum, and cut through them to prevent their interrupting the progress of cicatrization, which I had done in other instances with success; and I

was astonished that the division did not occasion greater pain than was complained of by the patient." "This patient was relieved of all the painful sensations she had so long been distressed with; she had no recurrence of hysteria (which affection had been induced by the convulsions of the arm); her health improved; a good stump was effected; and she is now (1830) able to obtain her livelihood." We have some reason to suspect that this same patient had some time after the publication of the paper, a relapse; she then came under the care of Mr. Tyrrel, who performed amputation a little higher up, without effecting a cure. Mr. Bransby Cooper lastly removed the stump at the joint, and at this moment the soft parts about the shoulder are as convulsively agitated with this woman, as is the case in Mr. Hancock's patient.

ST. BARTHOLOMEW'S.

Death by Chloroform.

By Mr. Lloyd.

We regret to apprise our readers that the use of chloroform has proved fatal in this case. It will be clearly shown by the subjoined facts that no blame whatever can attach to any one concerned, the more so as the patient had, on a previous occasion, inhaled chloroform during a considerable time without any ill effects. We refrain from any comments, as we shall have occasion to return to the case when the post-mortem examination shall have been made.

Thomas Hayward, a rather spare and weakly man, ætat. 23, was admitted on Thursday, the 29th of January, 1852, under the care of Mr. Lloyd.

The patient applied to the hospital for an aneurism by anastomosis occupying the whole of the right ear, and also to a considerable extent the soft parts in front and behind that organ. On and behind the ear, the vascular growth was elevated so as to form a large tumour. The integuments of the ear, as well as the diseased mass, were of a deep purple colour. In every part there was strong pulsation, as well as a loud aneurismal murmur; the temperature, however, was much the same as that of the surrounding parts. Projecting from the meatus there was a polypus or large fungus, whence issued a copious purulent discharge, which was often tinged with blood. Pain in the head was complained of, but no unpleasant sensations had been felt in the tumour itself.

The disease had existed since the patient was four years of age; various remedial means had been employed at different times, but without benefit. The patient had been treated at some of the London hospitals, where setons were introduced into different parts of the tumour, and portions of it enclosed with silver wires, which were now and then twisted so as to tighten them; but these measures were of no avail, and at length the patient was discharged as incurable.

Mr. Lloyd, not deeming the cure hopeless, and having consulted with his colleagues, determined to attempt the obliteration of the tumour—first, by deligation of the principal arterial branches in direct communication with the diseased mass, and afterwards by pressure applied to different parts in succession. With this view, on the 14th of February, 1852, the patient was placed under the influence of chloroform, and with the assistance of Messrs. Wormald and Paget, Mr. Lloyd placed a ligature around the temporal artery, just as it passes over the zygoma; other ligatures were applied in such situations as it was considered would tend most to cut off the supply of blood from the part affected, and pressure afterwards used before and behind the ear. The operation lasted, as was expected, for a long time, and the patient was kept under the influence of chloroform for *half an hour or more*. From the effect of the anæsthetic agent he recovered quickly, and when visited half an hour afterwards, he was found lying comfortably in his bed, and on being asked how he was, he answered, "Very well," and smilingly added that he was very thankful the operation had been performed, and hoped it could soon be repeated.

After this everything went on favourably: the tumour became much diminished in size, and the pulsation much lessened. But on further examination, a large artery was found beating very strongly, between the mastoid process and the ramus of the jaw, pressure on which part completely arrested the pulsation throughout the diseased growth. On this vessel, therefore, Mr. Lloyd determined to place a ligature, and appointed the 17th of March for the purpose.

The patient was taken into the theatre of the hospital, placed on the operating-table, and chloroform administered as on the former occasion. The anæsthetic fluid now used was from the same bottle as had been employed before, and the apparatus was also the same as usual. The chloroform was administered by one of Mr. Lloyd's dressers, who well understood, and had long had experience in its use. A gentleman of great experience, who has been a long time at the hospital, and two years house-surgeon, was watching the patient, and marking the state of the pulse. Other gentlemen were also assisting.

In from five to ten minutes the usual effect was produced, the patient having previously struggled much. The operation was then commenced, but no sooner had Mr. Lloyd cut through the skin, than it was stated that the pulse had suddenly stopped. The chloroform was at once removed, but in a few seconds the patient had ceased to breathe, and no pulsation could be felt in any of the arteries, or at the heart. Artificial respiration as well as percussion and compression of the different parts of the body, were immediately employed, with energy; and after continuing the means for a short time, the circulation was observed to be returning, and the act of respiration was several times performed. The state of inanimation, however, speedily returned; but by the employment of the same means as before, with the use also of galvanism, the circulation and respiration were again restored. But the patient fell quickly into the same state as at first, and was again brought round by the same means. In a few moments, the patient relapsed for the third time, when one of Mr. Lloyd's colleagues, coming into the theatre, recommended that the external jugular vein, which on the right side was turgid, should be opened, that tracheotomy should be performed, and the lungs inflated. These means were accordingly had recourse to.

The patient was besides placed in a warm bath at the temperature of 104 deg., artificial respiration being kept up all the time, and friction employed. All, however, was of no avail, and it soon became evident that life was irrecoverably gone.

The resuscitating measures had been continued for more than an hour. Ammonia had been applied to the nostrils, but no attempt was made to introduce any stimuli into the stomach, as Mr. Lloyd feared any liquid placed in the mouth might pass into the larynx, and occasion instant suffocation.

Rupture of the Bladder.

The second case of rupture of the bladder which has of late come under our observation, refers to a patient who died very soon after the accident. The details are from the notes of Mr. Stretton, Mr. Lloyd's house surgeon.

The patient, a young man, aged 25, was admitted Feb. 25, 1852, under the care of Mr. Lloyd. When brought into the hospital, he presented a dull anxious aspect; skin cold; tongue foul; fœtid breath; sordes on the teeth; and constant sickness; pulse 132, very feeble. The patient stated that he had neither passed urine nor fæces for the last dwo days, though he had felt a great desire to do so. The abdomen was full, tense, and tympanitic, tender, but tolerant of moderate pressure; the knees drawn up, and the respiration chiefly thoracic.

The man gave the following details as to the cause of the symptoms:—Two days before admission he was out with some friends, and became intoxicated. Having left the public house to proceed home, he playfully caught his friend round the waist, and fell backward with the man on his lap. The patient immediately felt great pain about the

abdomen, and was unable to get up; a desire to pass water was also felt, as he had not micturated for some hours. He was carried home, put to bed, and attended by a surgeon, till his admission into hospital.

Mr. Lloyd ordered ether, ammonia, and laudanum, in camphor mixture; a poultice was placed on the abdomen, and brandy given at intervals. A catheter was passed, and eight ounces of urine, mixed with blood, drawn off; the bowels were also relieved, the evacuations being plentiful, dark-coloured, and slimy. The patient had great desire to pass urine whilst at stool, and thought that he had evacuated a little. On the next day he was no better; the tension of the abdomen and the pain had increased; he had had a restless night, and was altogether in a feebler state than when he was admitted. The sickness had, however, been stayed. The same medicines were continued, and Mr. Lloyd ordered, besides, small doses of mercury with chalk and Dover's powder every fourth hour. On using the catheter again, an ounce and a half of somewhat clearer urine was drawn off. But during this day the patient became gradually worse, and died late in the night, three days after the accident.

Autopsy fourteen hours after death.—No external marks of injury. On opening the abdomen, a quantity of sanious fluid, similar to that drawn off by the catheter, escaped. The great omentum was of a grayish colour, and firmly adherent to the peritoneum, lining the abdominal parietes and the fundus of the bladder. The intestines were glued together by recent lymph, which latter was easily broken down. A catheter, introduced into the urethra, passed into the cavity of the abdomen through an aperture on the left side of the fundus of the bladder, an inch in extent, and surrounded by coagulated blood. The viscus itself was much contracted, and could have held only an ounce of urine; some clots of blood were lying at the orifice of the urethra. About three pints of fluid were contained in the abdominal cavity; the portion which was collected in the pelvis was thicker, and contained coagulated blood, with soft lymph, apparently passing into pus. The rest of the viscera were healthy.

Though rupture of the bladder had been diagnosed in this case, there existed, however, a circumstance well calculated to deceive—viz., the withdrawal of eight ounces of urine from the viscus, or rather from the abdomen, for the catheter must have passed through the rent, and given exit to a portion of the urinous fluid, which was constantly escaping into the abdominal cavity. It will thus be seen that the evacuation of urine is not a sure sign of the integrity of the bladder.

KING'S COLLEGE.

Fracture of the Pelvis, Bladder, and Urethra; Death.

By Mr. FERGUSSON.

William P.——, a carman, aged 30, was brought into the hospital, December 24, 1851, having been run over two hours previously. It appears that while driving his cart through a narrow road, the patient found himself wedged between the wall and the vehicle, the horses having taken fright. The poor man had not time to rescue himself, but was knocked down, the wheel (the tire of which was six inches wide) passing between his legs, along the perineum, to the upper part of the right thigh, and by a sudden turn crossing over the abdomen. At the time of the accident, the bladder seems to have been nearly empty, as the patient had passed urine an hour before.

On his admission, he was very low, and complained of great pain over the region of the bladder, and in the loins, especially on the left side, the course of the wheel being distinctly marked by strong ecchymosis. The patient was immediately placed into a warm bath; and as he had not passed any urine since the accident, an attempt was made to introduce the catheter. The urethra was found much lacerated, and the catheter seemed to deviate from the straight course just before it arrived at the triangular ligament. With the finger passed into the rectum, the point of the instrument could be felt gliding between the gut and the bladder. Mr. Davis, the house-surgeon, finding his efforts fruitless, sent for Mr. Fergusson, at eleven p.m.

After having carefully examined the patient, Mr. Fergusson endeavoured for a short time to introduce the instrument, but without success. He gave it at the same time as his opinion, that there was but little, if any, urine in the bladder, and that the right ramus of the ischium was broken at its junction with the pubis. Ordered fomentations.

On the next day, there was not much change, and the patient did not seem to suffer much pain, except over the immediate vicinity of the bladder, which viscus did not appear to be distended; the tongue was moist, the pulse quick and feeble. Calomel, eight grains; opium, one grain,—to be taken at once. Another attempt was made to pass the instrument, but without success.

On the third day, the patient was found to have had a very bad night; he complained of severe pain over the bladder, and felt a great inclination to pass urine. It was thought that he might perhaps succeed in the warm bath, but he obtained no relief from it; nor were further attempts with the instrument successful. The abdomen now became tympanitic, but the pain remained located in the region of the bladder.

In the afternoon, as the patient was in much pain, Mr. Fergusson was again sent for, and the catheter tried, but without success; and Mr. Fergusson stated that the bladder was not distended, for he had found that on passing his finger into the rectum, he could feel no fulness about the bladder, the latter seeming free and capacious. Extravasation of urine was now suspected. Two incisions were made on the abdomen, and another in the left groin; but no urinous fluid escaped. The man continued in this state until about half-past two a.m. on the fifth day, when the pain became excessive and a sudden change took place. The nurse called up the house-surgeon; but before the latter reached the ward, the patient was dead.

The post-mortem examination revealed the following lesions:—The intestines were slightly, if at all, inflamed, but the true pelvis was filled with urine, so that when the viscera were pressed downwards, the fluid welled up considerably. When the opaque straw-coloured liquid had been taken out, no marks of peritonitis came into view. The bladder was now carefully examined. It was quite empty and collapsed, and on its posterior portion a ragged opening was observed, which might have admitted the index finger. The symphysis pubis was separated for the space of about one inch, and the ramus of the pubis fractured at its junction with that of the ischium. There was likewise a fracture of the ilium running into the acetabulum, and the sacrum was broken and separated from the bone. The urethra had suffered an extensive laceration in front of the membranous portion; from this latter fact it was now clear that the instrument, during the attempts at catheterism, had passed into the perineum.—*Lancet.*

HYDROPHOBIA TREATED BY CHLOROFORM.

J. GRAHAM, an intelligent healthy boy, aged three years and three months, was bitten on the 29th of January last by a dog, supposed to be rabid; at the time the accident happened, the child was playing with a companion in the road, in front of its own home; the dog flew at them, bit them both severely, and worried them. Upon examination of the little patient, it was ascertained that the apex of the nose was nearly detached; that there were three severe and extensive wounds on the side of the face, situated one beneath the other, one of which extended completely through the cheek into the mouth; that there was a deep wound beneath the right ear, laying bare and lacerating the masseter muscle; that the tragus of the same ear was also injured, and there was a deep punctured wound of the back of the right hand, besides some other abrasions of less moment. The extent of the injuries on the side of the head was such, that it was deemed impracticable to resort to excision, or the application of any cauterizing substance, as by so doing, the greater part of the side of the

face must have been removed; long-continued ablution, kept up for two or three hours, was therefore alone depended on; the lips of the wounds were brought together with strapping, and ordinary dressings applied, about five hours after the injuries had been inflicted; the same treatment was also adopted for the wound on the hand. The sores progressed well and rapidly, and the patient was discharged on the 11th of February, with all of them nearly healed. On the afternoon of Friday, February 20th, the twenty-second day after the receipt of the injury, his mother first remarked that he did not appear in as good health as usual, his appetite was diminished, he became exceedingly restless, and was frequently observed to draw a deep sobbing breath; he spoke repeatedly of the dog which had bitten him, apparently with great perturbation; he slept badly that night, and next morning became more fidgetty, feverish, and anxious looking. His bowels being rather confined, and his tongue furred, his mother gave him some infusion of senna, which she had some difficulty in getting him to swallow. During a great part of the day he suffered from vomiting, recurring hourly. Saturday night his rest was even more disturbed than it had been the night previously, and on Sunday he gradually grew worse and worse. His mother gave him a purgative powder which she had obtained from a chemist, after this his bowels were freely opened, and they subsequently continued regular. Towards the evening the restlessness increased, he became very excitable and nervous, and remained awake, in the same condition, during the whole night. The symptoms now began to be more pronounced, the slightest movement annoyed him, and produced a sort of convulsion; he frequently started, as though frightened, and clung to those around him, hiding his head with manifest alarm. On Monday morning he was attacked with a more severe convulsion than he had had previously, and his mother reports that he attempted to bite those around him; this first led her to fear the real nature of the malady, and Mr. Page was sent for. He found that the child had the greatest difficulty in swallowing fluids; he could only be prevailed upon to attempt to take any by means of a teaspoon, which he guided to his mouth with his own hands, and each effort at deglutition was attended with a spasmodic gasping, and a sort of convulsive condition. At Mr. Page's recommendation, he was immediately brought to the infirmary, into which he was admitted at about twelve a.m., Monday, February 23rd. Soon after his arrival, he was offered some warm milk and water, his mother remarking that he always swallowed cold fluids with greater difficulty. After many ineffectual attempts (during which he took up the spoon, but before he could convey it to his mouth, turned away with a convulsive shudder, and a peculiarly despondng expression), he succeeded in swallowing a small quantity, without much apparent difficulty; after the first two or three mouthfuls, however, each attempt produced a convulsive gasp, and was made in a hurried alarmed manner. He was at this period, as he had been throughout his illness, perfectly sensible and conscious, his tongue clean and moist, his skin moderately perspiring; he complained of no pain in any part of his body, and the cicatrices of the sores, which had all completely healed, were looking healthy, and presented no unusual appearance; his eyes, at times, had a somewhat wandering aspect, his pupils were much dilated; he frequently started, as though frightened; his manner was extraordinarily anxious and excitable, he seemed totally unable to keep himself quiet, and there was a peculiarly hurried character about all his actions, which it is impossible to describe. In the course of the afternoon, the symptoms slightly diminished, he was able occasionally to take a few teaspoonfuls of broth and tea, and he also contrived to eat an egg, but towards nine p.m., they recurred to as great, and greater an extent than previously, and Mr. Page determined to try the effect of chloroform, it was therefore immediately administered, and its action kept up for an hour; on allowing its influence to subside, the symptoms returned, and it was evident the progress of the disease was unchecked. He was even more restless than formerly, and although at his own request some tea was offered to him, he was totally unable to swallow it, or even to bring the spoon to his mouth, the effort to do so throwing him into a convulsion, his eyes almost starting from his head, and the spoon grasped firmly by both hands, being held out at arm's length before him. At eleven o'clock the administration of the chloroform was resumed, and continued with but little intermission for eight hours. Whilst under its influence he remained perfectly quiet, breathing moderately, with his pulse full and regular, though rapid, 120 and upwards; on allowing its effects to pass off, however, even in a slight degree, violent spasmodic action of the muscles of the throat ensued, and laboured respiration, apparently from the accumulation of tenacious mucus in the air-passages. At seven a.m. on Tuesday morning, the administration of the anæsthetic was suspended; the child soon recovered consciousness, but was unable to articulate; each act of inspiration was attended with a convulsive spasm of the muscles of the throat, including the sterno-mastoidei, and an extensively diffused mucous rattle; his countenance, from having been quiet and motionless, soon became anxious and troubled, he struggled and gasped for breath, his limbs were disturbed by convulsive starts, the teeth ground against each other at each inspiration, through spasm of the muscles of mastication, a quantity of tenacious mucus accumulated about the mouth and air-passages, occasioning great uneasiness, and increased difficulty of respiration, and he died at length, thirty-five minutes after the chloroform had been laid aside.—*Prov. Jour.*

REVIEWS AND NOTICES OF BOOKS.

A TREATISE ON THE DISEASES OF THE CHEST; being a Course of Lectures delivered at the New York Hospital. By JOHN A. SWETT, M.D., Physician to the New York Hospital, &c. New York. 1852. 8vo. pp. 585.

THE lectures which compose this volume appeared originally in the pages of the *New York Lancet*, and the author states that he has been induced to publish them in a separate form at the solicitation of many medical friends, "the whole subject having been carefully revised, and the experience of ten years in hospital and private practice added."

The first part of the volume is devoted to diseases of the lungs; the remainder, to diseases of the heart and thoracic aneurism. The author commences by giving a *resumé* of the physical and rational or constitutional signs of diseases of the lungs; he then considers, in succession, bronchitis (under which whooping-cough is treated of), pneumonia, pleuritis, laryngitis, emphysema, phthisis, and cancer of the lung.

As it would, of course, be out of our power to notice in detail the many important subjects included in this part, we shall be content for the present to call attention to the author's account of "cancer of the lung," contained in the two latter lectures, in which he has given the details of three cases of this rare form of disease; and has added a summary of seventeen other cases from various sources.

Cases of cancer of the lung naturally divide themselves, Dr. Swett observes, into two classes: in one, the lung itself is the seat of the deposit, and the symptoms are those of pulmonary irritation and oppression; in the other, the cancerous deposition takes place in the cellular tissue of the mediastinum, and the symptoms are rather those of pressure than of irritation.

The following are the symptoms laid down by the author as characterising cancer of the lung:—

"Cancer, when it attacks the substance of the lung, commences very insidiously. There may be slight cough, dry, or attended by a trifling mucous expectoration, some dyspnœa, and almost always pain in the chest. In the progress of the case, the cough and expectoration become more decided; the dyspnœa and the pain in the chest become also more frequent and severe. Hæmoptysis also frequently ensues. The constitutional symptoms are usually decided. Emaciation and loss of strength ensue; the pulse sometimes becomes acceler-

ated; the countenance assumes a peculiar straw-colour; the superficial veins of the neck, of the chest, or of the abdomen become enlarged; œdema of the face, or of one or of both arms, ensue, often with œdema of the lower extremities; and the patient dies, worn out by a gradual exhaustion of the vital powers, and with a constantly increasing dyspnœa, aided, perhaps, by the development of a low inflammatory condition in the chest, or in the abdomen.

The physical signs are dulness on percussion, according to the seat and the extent of the cancerous deposit, often, however, existing over a whole lung, and of a very decided character; a bronchial respiration, increased vocal resonance, and sometimes a rhoncus, and less frequently a mucous rattle. Besides, you will often find the affected side of the chest to be smaller than the opposite side. It is contracted, either throughout or in some portion of its extent, and often moves less in respiration than the healthy side. It is probable that, in certain cases, the condensation of the pulmonary tissue may be carried so far that the bronchi even may be obliterated, and then, with great dulness on percussion, you would have an absence of all respiratory sound."

The author next calls attention to the diseases with which cancer of the lung may be confounded, and points out the diagnostic signs. The diseases for which it may be mistaken are—phthisis, empyema, and aneurism of the thoracic aorta.

"In *phthisis*, the disease often commences with nearly the same symptoms, and progresses in a similar manner; and even the physical signs may be quite analogous. Yet, in most cases of cancer, there are some anomalous symptoms which are not met with in phthisis. Thus, in the case to which I have alluded, there was severe neuralgic pain extending down the arm, which at once made me doubt the existence of phthisis. The pulse was also quite natural in frequency, which could certainly not be expected in a case of phthisis so far advanced, and there was no hectic. The absence of hectic symptoms and a tranquil pulse seem to be rather striking characteristics of cancer before the period of softening—a condition which probably does not often occur until a late period of the disease. A leading fact in the history of tuberculous disease is, the great uniformity of its seat at the summit of the lung, and its tendency to pass to the formation of cavities. Neither of these facts are true in cancer. Again, tuberculous disease in its progress most frequently affects both lungs, so as to be recognized by the physical signs. This is not the case with cancer. The physical signs are seldom detected in more than one lung. Again, the symptoms induced by pressure upon the veins are not observed in phthisis, as they not unfrequently are in cancer of the lung. Œdema of the upper regions of the body, and enlargement of the superficial veins, are not likely to occur in phthisis.

In *empyema* the affected side of the chest is usually dilated; there is always extensive dulness on percussion, and absence of respiratory murmur, unless at the apex and at the root of the lung. In cancer of the mediastinum, precisely the same physical signs may exist; and in both diseases you may notice an œdema of the upper portions of the body and enlargement of the superficial veins. . . . . In cancer of the substance of the lung, the affected side is usually contracted and very dull, and a bronchial respiration is heard over it. This character of the percussion and of the auscultation is sometimes met with in empyema, but it is rare.

Cancer of the lung may be confounded with aneurism of the aorta, or with valvular disease of the heart. If a cancerous mass, too small to produce any external tumour, is infiltrated around the origin of the great vessels of the heart, and compresses them, the physical conditions of a permanent organic bellows murmur are produced. . . . . Finally, in all suspicious cases, be careful to examine other portions of the body: the abdomen, the subcutaneous organs, and perhaps you may discover a tumour, or many tumours, which will aid you materially in the diagnosis."

Diseases of the heart form the subject of eleven lectures. This part commences with an outline of the anatomy, physiology, position, &c., of the organ; followed by an account of the physical signs in health and disease. The author then treats, in succession, of pericarditis, endocarditis, enlargement of the heart, including hypertrophy and dilatation, valvular disease, carditis, induration, softening, and rupture of the organ.

In the chapter upon the "medical anatomy and physiology of the heart," the author calls attention to the necessity of determining as nearly as possible the precise situation of the valves and orifices, and he gives the following as the result of Dr. Pennock's experiments:—

"If a needle be passed perpendicularly to the plane of the sternum through the middle of that bone, opposite the middle of the cartilage of the third rib, it will penetrate the *aortic valves*. If the wires be passed perpendicular to the tangent of the curved surface of the thorax, between the cartilages of the second and third ribs, half an inch from the left margin of the sternum, the semilunar valves of the *pulmonary artery* are entered. The *mitral valve* commences beneath the lower margin of the left third rib, near the junction of its cartilage with its osseous extremity (two and a half to three inches to the left of the sternum), and runs slightly downward, terminating opposite the left edge of the sternum, where it is joined by the upper margin of the cartilage of the fourth rib. The *tricuspid valve* extends obliquely downwards, from a point in the middle of the sternum, immediately below the third rib, to the right edge of the sternum, where that bone is connected with the lower margin of the cartilage of the fifth rib."

Two lectures are devoted to pericarditis, in which we have a sufficiently full description of its pathological anatomy, symptoms, and diagnosis. The disease appears to be of as frequent occurrence in New York as in this country, and is observed likewise under the same morbid conditions of the system. The deaths from this cause Dr. Swett states to be about one in 425 of the general mortality. "The Report of the City Inspector of New York during three successive years, gives (he observes) 108 deaths from inflammation of the heart. These were, probably, all cases of endocarditis and of pericarditis, no attempt having been made to distinguish them in the Report. Of these cases, 49 were males and 59 were females; 44 cases occurred from June to December, 64 from December to June; 19 cases were under ten years of age, 56 cases between ten and forty years of age, and 35 cases were past forty years of age."

In the lecture upon "enlargement of the heart," the author treats of hypertrophy and dilatation together, and gives his reasons for adopting this arrangement as follows:—

"Most authors who have written upon the diseases of the heart seem to me to have been too systematic in their arrangement of this subject; and strange as it may appear at first sight, have rather confused than simplified the matter. Thus, they treat in distinct chapters of hypertrophy of the heart, dwelling at length upon its symptoms, diagnosis, and treatment; in the same manner they treat of dilatation of the heart, forgetting that in a great majority of cases these two conditions are united, and that of course their history, diagnosis, and treatment are blended. Now, while I readily admit the existence of simple hypertrophy, as found in a certain number of cases after death—few, indeed, in comparison with the whole number of cases—yet I doubt very much whether there are any certain indications, either rational or physical, by which you can determine its existence during life. This is still more strikingly true of simple dilatation of the heart. This form of disease undoubtedly exists, but it is, in my experience, exceedingly rare. The same remarks apply also, I think, to the attempts that have been made to distinguish enlargement of the right side of the heart from that of the left side. I do not doubt that this may sometimes be done with a certain degree of success, but not always; and when it is done, I do not know that it leads to any practical result. Let me impress upon you that the great object is to ascertain the simple existence of enlargement of the heart. This is all that you can do in very many cases, and it is the great practical fact to be ascertained in almost every case. I wish to be understood as leaving entirely out of the question the subject of valvular disease, which is quite another matter."

The two last lectures are devoted to aneurism of the aorta; and, in an appendix, the author has given some extracts from Lebert's work on Pathological Physiology. We must, however, draw our notice of Dr. Swett's treatise to a close; we cannot do so, however, without saying that the volume, taken as a whole, is highly creditable to the American press, and will bear comparison with any treatise on the same subjects which has appeared at this side of the Atlantic.

THE BRITISH POLYTECHNIC FIRE.

Nothing perhaps has been sought after with greater solicitude, in the mechanical contrivances applied to medicine, than an efficient and easily regulated method of heating sick rooms. In a variety of diseases such an object is of the most essential importance.

From a certain arrangement of materials, which we had the advantage of inspecting, at the Royal Polytechnic Institution, on Saturday evening last, this most desirable end seems to have been perfectly accomplished. The apparatus, which is to be called the "British Polytechnic Fire," has been patented by its inventors, Dr. Bachhoffner and Mr. Defries, the latter gentleman a well-known authority in all matters relating to gas.

The apparatus is thus constructed:—Thin strips of the metal are supported on a framework, from which ignited jets of gas issue, and the whole mass becomes instantly red-hot, while the heated escaping vapour adds so perfectly to the illusion, that, at the distance of a few feet, it is impossible to distinguish this arrangement from an ordinary bright coal fire. One of the circumstances likely to lead to the general adoption of this apparatus, is, that it may be applied to our common grates at a very trifling expense; all that is necessary being to lead from the main, into each stove, a pipe for conveying the gas. This pipe, it may be remarked, is not liable, like those conveying common gas, to become choked, as from the non-carbonized gases proposed to be used, there is absolutely no deposition. The results obtained are thus stated by the patentees:—

"Entire absence of all dust, dirt, smoke, or smell; the immediate production of a bright fire at any hour of the day or night, by merely applying a lighted taper; perfect adaptation to culinary purposes; no danger of fire from sparks, or the falling of red-hot coals, nor from chimneys on fire: regulation of the temperature of the sick-room to the utmost nicety; requiring but little attention or cleaning; a great saving of time in stirring and throwing on coals; and no annoyance from its going out."

It admits of the introduction of materials in the formation of fire-places, which cannot be employed under the present system of coal fires. From the entire absence of smoke, the atmosphere of London will remain as free and uncontaminated (so far as our fires are concerned) as in the purest country district, and would meet the demands of the recent legislative enactment, which requires every furnace to consume its own smoke. The cost, to the public, of the gas will be about eighteen-pence per 1000 cubic feet, and will thus fall below that of coal. The gas is proposed to be obtained by the decomposition of water during its passage, in the state of steam, over red-hot charcoal.—*Lancet.*

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, APRIL 7, 1852.

REMUNERATION FOR MEDICAL SERVICES.

It is every day becoming more and more obvious that practising medicine for the "honour of the thing," is a delusion; and that doing so with the hope that at some time or another a character acquired by this means may be remunerative, is also a mistake. Men who have succeeded attribute their success to their hospital opportunities, and perhaps to their gratuitous services in private practice; but in the progress of such a system, the people learn that medical relief may be had without paying for it. At the moment we write, the principle upon which such a belief is founded is recognized by the legislature, and carried into effect by the executive. Doctoring for nothing is the order of the day, and all are anxious to avail themselves of this pleasant state of things; yet at the same time, the evil carries its cure with it. Patients discover that it is dangerous, and doctors that it is destructive. So do we find such articles as the following expressing the opinions prevailing on the subject, where formerly very different views were entertained. We direct attention to this matter with the hope that our struggling brethren throughout the country may profit by it. As long as metropolitan physicians and surgeons do so, so long will provincial ones be expected to do the same:—

The subject of payment to the medical staff of hospitals has naturally excited much interest, both within the profession and among the governors of our metropolitan hospitals. This is just what we desire. If the payment of the medical staff can once be introduced as a subject of discussion, we have no fear for the result. No doubt objections will be urged, but these must all melt down under discussion. We shall, no doubt, be told by some that there are no funds; where these are abundant, it will be said the executives have no power to employ them for such a purpose as that of remuneration to medical men. When there are no funds, they should be obtained, as in the case of the Royal Free Hospital; and when the hospital incomes are superabundant, it is monstrous to say that the hard-working medical officers shall be the only persons, from the porter to the treasurer, whose labours are gratuitous. Another objection readily foreseen, is the great competition for hospital vacancies when they occur. This point is constantly urged by selfish and inconsiderate governors. It may be said to those who ask for some recognition of the value of medical services, "You may resign; we can easily find successors." To this the reply is, "Establish the system of election by concours." This would close the comparatively easy access through the portals of most hospitals. There never will be found a superabundance of first-class men in the medical, or in any other profession. These remarks apply to the senior officers of those hospitals which do not remunerate their medical staff; but it applies still more forcibly to the assistant medical officers. The senior appointments may lead to practice; the junior rarely, if ever, do so. The lives of most of our assistant physicians and surgeons of hospitals, and the physicians and surgeons of non-paying dispensaries, are indeed most dreary and heart-sickening. They are far worse off pecuniarily than the moderately successful surgeon in general practice. Taking the consulting walk of medical life for comparison, we may safely assert, that in no art or profession known, is so much time and mental and bodily toil required to ensure success. Before concluding these observations, we beg to draw the attention of the profession to the Report made by the members of the Government Commission appointed to inquire into the public charities of this country. In this Report, after stating the usages of the different hospitals in regard to the payment of their medical officers, the commissioners observe:—

"The mode of remunerating services above mentioned may occasionally impose upon the governors the alternative of wholly neglecting to reward the discharge of very onerous duties, or of appointing to the situation of principal, an assistant medical officer who has not shown himself peculiarly qualified for an office which the governors are yet in some degree bound to bestow upon him. Other considerations, also, of the highest importance, and perhaps too little regarded in the hospital system of this country, render the practice of giving to medical officers no, or insufficient, salaries, inexpedient; it deprives them of the means of devoting their leisure hours to the improvement of medical science, and of relieving the numerous and afflicting cases of real distress which are perpetually falling under their notice."

In respect to this latter argument, we may observe, that those distresses which are published in our police reports, and responded to with such liberality by the public, are constantly paralleled, and more than paralleled, in the experience of hospital medical men.—*Lancet.*

The following has reference to the same subject:—

There must have been an error, either in my manuscript or in the printing of my letter in your number of March 6th. The sums put down as paid to the assistant physicians and surgeons at St. Luke's, London Fever Hospital, and Small-Pox Hospital, should have been put down as paid to the senior physicians and surgeons; also, in the list of dispensaries we should read physician and surgeon for assistant-physician and assistant-surgeon. The error, however, is immaterial, as the real question at issue is, not how much certain hospitals pay, but what hospitals do not pay at all. In continuation of the list, I have to add—Guy's Hospital, physicians and surgeons £40 each; assistant-physicians £100. The Eastern Dispensary, physician £50. Bishops-court

Dispensary, physician £50. The Lock Hospital and the Charing-cross Hospital have the unenviable notoriety of being added to the *non*-paying list. You are quite correct in your statement "that in some of the institutions named in the second list, the medical officers divide amongst them the fees of students." This is the case also at St. Bartholomew's, Guy's, St. Thomas's; indeed, this practice may be taken as the rule at all the metropolitan hospitals. But it is most important—and I beg to urge this point strongly upon you—to remember that in no one case do the assistant-physicians and assistant-surgeons share in this division: *only the seniors*. Nor have the assistants any claim to a share. We see, therefore, that in the hospitals in the second list, the assistant physicians and surgeons receive no remuneration in any shape or form. In the consideration of the subject, therefore, as respects the assistant physicians and surgeons, the pupils' fees for hospital attendance are not to be considered. Even with the full physicians and surgeons, these fees ought not to be calculated upon, as their amount varies annually; indeed, it would add to the dignity of the staff if no such fees passed directly into their hands, but were considered hospital property, and an equivalent salary given to both seniors and assistants. There would be more independence of feeling in both parties. When the time comes—and sooner or later come it will—that all the hospitals and other charitable institutions shall pay their medical staff, arrangements must ensue between the seniors and juniors; for of course the assistants cannot be paid directly from the funds, or any other fund, of the hospital, without the concurrence of the seniors; but which of course would be at once granted by the latter, and therefore any necessary arrangement on this point may be safely left to the parties principally concerned. I see that there is already organized in St. Mary's Hospital—an institution which has not yet been one entire year in working order—a "Clerical Endowment Fund." I have no invidious feeling on this matter, and I disclaim all desire to contrast spiritual with medical advice given in hospitals, but I cannot forget that those institutions were, and are, not established for the former, but essentially for the latter purpose; therefore, *à fortiori*, the medical staff deserve remuneration; and we can only attribute the previous neglect of the public to an imperfect knowledge of the facts.—*Letter in Lancet.*

WORKING OF THE DISPENSARY ACT.

We receive from all parts of the country grievous complaints as to the working of this measure. Inadequate salaries, excessive dimensions of districts, and the book-keeping imposition, are the principal subjects of comment, but many others are added. During such a revolution, much of this is inevitable; but much may be corrected, and the moment the dispensaries are established and the appointments made, the work of revision must commence. Of the "books," there seems to prevail but one opinion. They cannot be correctly filled, if filled at all; and even if ever returned, will prove utterly worthless. We have denied, and we still deny, that the Commissioners have any power to impose such a duty. The Dispensary Surgeon is appointed to afford medical relief to the poor, not to prepare medical statistics. It may be argued that a general power to make rules enables the Commissioners to impose this duty; but if this be so, they may impose any duty however foreign to the service. Our belief is, that these books were invented by some one looking for a "post" to demonstrate his official abilities; others say that they are nothing but a printer's job. Here is an extract from a letter on the subject:—

The "ledger library" of the Commissioners, furnished to each dispensary, will deter many men from continuing in office. I heard yesterday that a surgeon in the ——— union was occupied one day last week, from ten in the morning to six in the evening, filling up the reports and headings in the several books.

Here also is an illustration:—

Sir,—This is the first time I have attempted to address you, or indeed appear in the public press, my motto always being *Ne sutor ultra crepidam;* but circumstanced as the medical officers of dispensaries in this part of the country are, I feel that silence on their parts would be anything but honourable or spirited. £60 per annum for a dispensary district of at least a population of 9000, and an area of no one knows how many thousands of acres! Ready night, noon, and morning for all calls, and those tickets issued by parties who may be your personal enemies! Take, for example, my case. In the year 1849, I had a salary of within a few pounds of £100; this year I am to have three quarters' salary at the rate of £60. Without the dispensary, I could attend my private practice on foot, with an occasional horse and car; with the dispensary, I *must* keep a horse. The dispensary will not support me; independent of the dispensary, my private practice cannot do it. Hold the dispensary, and keep a horse and man, you will have at least to pay for the support of the two latter £30 per annum; the balance of £30 will be for me for risk of life, interest of money expended in my profession, and eighteen years lost in the pursuit and practice of the same. I ask you, sir, is it not too hard? You may ask what remedy I propose? I would answer in full, did I not fear to dip too deep into politics. However, I do not attach any blame to the boards of guardians—they ought to be as economical as possible—to the Poor-law Commissioners I attach no blame, but to the Irish Members of Parliament I attach all. If you refer to the lame argument of Sir William Somerville at the discussion on this bill, you will find him stating that the reason the medical charities of Ireland were not paid for as *many* of the English and Scotch, was owing that we got an *equivalent* in the way of *national education*. Now, I submit, that a sum not exceeding £30,000 would give the medical superintendents a moderate salary of between £90 and £100 per annum, which ought to be paid out of the Consolidated Fund, the guardians supplying all medicines, and medical and surgical appliances.—I have the honour to be, sir, your obedient servant,

J. M.

MEDICAL ETHICS.

We copy the following, not because we wish to express any opinion on the matter, knowing little of it, but because we are anxious to provoke discussion on such subjects. Never, in the history of our profession, has there been such necessity for scrutiny as at the present moment, and everything we can do shall be done to promote it:—

To the Editor of the Lancet.

Sir,—I request insertion of the enclosed correspondence in your journal, which is ever ready to maintain the etiquette, the proprieties, and, through these, the honour and efficiency of our profession. I should not obtrude myself did I consult my own tastes, and that love of privacy and even tenor of life which thirty years of country practice have confirmed. But as my antagonist talks of his "position," it seems to me a duty to obviate any mischief which might affect the profession through erroneous views taken by a person of his "position." General practitioners must keep sight of the delicate character of consultations, and claim their complete and equal dignity therein with persons of whatever position. They must not suffer consultant-physicians, the moment their backs are turned, to reënter alone the sick chamber, which is the peculiar privilege of the family surgeon. No consultant, whatever his position, has a right to enter the sick chamber before the arrival of the ordinary attendant, nor to remain therein after his departure. This is the rule; and in this case, and from this correspondence, it will be seen that no reason existed for a deviation. In this case the physician suggested that I should leave the house first: "Pray do not wait—your time is precious," or some such courtesy. If he desired to witness the effect of the first dose of wine, had he warned me, *I* would have witnessed also. Was I nobody? If it had been decided that the inunction was not material, why run up stairs to repeat the decision? I say, if he assumed the right to witness the effect of his prescriptions, I claim the right of cotemporary inspection. He is not alone in the case. In this affair the peculiarity is, that the surgeon is bowed courteously out of the house; that no fresh symptoms are reported; no fresh summons despatched to the physician waiting for his carriage; but that, spontaneously and alone, he reascends to the sick chamber, without the essential to a consultation—the presence of the other practitioner. If this be the new style of consulting etiquette, let my brother surgeons know it; let them insist on their

own presence—*constant presence*—with the consulted person; and let them, to ensure this essential justice, and instructed by this case, take very good care, before they leave themselves to see the physician off the premises.—I am, sir, your obliged servant, HORACE HOWARD.

New Buckenham, Norfolk, March 22, 1852.

New Buckenham, Feb. 26, 1852.

SIR,—On the next visit to my patient, Mr. Lain, after our consultation, I found him worse, and almost comatose. On inquiry as to the probable reason of this change, I was told that you had reëntered the sick apartment after my departure, had given wine with your own hand (a quantity at *once* which I with difficulty conceded should be diffused over twenty-four hours), and prohibited the inunction, which at the consultation it was agreed should be kept up. I am compelled to inquire whether it be true that you did thus intrude into the sick room *alone*, and did nullify the consultation in a manner so unprofessional and contemptuous of the practitioner in regular charge of the case? I request an immediate reply.—I am, sir, your obedient servant, H. HOWARD.

Dr. Ranking.

Norwich, Feb. 27, 1852.

SIR,—The tone of your letter of this morning might well excuse my committing it to the flames without reply; but I will overlook the uncourteous terms in which you express yourself, and answer your questions *seriatim*. I did give the patient some wine and water, after you had left, with my own hands, and I did so advisedly, as I wished to note its effect upon the pulse. The quantity was no more than was reconcilable with the implied object agreed upon in consultation. I did, also, in conformity with an opinion I gave you, in reply to your own question respecting the propriety of inducing mercurial action, inform the friends that we did not consider the inunction materially important. So far in answer to your questions. In reference to your evident wish to palliate your own most indefensible conduct by affixing upon me the charges of "unprofessional" and "contemptuous" treatment of yourself, by "intruding," as you are pleased to term it, upon the patient after your departure, I shall content myself with observing, that in this, as in all other professional transactions, my conduct is open to the inspection of my medical brethren. Assuredly, however, this conduct, dictated by the wish to satisfy myself of the advantage of an important modification of the treatment of the case, suggested by me, *and agreed to by you*, did not justify your impugning my judgment in the rude manner in which I am told you did, neither your denial that you had sanctioned the use of wine, nor that another dose of it would have destroyed the patient. Still less could it justify your heartless remark to the sorrowing parents, that the fee for my attendance had been thrown away. As to the abstract propriety of giving wine under the circumstances, I think I may safely, and, I hope, without presumption, allow my judgment to be at least equal to your own. I do not hesitate to assert my conviction, that of the small chance which the poor patient had of recovery when I saw him, he was deprived by the withdrawal of stimulants. In conclusion, I will not, on slight acquaintance, do you the injustice to suppose that you will not, on reflection, see the propriety of apologizing for rudeness as unprovoked as it is, I am happy to say, strange to me.—I am, sir, your obedient servant,

H. Howard, Esq. W. H. RANKING.

New Buckenham, Feb. 29, 1852.

SIR,—You admit that you gave the wine and forbade the inunction. Again I ask, *why* was the wine given the moment my back was turned? *Why*, as the inunction was agreed upon at the consultation, was it prohibited the moment I left the house? In fine, *why* did you nullify a consultation by your sole authority, directly that consultation was closed? I have, sir, yet to learn that this proceeding can be reconciled with professional customs and propriety. As to my expression of pleasure that the friends had abstained from a second dose of wine, it was meant as an approval of their caution, not as a critique to them upon your skill. As to my son's remark, or some such, that the expense of the consultation was to be regretted, he commissions me to say that, whatever were his words, *he meant* simply to express a fact, not to reflect upon your judgment.—I am, sir, your obedient servant. H. HOWARD.

Dr. Ranking.

Norwich, March 2, 1852.

SIR,—In reply to your last letter, I beg to refer to my former note, in which you will find your questions answered. I will repeat them, in case you have not preserved the communication. I gave the wine *because* it was agreed in consultation, and I wished to see its effect. I counter-ordered the inunction *because*, as it was agreed that salivation was not desirable, and that the mercurial was to be given every four hours instead of every two, it appeared to me as a matter fully understood that the inunction was to be suspended. —I am, sir, your obedient servant, W. H. RANKING.

H. Howard, Esq.

P.S.—I still look for an acknowledgment of error in your remarks to the patient as repeated to me.

New Buckenham, March 3, 1852.

SIR,—What was "repeated" to you by the patient or friends I know not. When they said to me that they had not given more wine, I expressed a simple approval. You talk of this as "error," but would anybody besides yourself perceive not only truth, but an unavoidable reply. But this counter-charge against me does not dispose of my still just complaint against you. You have *not* given me a satisfactory explanation of the original grievance. The facts are undisputed, and from these *we* draw opposite conclusions. You claim a professional right to enter the sick chamber alone, instantly on the departure of the surgeon, *no fresh symptom having arisen*. I deny this right; and as it is necessary for myself and other Norfolk surgeons to understand our relation to the consulting practitioners, whether these gentlemen may subvert a consultation in the way you did, I will submit the matter to the hospital staff if requisite.—I am, sir, your obedient servant, H. HOWARD.

Dr. Ranking.

SIR,—In closing this correspondence, which, if I had consulted my own position, I should not, perhaps, have commenced, I will recapitulate the circumstances. In consultation it is decided that wine is to be given at my suggestion. It is decided that mercurial action is not needed, and the doses are prescribed at longer intervals. While waiting for my carriage, I think proper to witness the effect of the first dose of wine; and I tell the friends that the inunction has been decided as not material at the moment. You, in the most impertinent manner, designate my visit to the patient's room after your departure, for an obvious and useful purpose, as an "intrusion," and accuse me of contravening the consultation. I assume the right of a physician, if he wishes, to witness the effect of his prescriptions, and never heard any reasonable practitioner object to it; and I affirm the statement that I contravened the conclusions of the consultation to be false. I, moreover, repeat, that the expressions used by you in reference to me were such as no conscientious man would have used, except under irritation, which he would have deplored, and I demand an acknowledgment of the same. As my conduct is open to inspection on all points, you may take what further steps you please.—I am, sir, your obedient servant, W. H. RANKING.

H. Howard, Esq.

New Buckenham, March 7, 1852.

SIR,—No dust you may raise shall blind my eyes to our original ground of dispute. I called your conduct unprofessional, and you remain, for aught you have said to me, in an unprofessional position. When, through the verdict of some professional and grave tribunal, you are acquitted, it will be high time to assume the character of an injured person, and to "demand an acknowledgment."—I am, sir, your obedient servant, H. HOWARD.

Dr. Ranking.

MEDICAL TOUTING.

THE Reverend Doctor TODD, "Senior Lecturer," or principal executive functionary of Trinity College, having with praiseworthy disinterestedness taken the case of the Surgeons of Ireland into his serious consideration, we have humbly to direct his attention to a small matter which concerns the welfare of those who are about to seek admittance into the body; either by back or front door. The Doctor, we have no doubt, entertains a most sincere and anxious wish to promote the "reputation, honour, and dignity" of the surgical profession; doubtless impelled as much by hereditary instinct as by a conscientious sense of duty; and we are bound therefore to congratulate our

brethren on this happy union of theology with the "art or faculty" we profess. It is true that, there being nothing new under the sun, there is nothing new in this patronage of surgery by mother church; for as we all know, it is to *frere* Jacques and *frere* Cosme we are indebted for our lithotomy; but new or old, we must be the better of the infusion. The small matter to which we have to direct attention is, independent of its chirurgical bearing, one which falls within the sphere of the reverend functionary's duty as a matter of academic discipline; being in fact a question as to Professors of the University haranguing their classes on disputed questions of medical law, and giving their versions of charters and statutes; interlarded with allusions calculated to foment discord, and with statements respecting passing events not very remarkable for strict veracity. It is not, we believe, usual in any other faculty for professors to appeal to the sympathies of the students in their troubles, and is therefore of doubtful propriety in the medical; but even if permitted "at a pinch," the practice should be conducted so as to save the institution from dishonour. When statements are made to inexperienced students on such topics they should contain the truth, the whole truth, and nothing but the truth; but perhaps the less said the better respecting doubtful matters. It is bad enough for the few surgical pupils who are looking for medical degrees to be obliged to "sit out" the retailing of obstetrical *niaiseries* or chirurgical book stuff, but it is too bad to be compelled to listen to whining appeals, and still more to hear gross misrepresentations. In our last we had to offer a word of advice to the College of Physicians on the effect of these doings, and the danger to be apprehended from any tacit sanction of them. We have now to repeat it, for it surely cannot redound to the credit of that body to remain quiet spectators of such irregularities.

TO THE ADMIRERS OF MR. DENIS PHELAN.

The following frank expression of dissent from the eulogium on this functionary, published in our last, shows the estimation in which such things are held when best understood. If our provincial brethren oftener asserted their independence in the same way, they might perhaps avert evils which otherwise prevail:—

TO THE EDITOR OF THE MEDICAL PRESS.

Dear Sir,—Being the senior physicians of this town and county, we feel it imperative on us to disabuse the minds of the respectable part of the profession on the subject of a letter addressed to Mr. Denis Phelan in the last number of your periodical, and signed "Charles Halpin, M.D., Secretary," inasmuch as we do not belong to any association to which he is secretary, neither do we know of any existing in this county; and we are not disposed to allow our brethren in the other parts of Ireland to suppose the letter alluded to conveys in any way *our* sentiments respecting the (late) functionary of the poor-laws referred to.—We remain, dear sir, your obedient servants,

George Roe, M.D., Surgeon, Cavan Infirmary.
Bernard Coyne, M.D., Physician to Cavan Dispensary.
Wm. Babington, A.B., M.B., Fortview.

CORRESPONDENCE.

THANK-YE INSURANCE COMPANIES.

TO THE EDITOR OF THE MEDICAL PRESS.

Sir,—Your correspondent "N." has commenced *a good and useful work* in bringing before the profession in Ireland the names of those Insurance Offices that refuse to pay medical men for valuable information *given exclusively for their protection*. To "The West of England" and "Standard," I will now add "The Guardian" and "Sun."

In naming those offices which do not recognize the claims of the medical profession, and which, consequently, should receive no good will in return, I think it equally just to mention those, on the other hand, that trade on a liberal basis, and beg, therefore, that you will kindly insert, for the information of those who may be consulted upon the subject of life insurance by their patients, the names of the following offices which do pay the medical referee:—"The Britannia," office 51, Dame-street; "Church of England," 1, D'Olier-street; "Exchange," 8, Westmoreland-street; "United Kingdom," 4, College-green.

All these are first-rate and most safe companies to insure with, and deserving of professional support.—I remain, sir, your obedient servant, M.

But I also enclose my card for the information of any insurance agent who may suppose that this communication comes from the agents of either of the offices recommended above, and be regarded therefore as an indirect way of seeking to extend their connexion, instead of but the index of what is now the general determination of the medical profession—viz., to refuse in future to give opinions gratis.

MEMORANDA ON AUSCULTATION OF INFANTS.

By Dr. Merei.

1. The respiration of young children is regularly quick and noisy. This must be allowed for.

2. There is much propensity to mucous secretion, and as they do not eject it, mucus accumulates, and causes a great many large and fine râles, which veil the respiratory murmur, and impede us sometimes in perceiving the crepitation in pneumonia, or the rubbing sound *(frottement)* in pleurisy.

3. Mucous obstruction of a large part of the bronchial tubes sometimes occurs, and prevents the perception of the vesicular murmur. This case we enlighten by percussion, as the sound in mucous obstruction is clear, or but very slightly dull. Nor is there true bronchial respiration in these cases.

4. A little child's chest is of small extent, consequently if we auscultate, even at the middle of the chest, our ear is struck by the respiratory sounds of the trachea and of the large bronchial tubes, and there is difficulty in perceiving slighter alterations of the sounds.

5. The child will neither perform a deep inspiration, which sometimes we need to observe, nor will it speak words at our wish and command; thus bronchophony, pectoriloquy, and ægophony, are lost from us: we can only hear sometimes the modified sound of the voice during cries.

In order to get a full inspiration, as full as the child can perform it, I find the best plan the following:—I order the child to be taken in the arms of its mother or nurse, in a position which allows auscultation behind and laterally; then I approach cautiously from behind, and lay one of my hands on the upper part of the abdomen, and exert with it a gradually increased pressure; thus the abdominal viscera pushing the diaphragm upwards, the child exerts its power to overcome this impediment by a more extensive inspiration. If this act is prevented by pleuritic pain, we perceive it by its anxiety or irascible struggle with its trunk and hands and by moans and cries, as far as they are possible. In this manner we should always assist the physical examination of the organs of the chest. The *percussion*, on the contrary, is the most enlightening means of examination in children. The walls of their chest are thin and flexible, consequently we perceive more immediately the sound of the pulmonary texture, and even its consistence.

If we are aware of the above-mentioned circumstances, by and by, with patience, careful exercise, and intelligent combination to all that we see and hear, and of all that we feel with our percussing fingers, we cannot fail to arrive at a high degree of certainty in this sort of diagnosis.—*Ranking's Abstract.*

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NOTICE is hereby given, that on the 2nd of August, 1852, the Council will proceed to elect a Curator of the Museum from among the Fellows or Licentiates of the College.

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By order of the Council,

H. MAUNSELL, Secretary.

Dublin, April 2, 1852.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

NOTICE is hereby given, that on Tuesday, the 4th of May next, at the hour of Two o'Clock, the President and Council will proceed, according to the provisions of the Supplemental Charter, to elect, from among the Fellows of the College,

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One Examiner in Midwifery.

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H. MAUNSELL, Secretary.

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PROCEEDINGS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND.—MARCH 20.

Dr. JACOB in the chair.

ON THE EMPLOYMENT OF CHLOROFORM IN MIDWIFERY.

By Dr. BEATTY.

IT may be in the recollection of some of the members present, that a paper, written by me, was published just two years ago in the *Dublin Quarterly Journal*, the object of which communication was to testify to the value and safety of the use of chloroform in the practice of midwifery, and to point out how this new and powerful agent might be employed in conjunction with the ergot of rye, another medicine of immense importance in obstetric practice. Since that time I have continued to use chloroform very extensively, and with the happiest results. I have given it to every patient who desired to have it unless I saw some good reason to refuse. I have not pressed it upon any, and I am happy, at the end of two years' additional experience, to be able to state that in all cases its use has been productive of the greatest relief and happiness, and that in no case has anything unpleasant occurred to either mother or child during its administration, or subsequent to delivery. Several patients, after being confined under its influence, have come back to Dublin in subsequent pregnancies from great distances, some from remote parts of England, in order to be treated in a similar manner; and there are many whom no consideration would tempt to undergo a labour without it. It will be easily imagined that my confidence in the power of the agent has increased with my experience, and I now feel distressed when obliged to witness the sufferings of a patient, prolonged perhaps in a first case for hours, when I have the power to alleviate her agony, and (without for a moment interfering with her consciousness) to render her labour a "pleasure," "happiness," or "heaven,"—phrases which have been frequently made use of to me by patients to whom chloroform has been administered.

The application of chloroform in midwifery is very different from its employment in surgical practice. In the latter, we have a person not suffering any pain on whom a painful operation is about to be performed, and in whom it is desired to induce such an amount of insensibility as will render him unconscious of the proceedings of the operator. The sopor in such a case is much deeper than any that is necessary in obstetric practice. The time during which anæsthesia is required is usually much shorter, and the more intense effect of the chloroform is therefore more safely produced than if it were to be continued during the length of time sometimes necessary in labour. In midwifery, on the contrary, the use of chloroform is not begun until the patient is already, and has been probably for some hours, in a state of suffering. The object in such a case is to relieve existing pain; and it is a fact no less remarkable than true, that a smaller amount of the narcotic vapour is required to effect this, than to render a non-sufferer insensible to a painful operation, and a larger amount is subsequently borne with impunity. For this reason it is that when a pure drug is employed, a very few inhalations from the apparatus which I now employ are sufficient to produce a decided effect upon the sufferings of the patient, and a relief so marked as to be spoken of with the greatest satisfaction and gratitude, is obtained long before any approach to insensibility is perceived.* But

* Since the time this paper was read before the Surgical Society, I have seen in the DUBLIN MEDICAL PRESS of the 24th of March, a quotation from a communication in the *American Journal of Medical Sciences*, by Professor Byford of Evansville Medical College, U.S., which bears upon this point:—"I am led to believe that, in estimating the beneficial or injurious influences likely to be exerted by this powerful medicine, our attention has not been sufficiently directed to the *condition* of the *nervous* system, particularly in regard to the presence or absence of pain, or other preternatural excitement. I apprehend that we will find the same laws governing our physical system to obtain with respect to its use as we are compelled to take into account when we call to our aid any of the powerful narcotics, one of which laws is the preservation, in a great measure, of the general system, by the nervous system being preoccupied by exalted or morbid excitement. This principle may account for the fact, borne out, I think, by statistics upon the subject, that the untoward and melancholy effects of chloroform seldom if ever occur in cases where the system is labouring under great pain, as for instance, labour, toothache, &c."

this is not enough for the occasion, the effect has to be kept up sometimes for many hours, and if a sopor as deep as that induced for surgical purposes was necessary, no doubt the proceeding would not be unattended with danger: but fortunately in midwifery practice no such amount of narcotic influence is required. The slow and gradual administration of small quantities of the vapour, renewed from time to time, as required, will be sufficient to keep the patient in a tranquil happy state, in full possession of her consciousness, for hours together, talking to her friends about her, knowing well when a pain is coming on, applying the inhaler to her lips, and asking to have the chloroform replenished when its effects are diminished by its consumption.

The course of a labour treated with chloroform is usually as follows. Take, for instance, a first case, in which labour has been going on for eight, ten, or twelve hours, with that increasing amount of suffering which all females experience until the os uteri is nearly dilated. At this time we know that the pains usually become most severe; and the patients lose their self-control, becoming uneasy, impatient, and loudly complaining of the sufferings which they undergo. If we now commence the judicious use of chloroform with a patient, under these circumstances, the first effect, after a few inhalations, is calmness. Instead of tossing about in the bed, she becomes perfectly quiet, she experiences relief, and the friends who are standing around begin to be astonished at the almost instantaneous effect that has been produced. They had become anxious at the amount of suffering she seemed to be undergoing, and they are surprised at the calmness which has been brought about through the assistance of chloroform. I would say that in eight cases out of ten, the patients express the most exalted kind of satisfaction at the relief thus obtained. They sometimes say—"Oh! this is so delightful, so pleasant;" in fact, a feeling of inexpressible happiness is produced in most patients by inhaling the chloroform, for perhaps two or three minutes, in the way I will presently mention. I have seen a patient, who was tossing about in her bed, perfectly uncontrollable, because to a certain extent delirious, as they often are; I have seen such a patient lie calmly and quietly down, without any stage of excitement, and remain so for the space of four or five hours without for one instant losing her consciousness or self-control, or making loud exclamations, or removing herself from the position in which she was directed to remain.

The next effect which is produced by the judicious administration of chloroform is the total disappearance of that horrible aching in the back which patients complain of in the intervals of the pains, and which makes them call on the nurse in attendance not to relax the pressure which it is usual on such occasions to make on the back. This intolerable ache is never felt after the administration of chloroform has begun; so long as it is kept up, the distress is done away with. After some time, the patient will call out loudly for more chloroform, feeling the benefit which she has derived from the previous administration of the agent. We accordingly let her have a little more, and by degrees she becomes conscious of the approach of the pains, she takes the medicine again, and in this way passes hours without suffering. Some patients will sleep in the intervals of the pains. We know how valuable such natural rest is during labour; and I have observed that the administration of chloroform does not in the least degree interfere with it; on the contrary, it rather helps to produce natural sleep, when not pressed to the extent of sopor or insensibility. As the time of delivery approaches, the amount of chloroform to be given should be rather increased, because the patients suffer more at this time than at any previous stage of their labour; and it will require a larger amount of chloroform for the purpose of alleviating pain, though not enough to produce the full effect which is produced in surgical practice: in fact, I can testify most distinctly that in no case will it be necessary to produce sopor or stertorous breathing in the course of the labour; and it is worthy of remark, that the patients, when the labour is over, will tell you that they knew they had the pains, but did not feel them. In this way, I have known patients to be delivered of their child without their own knowledge. In one instance, the lady had the chloroform for the second time. The first time she had it for two, and on a recent occasion for four hours. On the latter occasion she was conversing with me during the whole period of her labour, and was perfectly conscious all the time. Nevertheless, her child was born, and she was not conscious of the fact, nor of the particular moment when it took place. Another case which occurred more recently was even more striking. It was the case of a lady who had her first labour, which was a very long, painful, and difficult one, about a year previously, without chloroform. Upon the second occasion, which happened during the last month, she begged to have the chloroform, and she had it accordingly for four hours. As many patients do, she held the apparatus herself during the greater part of the time in her hands, and it was so difficult to get her to inhale the chloroform properly, that I was obliged to make her hold her nose with her own fingers, in order to make her breathe through her mouth, which of course she could not have done if she had been in a state of insensibility. While thus employed the child was born, the umbilical cord was tied, and the nurse was sitting at the fire with the infant in her arms, without its mother being in the slightest degree conscious of what had taken place; and in about five minutes afterwards, this lady turned round in bed, and said to me, "Do you think it will be soon over?" I replied, "Don't you know that the child is born!" and I will never forget the expression of her countenance, when she said, "Now, don't deceive me, but tell me truly, will I soon be well." In short, it was not until the child was placed in the bed with her, that she could be made to believe that her delivery had been accomplished, and she then declared most solemnly that she had not the slightest idea, till that moment, of what had taken place.

When effects of this kind are experienced, I need not say that those with whom chloroform has been once used would not on any account undergo a labour without it; and as I before stated, many ladies have come from distant parts of England and other places to obtain the benefit they expected from its administration. No ill effects have ever happened, as far as I am aware, to either mother or child.

If the chloroform be pure (and that is a most important point), one of the effects said to be produced by it is completely avoided, and that is, the stage of excitement. I never now see any instance where excitement is caused by it in my own practice. There is no excitement, no bewilderment, and the effect at once is that of calm; but if the chloroform be not pure, you may be sure that the tumbling, and tossing, and delirium which have been ascribed to its employment, will be produced.

The longest time I have used it in labour was five hours, and the shortest time a quarter of an hour; and even to accomplish a quarter of an hour of relief towards the close of a labour is a great matter. The delight which a patient experiences at escaping from the severe sufferings which attend the last stage of labour, and having her child brought into the world without undergoing them, can be well imagined.

As I have already remarked, the manner of using the chloroform is different from what it is when we want to produce anæsthesia for surgical purposes. In the latter case we give it as rapidly as the case will permit, so as to produce an immediate effect on the constitution. The reverse, however, is true in midwifery practice; for there it should be given very gradually, and increased in proportion as the sufferings of the patient increase; and therefore I think the apparatus should not be the same in midwifery as in surgical practice. In the paper which I published two years ago, I stated that I preferred the handkerchief for the purpose of applying the chloroform, and that was the opinion which I then entertained. Immedi-

ately after the appearance of that communication, I had a letter from Dr. Murphy of the London University, commenting on my paper, and at the same time suggesting that an instrument which he was in the habit of using, and which he sent me, would answer the purpose much better than a handkerchief. Dr. Murphy stated the reasons for his preference of this instrument, which appeared to be very satisfactory; and those reasons were, that when a handkerchief was used, the chloroform was necessarily diffused through the room; that you could not regulate the amount which the patient inhaled, as well as you could with the apparatus he sent; and that the waste of the chloroform is much greater. Dr. Murphy begged me to employ the instrument; I did so, and since that time I have constantly used it, and have had no reason to regret its employment. It was made by Coxeter, the instrument maker to the London University. For surgical purposes, nothing could be better than Dr. Fleming's apparatus; and those who have read the concise and explicit publication which emanated last year from his pen, must be familiar with it, and the mode of administering chloroform in surgical practice. But I would not like to allow so large an amount of vapour as escapes in his apparatus to be inhaled by a midwifery patient, because it is not necessary to give so much, and not being necessary, I think it would be improper to administer it.

The apparatus alluded to is evidently a modification of the instrument formerly used by Dr. Simpson for the administration of ether, and called by him the "ether flask;" a representation of which is given in the Transactions of the Obstetric Society of Edinburgh, session 1846–47, and from which it differs principally in being furnished with two valves on the upper surface; one opening inwards to admit atmospheric air into the mouth along with the vapour of chloroform, the other opening outwards to admit of free expiration. It consists of a small round chamber, about two inches in diameter and one inch deep, in which a piece of sponge is placed, and to which a conical mouthpiece is attached, just large enough to cover the mouth of the patient. The aperture by which the mouthpiece and chamber communicate is about three-fourths of an inch in diameter, and is stopped by a cork when the instrument is not in use; the opening by which the sponge is introduced into the chamber is on the upper surface, and is about an inch and a half in diameter, and is closed by a well-fitting cover, in which is the valve for the admission of atmospheric air. The manner of using is simple enough. After pouring a teaspoonful of chloroform on the sponge, previously moistened with water and well squeezed, the mouthpiece is loosely applied to the mouth of the patient, and she makes a few inspirations. By the nose being left uncovered, and by means of the valve in the cover, a large portion of air is admitted along with the vapour of chloroform, and thus it gains access to the lungs in a diluted state—a circumstance which I consider essential to the safe and satisfactory use of chloroform in midwifery practice.

If there is any difficulty in getting the patient to inhale properly, it is only necessary to lay hold of the nose, and tell her to suck the chloroform out of the tube, and she will very soon learn the proper way of doing it. By means of an apparatus of this kind, we can keep a patient for any length of time calm, tranquil, happy, and free from pain, no matter how protracted the labour may be, and without for one moment rendering her insensible.

The dose can be properly graduated with the instrument; we can put in as much as we like, and we can be certain that no more will be inhaled by the patient; whereas on the handkerchief she may inhale a great deal more than we wish her to get. In this way, one drachm will go as far as an ounce will go on a handkerchief. I was formerly in the habit of using an ounce of chloroform on a handkerchief in the space of one hour; I now seldom use more than a drachm of chloroform in the same time. The patient may hold the instrument herself, and this is a security in itself against an overdose; for if she becomes insensible she is no longer capable of holding it to her mouth, and cannot therefore inhale too much of the chloroform.

I have extracted the particulars of thirty-three cases in which I have used chloroform since the paper to which I have already referred was published, and I may just read an abstract from it. I find that—

Two of the patients had the chloroform for five hours (both first cases);
Two for four hours (one being a first case);
Three for three hours (two being first cases);
Four for two hours (three being first cases);
Four for an hour and a half (two being first cases);
Six for one hour (two being first cases);
Twelve for periods under half an hour.
Total thirty-three cases.

Of the foregoing cases—
One was of thirty hours' duration;
Three of twenty-four hours;
Three of twenty hours;
One of fifteen hours;
Eight of ten hours;
Fifteen of five hours; and
Six under five hours.

In the former paper alluded to, I advocated the using of ergot of rye, in conjunction with chloroform, in certain cases there specified.

As perhaps as good an example of the value of the combination of these medicines as could possibly be presented, I will mention the particulars of a case that occurred since this day fortnight, when I was prepared to lay these observations before the Society. Since that time, in fact within the last week, I attended a lady whom I had delivered on some former occasions, and who had several children before she became my patient; and, as we sometimes perceive, it happened with this lady that the great majority of her labours were of a preternatural character. She had shoulder-presentations four times, a couple of breech-presentations, and several premature children of four and five months. Upon the present occasion her labour commenced early in the morning, about three o'clock, and the pains were exceedingly weak for twelve hours afterwards, at which time I was sent for, and on my arrival I found an arm presenting at the os uteri, which was then dilated to the size of a half-crown piece, and very soft, with the membranes still unbroken; but the uterine pains were very weak and unfrequent. She had already experienced the torture of turning too often not to dread a repetition of the process; and she had made up her mind that if it was a cross-birth she would have chloroform administered, as she could not venture to face turning again without it, several of her friends who had used chloroform having told her of the advantages to be derived from its employment. At the labour which preceded the one of which I am now speaking, she was near dying from hæmorrhage; indeed I do not think I ever saw a patient run so near to death and not die as this lady did on that occasion, owing to the complete inertness of the uterus, and its inability to contract. Here, then, was a case of arm-presentation, an inert uterus, a lady calling for chloroform, and turning absolutely necessary. What was to be done? I was confident that if I turned the child under the existing circumstances, and emptied the uterus, which was so little disposed to contract, I would run a risk of producing a hæmorrhage as terrific as that which followed her previous labour. I therefore commenced by giving a dose of the ergot of rye, and I watched its effects. As soon as the pains became in the least degree quickened, I commenced the use of the chloroform. She inhaled it for two minutes, and then I passed in my hand, ruptured the membranes, and got the child turned. The whole operation did not last ten minutes; scarcely a drop of blood was lost, and when it was over, she told me that she would not care again about having a child to be turned, provided she suffered no more than she did on that occasion. I mention this case as a good instance of the great value of the combination of the two agents. Now let me impress upon the Society the importance of only using chloroform which is genuine and pure; for I consider it, when properly prepared and judi-

ciously used, as one of the greatest blessings which has ever been introduced into the practice of midwifery. I get mine at Butler's Medical Hall, where it is prepared by Mr. Morley, his chemist. I do not say that it is not well made elsewhere, but I know that what I have obtained there is of the very best and purest quality, and has never produced the slightest degree of excitement in any of my patients; but on the contrary, the greatest tranquillity and comfort. I would urge upon persons engaged in midwifery practice not to allow themselves to be foolishly deterred by the nonsense of those who talk of after-consequences, and say that patients who have had chloroform are likely to suffer from disease of the lungs and brain after its administration. This is all absurd. The moment you remove the apparatus, the effect of the agent is gone, and the patient is perfectly free from its effects: but there is, I fear, one reason which has interfered with its introduction into practice—namely, that it involves a good deal of trouble; for the man who uses chloroform must stay by the patient's bedside and watch its effects upon her. This, I am afraid, is one cause why gentlemen are not so anxious to use chloroform as they ought to be; but it is a very bad one, and any man who takes charge of a woman in labour, should recollect that it is his duty to get her through it as quickly and with as little suffering as he possibly can, consistent with her safety. I am quite sure that any man who, as I have done, experiences the gratitude which women express with whom it has been employed, will never lose an opportunity of using an agent which he has found so exceedingly useful.

As I said in my former communication, it requires to be *studied* in order to its proper and safe use; but in judicious hands, it is one of the greatest blessings conferred upon suffering humanity. Its discovery will immortalize the name of Simpson, which will be handed down as that of a benefactor to science on the same page as that of Jenner.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

INVERSION OF THE UTERUS AFTER PARTURITION PROVING FATAL IN EIGHTEEN MONTHS.

By J. G. Forbes, Esq.

The patient, a lady, aged 25, came under the care of Dr. Robert Lee, and the author, in December, 1850, being in appearance intensely anæmic, and suffering from the usual symptoms attendant upon this state, as well as from periodical attacks of profuse uterine hæmorrhage. On examination per vagina, a tumour of a pyramidal shape was detected projecting for about two inches through the os uteri, with which it appeared in close connexion throughout its entire circumference. Her confinement had taken place in the country in April of the same year, and an account of it was furnished to the author by her medical attendants. Owing to the cessation of pain, ergot was administered, the os being fully dilated; and a loop of the cord having descended in advance of the head, the forceps were employed to complete the delivery. The infant was still-born. Nothing unusual was apprehended until several days after the labour, when the patient stated that during the action of the bowels on the third day "something had come down." It was now discovered that the uterus was inverted, having descended to within an inch or two of the labia. Re-inversion was found to be impracticable. Slight sanguineous discharge continued up to the 12th of July, on which day profuse hæmorrhage took place. This recurred afterwards at each catamenial period, the discharge being often of a serous character, and was accompanied with hysteria, headache, vomiting, constipation, and great exhaustion. On the 18th of December, Dr. Locock was called in consultation, and the propriety of applying a ligature around the tumour for the purpose of extirpating it was discussed, but owing to the diminution of hæmorrhage at that time it was not done. The pain produced by pressure on the tumour, precluded all hope of accomplishing its reduction. The treatment adopted was therefore only palliative. In April, 1851, the patient returned to the country, when, after the lapse of some months, her health began to improve. The hæmorrhage also ceased, for the last three catamenial periods of her life were passed over with only a moderate amount of discharge. The period which commenced early in November was attended with intense headache, which, in spite of remedies, increased; erysipelatous redness of one side of the head and neck came on, and the patient gradually passed into a state of coma, under which she sank and died on the 10th inst. A post-mortem examination disclosed incomplete inversion of the uterus, the tumour not being constricted by the os. The left ovary was enlarged, and contained a cyst filled with sanguineous fluid. The paper then contained some remarks on the question of attempting the extirpation of the inverted uterus in such cases by operation, a few observations being made, first on those cases in which no operative proceeding was resorted to, and then upon the several modes of operating which have been practised, and their results. Some cases, it was stated, underwent spontaneous re-inversion, and in others the vitality of the tumour was destroyed by inflammation or by the constriction of the os uteri, and the patients recovered. The difficulty in accomplishing the reduction of the uterus after the lapse of a few hours, was then spoken of, and a few cases were quoted in which in was effected at later periods. The duration of life under inversion of the uterus was then considered, and Mr. Crosse's statistics were referred to. Cases in which extirpation of the uterus was performed by excision, a ligature alone, and by both combined, were next quoted, and a summary was given of the table appended to the paper. In the latter, which contained brief details of thirty-three cases, collected from different sources, it appeared that nineteen were successfully treated by ligature, and five unsuccessfully (three died); one successfully and two unsuccessfully by excision; and five successfully and one unsuccessfully by ligature and excision combined. The paper was concluded by a general statement of the treatment pursued in the case detailed.

After a pause,

Mr. Hodgson rose, and said that he trusted a paper of so much importance would be discussed. Some years since he had seen a patient somewhat in the condition described in Mr. Forbes's case; but the inversion was more complete, the parts presenting externally in the shape of a small pyriform tumour, from which there was continual bleeding, increased at the catamenial periods. He recommended its removal, but the patient would not consent, and died twelve months afterwards, of consumption. When this case had occurred to him, he had found great difficulty in procuring any definite information as to the mode of treatment by referring to books. Had such a table as that appended to Mr. Forbes's paper existed at the time, it would have saved him much trouble, and he should have treated the case with more confidence. But the only information he could procure at that time was scattered over various works, Mr. Crosse's book not having yet been published.

Mr. Arnott could give but little information on the subject of the disease; these displacements were rare, but it was desirable that the personal experience of members should be stated. This, indeed, was the chief object of their assembling to hear a paper. He had seen two cases of inversion of the uterus, but these would not enable him to speak decidedly on the more important point in Mr. Forbes's paper—viz., the propriety or non-propriety of interference by operation in these cases. He trusted that other Fellows of the Society would communicate their experience upon this matter. Three years since, he was consulted on a case, which was supposed to be a polypus of the uterus by a distinguished accoucheur who suggested its removal. Two other gentlemen had also been consulted: one pronounced the case to be polypus, the other suspected it to be inversion of the womb. With this latter opinion he (Mr. Arnott) agreed. The history of the case was simple:—The woman was aged 27, and had been confined twelve months previously. There was some tugging at the navel string, but after three tugs it came away. There was not excessive hæmorrhage at the time, but more or less bleeding continued for four months, at the end of which

time an examination was made, none having been instituted before; and then a difference of opinion existed as to the presence of a growth, or of inversion of the uterus. A ligature, however, was applied, and the bleeding ceased. The woman did not get well, suffered much at the menstrual period, and on laughing or making any exertion, something protruded from the vagina. She now came to London, and he (Mr. Arnott) saw her under the circumstances above mentioned. On the first examination, the tumour had every appearance of a polypus of about the size of a goose's egg, firm, with a pedicle. There was an offensive discharge, not menstrual, which had continued for seven weeks, but there was little difference in the sensibility of the part. He doubted if it was a polypus, but thought it might be so. He felt the pedicle encircled by the os uteri. The surface was livid at some portions, and tender at one part. This was not sufficient to determine that it was not a polypus. Another opinion was now sought in the case, and the accoucheur called in pronounced it to be a polypus. It was now determined that the patient should be placed under chloroform, the tumour brought down, and if a polypus, that it should be removed. When brought down, the tumour exactly resembled a polypus, and on passing the finger into the bowel, what was supposed to be the uterus could be distinctly felt in the rectum. Mr. Arnott, however, was determined to act with caution, and therefore made an incision into the pedicle, when it was at once detected to be an inverted uterus. A ligature was applied, but as hæmorrhage continued below its seat, another, and even a third, was used before the bleeding ceased. The parts were then returned. The woman died of peritonitis. This case showed the necessity of caution in our diagnosis of these cases, and the difficulty there was of restraining hæmorrhage. Now, what was the tumour felt through the rectum when the tumour was down? This was no doubt the bulging out of the neck of the uterus, as if it were the whole body of that organ. This case constituted his sole experience of these cases. Before the occurrence of the one he had just related, he had considered that the best mode of proceeding was to tighten the ligature at once, but now he thought the employment of a metallic ligature preferable, which should be slowly tightened. Experience, however, was wanted on this point. It was not easy to procure adhesion in these cases, and hence it had been thought better to tighten the ligature at once. He had seen another case in which there was copious bleeding, and an operation was suggested; the patient would not consent, and died worn out.

Dr. Murphy made some remarks on the difficulty of diagnosis in these cases, and mentioned an instance related by Velpeau, in which a polypus was mistaken for inverted uterus. The accident was usually the result of want of attention in the first instance, and never occurred in the hospitals of Dublin and the continent, where great care was employed. In the case recorded, there was some obscurity as to the progress of the last labour and the cause of the displacement. He related a case recorded by Mr. Crosse, and occurring in the practice of Mr. Martineau, at Norwich, to show that, by early and judicious treatment, the displacement might be remedied. In this instance a lady, whose labours were remarkably rapid, was seized with a violent pain whilst standing up, by which the child was expelled. She had severe pains afterwards, and on a careful examination being instituted the uterus was found to be partially inverted, and was replaced, If the uterus became quite inverted it was most difficult to replace it from the great contraction which existed. Much mischief might ensue from persevering attempts to reduce the displacement. It was mentioned, in some cases, that the uterus had gradually restored itself to its right position, but he (Dr. Murphy) believed that, in these cases, it was simply a reduction in the size of the tumour, and not a replacement. If the first few hours passed after the accident, and the uterus was not restored, it was impossible to replace it by mechanical means. Then the question presented itself, is it desirable to remove the uterus, or to leave the case to Nature? On this point it was a mere balance of the chances of life. He could not help thinking, however, that with further improvements in surgery the organ would be removed as easily as any other. Dr. Johnson of Dublin had operated twice or thrice successfully. He employed silver ligatures.

Dr. William Merriman related the case of a lady who had been attended by his father for supposed polypus of the uterus, but which turned out to be inversion of that organ. The patient was operated upon by ligature, but died. The chances of life were about equal when an operation was performed, as when it was not. He inquired if any attempts had been made to reduce the inversion in Mr. Forbes's case, whilst the patient was under chloroform.

Mr. Barlow recollected a case which occurred in his father's practice, of a patient who had extensive inversion of the uterus, and which was replaced.

Dr. Tyler Smith was sorry to hear Dr. Murphy attribute the occurrence of inversion in all cases to some fault on the part of the medical attendant. He was convinced it might occur without any negligence or interference on the part of the accoucheur to account for it. The uterus had been known to invert itself suddenly after labour, when the woman was lying perfectly still; it had also happened in women who had not been recently delivered; and there were cases on record in which even the virgin uterus had inverted itself spontaneously. An opinion very generally obtained that the uterus is always inverted mechanically by injudicious tugging at the funis, but in this he could not concur. On the contrary, he considered that inversion was usually a muscular act of the uterus itself, similar to the action of the intestine which caused intussusception. He would suggest the use of chloroform in recent cases of inversion, from its power of diminishing uterine contraction, and from having had cases of prolonged retention of the placenta, with spasmodic contraction of the os and cervix uteri, yielding to no other means, which had been overcome by the use of chloroform. It was melancholy to reflect that a mal-position so slight as that which existed in the preparation upon the table of the Society, should cause almost inevitable death. While listening to the details, it occurred to him whether chloroform would have been serviceable had it been resorted to, when the reduction of the inversion was attempted, with a view to allaying the pain and relaxing the tissues, as had been done in strangulated hernia while applying the taxis. In veterinary practice, inversion of the cornua of the uterus was not an uncommon accident, and recently an instrument had been used, consisting of a ball affixed to a rod, for the purpose of reducing the displacement, and, as it was said, with great success. Some modification of this might probably be of use in obstetric practice, as such an instrument would give the practitioner more command over the uterus than could be exerted by the hand alone.

A long pause having ensued,

Mr. Hodgson said that he regretted that the interesting case of Mr. Forbes had not given rise to more discussion, particularly as so many experienced accoucheurs were present. In the case which he (Mr. Hodgson) had detailed, the appearances were not likely to lead to a mistake as to the nature of the tumour. It would seem that the operation of removal might be attempted in young persons, but the proceeding was not so justifiable later in life, as the patient became more tolerant of the disease, and the hæmorrhage became gradually lessened. Not only was the operation justifiable in early life, but it would appear to be desirable, as in all cases the patients died when the disease was left alone.

Dr. Locock observed, that cases of inversion of the uterus were very rare, and that it was nearly impossible for any one person to have seen a sufficient number of cases to warrant him drawing any general conclusions, as to treatment, from them. It was necessary, to obtain such a result, to combine the experience of others with one's own. Some points of the discussion were of much interest. First, as to the replacement of the inverted uterus after delivery, and with reference to the time at which it could be effected. In one instance which he had seen, the uterus had been

inverted nearly three days before the accident was discovered. It was still very bulky. Efforts were made to replace it, but failed, great pain and vomiting being brought on; and it was feared there might be risk of rupturing the upper part of the vagina itself, so strong were the efforts required to be made. Three or four days afterwards, the attempt was renewed, but entirely failed, the parts having become so much contracted. If chloroform were to be resorted to in such a case, it must be employed very soon after the accident, because, when the inversion had existed any length of time, the inverted organ was no longer elastic or spasmodically contracted, but became perfectly solid, and it was nearly impossible to replace it without great danger of rupturing the vagina. To be successful, the effort should be made soon after delivery. In one case he had succeeded in replacing it an hour or an hour and a half after the accident. In proof that the uterus may be inverted spontaneously, he related a case in which the woman had no one near her, and there had been no pulling at the cord. The child lay in the bed, and the umbilical cord was not separated. The uterus, however, was completely inverted. He detached the placenta from the then convex surface of the uterus, which he had no difficulty in replacing. The patient did well. He recollected a lamentable case which had occurred to him about sixteen years ago. He was called, and found two medical men attempting to bring away what they supposed to be the placenta, but which was in reality an inverted uterus. The patient died before he arrived, and all he could do, to save appearances, was to remove the placenta and replace the womb. He had seen five cases of inversion of the uterus; of these, four were preceded by attempts to remove the placenta by pulling at the cord, and the fifth was the one he referred to as occurring spontaneously, and which he succeeded in replacing. The uterus would also now and then become inverted in consequence of the presence of a polypus. Such a case was related by the late Dr. Hooper. The preparation was, or ought to be, in the museum of St. Thomas's Hospital. In this case the uterus was partially inverted, from the expulsive efforts caused by a polypus little bigger than a small cherry. It could not have been the weight of the polypus, but the irritation produced by it, which caused the inversion. The woman died of uterine hæmorrhage. These were all the particulars of the case with which he was acquainted; the case had occurred in the St. Marylebone Infirmary. He (Dr. L.) had seen small polypi produce efforts of expulsion similar to those of labour. In one case he had found, on passing the finger, the uterus to be partially inverted from this cause. On removing the polypus the uterus became replaced suddenly, as if with a spring. He thought, with respect to the removal of the uterus in case of chronic inversion, there was much room to doubt its propriety; patients died of anæmia in these cases sometimes, as in Mr. Forbes's cases, and not from the inversion of the uterus alone. The case related by Mr. Arnott was unfavourable for operative procedure. There had been much manipulation before the application of the ligature; there was pain, and the surface of the inverted uterus was coated over by a thick layer of half-purulent lymph of an unhealthy character. The patient herself was not healthy. This therefore was not a fair case to arrive at a decision upon. When, however, we found so many patients lived in comparative comfort after the cessation of menstruation, that so much could be done with styptics and other local measures, as well as by constitutional treatment, an operation should not be lightly resorted to. As to the operation itself, nothing could be easier; and he could not see, with Dr. Murphy, how improvements in surgery could make it safer. The fear was from the peritoneum being involved in it.

Dr. W. Merriman inquired, if in the case of three days' standing, the chloroform, if employed, might not have been successful?

Dr. Locock replied, that his observations applied more particularly to cases of chronic inversion of the uterus. If chloroform had been used in the case he had referred to, it would have prevented the expression of pain, and hence there would have been fear of mischief being done.

Dr. Murphy said, that in his remarks regarding the improvements in surgery influencing the operation, he alluded to the kind of ligature to be used, the period of operation, &c. &c.

Dr. Snow said, that chloroform would undoubtedly be of the greatest advantage in facilitating the reduction of the inverted uterus, by the complete relaxation of the muscular contractility it would cause, in any case that had not existed so long as to be altogether beyond the reach of aid. The pain of the operation would also be prevented; but he could not concur in the objection of Dr. Locock, that the operator would be liable to rupture the vagina by the force he might use, for his own sensations would be a much better guide as to the amount of force he was using, than the cries of the patient. In this, as in other cases, he considered the opinion that an operator required the sensations of his patient to guide him, was erroneous. Many surgeons objected, at first, to the use of anæsthetics in lithotrity, for fear that they should seize the coats of the bladder in the instrument, without knowing it; but the fact was, that if the surgeon were liable to grasp the coats of the bladder, and then to be warned of it by the cries of the patient, the operation would not be safe under any circumstances. These objections were giving way, and chloroform was coming into general use in lithotrity, with the best effects.

Mr. Charles Hawkins remarked, that there was not the slightest fear of seizing the coats of the bladder in the operation for lithotrity; indeed, it was difficult to do so. Chloroform was not recommended, because it was desirable to know how long the patient would bear the operation.

Mr. Quain said, that according to the experience of obstetricians, chloroform did not interfere with the contractions of the uterus; as it only relieved pain, how could it be useful in reducing the inversion of the uterus?

Dr. Snow said, that nothing was better ascertained than the fact that a full dose of chloroform always completely suspended uterine contraction, however strong it might be; and he had seen cases where the child was turned in utero, with the utmost ease, under chloroform, when just before the contractions had been very powerful. He said that he could refer Mr. Hawkins to many passages in print, where the objections that he had mentioned were made respecting the use of chloroform in lithotrity.—*Lancet.*

PHARMACEUTICAL SOCIETY.

Mr. Scanlan laid before the meeting a specimen of carbonate of ammonia, presenting some points of interest. It had been obtained as one of the products of the ordinary process for the preparation of sesquicarbonate of ammonia, and it differed from that salt in being devoid of any pungent smell. It was crystalline, transparent, and permanent, when exposed to the air. It formed the lowest portion of the sublimed cake of ammonia, the upper portions, consisting, as usual, of sesquicarbonate of ammonia. He had submitted some of the specimen to analysis, and obtained the following results:—

Ammonia	21.52
Carbonic acid	55.69
Water	22.79

A similar compound was noticed some years ago by the late Mr. Richard Phillips, in the Annals of Philosophy, New Series, vol. i., for 1821, as having been received from Dr. Henry of Manchester, who obtained it in a process adopted for making common smelling salt. Mr. Phillips had analysed it, and got the following results:—

Ammonia	21.16
Carbonic acid	55 50
Water	23 34

ON THE BASIS OF THE EAU MEDICINALE D'HUSSON.

By T. Bushell, Esq.

The subject which I am about to bring under the notice of the Pharmaceutical Society relates to the history of a

very powerful article of the materia medica, the "Eau Medicinale D'Husson," which, although now obsolete, is still frequently referred to as the form in which colchicum was first introduced into medical practice; and I trust, I shall be excused for occupying the attention of the meeting for a few minutes in relating some circumstances contributing to establish the identity of the *Colchicum Autumnale* as the basis of that remedy which enjoyed so great a repute about half a century ago as a proprietary specific for the treatment of gout and rheumatism.

A few days since I made inquiry of one of the chief vendors of patent medicines, at the west end of the town, if they now sold the Eau Medicinale; I was informed that it had not been inquired for for many years, but that they had been accustomed, when it was in demand, to receive it from a foreign perfumer in Bond street. I then called at this house, and was politely informed that they were the proprietors and vendors of the Eau Medicinale D'Husson, but that they had not sold any for years, and that it had gone quite out of date. About four or five years ago they sold three or four bottles. I requested to be allowed to examine the remedy, and to see in what way it was sold or made up. After a little time two or three bottles were discovered; they held about two drachms, and were simply labelled "Eau Medicinale D'Husson." Printed wrappers, descriptive of its powers, were not at hand, and the parties seemed to have quite forgotten the doses in which it was administered. They informed me that the price was now nine shillings and sixpence, but was originally twenty-two shillings. The bottles were short and squat, quite curiosities in their way, and I could not resist revolving in my mind the great alteration which time and circumstances had made in the repute and consequent sale of this remedy, which at one time must have realized a splendid income to its proprietor.

The earliest medical notice I can find of the Eau Medicinale, is by Dr. Jones, in the year 1810, who had been on the continent in the years 1802 and 1803, with a gentleman who was a great sufferer from gout, and had then heard of the remedy of Husson, and which, on his return home in the year 1805, he was induced to make use of. He derived so much benefit from it, that from this time it made great advances as a remedy in England, and to quote the words of the editor of the *Edinburgh Medical and Surgical Journal*, "noblemen and philosophers concurred in sounding its praises, if not in dancing hornpipes, in testimony of the new agility and flexibility of toe with which it had endowed them; and the President of the Royal Society, Sir Joseph Banks, who experienced the most extraordinary deliverance from his arch enemy, is said to have made it almost his pocket companion." It now became a great desideratum to ascertain its composition. Rhododendron chrysanthemum, digitalis purpurea and lutea, tobacco, elaterium with opium, and many other plants, supposed to be analogous in their action to the magic water, were stated to form its basis.

Dr. Pereira states in his Materia Medica, "The circumstances which have led to the extensive employment of colchicum in gout, are the following: About seventy years ago, M. Husson, a military officer in the service of the King of France, discovered, as he informs us, a plant possessed of extraordinary virtues in the cure of various diseases. From this plant he prepared a remedy called Eau Medicinale, which acquired great celebrity for abating the pain, and cutting short the paroxysm of gout. Various attempts were made to discover the nature of its active principle. In 1782, Messrs. Cadet and Parmentier declared that it contained no metallic or mineral substance, and that it was a vinous infusion of some bitter plant or plants. Alyon asserted that it was prepared with gratiola; Mr. Moore that it was a vinous infusion of white helebore with laudanum; Mr. Want that it was a vinous infusion of colchicum. Although most writers have adopted Mr. Want's opinion, we should bear in mind that the proofs hitherto offered of its correctness—viz., analogy of effect, cannot be admitted to be conclusive, as is well shown by the fact that they have been advanced in favour of the identity of other medicines with the Eau Medicinale."

I should apologise for making so long an extract from Dr. Pereira's work, but as it contains a perfect epitome of all that I have ever seen on the subject of the so-called gout specific, and as it leaves the question of the identity of its basis open to further inquiry, I hope that the circumstantial evidence which I now propose to lay before the Society, may somewhat clear up the point.

Mr. Want published his opinion in the *Medical and Physical Journal*, vol. xxxii., in the year 1814; and it was two or three years after that time, at the commencement of my apprenticeship, I was directed to prepare a preparation of colchicum in rum (four ounces of the dried cormus to a pint). I was residing close to Covent garden Market, and frequently had conversations on plants, &c. &c., with the late Mr. Grimley, the herbalist, to whom I applied for the colchicum. Mr. Grimley inquired of me if I knew how it was that the use of this remedy was discovered by Mr. Want? He then related the following circumstance:—Mr. Want had returned home from visiting patients, and met his wife on the stairs, and told her that her father had been seized with a violent attack of gout. The nursemaid, who was standing by, stated that she once lived with a little French gentleman, who prepared a secret remedy for the cure of gout, the Eau Medicinale; that he was accustomed to carry on his operations at the upper part of the house; and that there was a door on the staircase which he always kept locked, but that she had managed to obtain a little bit of one of the articles he made use of, and that she then had it by her locked up in her box. Mr. W. had not much difficulty in gaining a sight of this treasure. It was unknown to him, but he at once proceeded to Covent-garden Market, and applied to my informant, Mr. Grimley, to ascertain if he could recognize the portion of bulb. Mr. G. pronounced it to be the colchicum; and, to Mr. Want's further inquiry, informed him, that the only person who ever applied to them for it was a little Frenchman, and that he was accustomed to order from a cwt. to a cwt. and a half more than once in the season; that he adopted great precaution to prevent their obtaining a knowledge of what he did with it and from whence he came; that he always made inquiry if they had it ready, paid the amount charged, then brought a porter, who carried it to a hackney-coach which he had in waiting, and which immediately drove off with its precious charge—for precious it was, only to be compared to a lump of the Californian or Australian mineral, as its preparation sold for its weight in gold (two drachms twenty-two shillings). This relation, although occurring about three or four and thirty years ago, is quite fresh in my memory. I have related it to many, and about seven years ago I was in attendance on the late Earl Thanet, who suffered much from gout, and had a great objection to take colchicum. I happened to mention this little history, when he said, "You are quite right." I met that little Frenchman repeatedly years ago at the late Duke of Queensberry's, who was a martyr to gout, and to whom he used to administer the Eau Medicinale, he being the preparer of it. In the course of inquiry I have also found good reason to suppose that this little Frenchman was a well-known foreign perfumer, and has been dead upwards of twenty years, the founder of the house who now profess to be the proprietors of this once celebrated remedy.

I have stated that it was in the thirty-second volume of the *Medical and Physical Journal*, that Mr. Want first made public his discovery of the basis of the Eau Medicinale D'Husson, but I find on further reference that it was not in a medical but in a popular journal, the *Monthly*, that he had previously announced it. I should take up too much of the time of the Society, if I entered into the controversies which took place at this period, with respect to the reliance which could be placed upon this beyond the numerous other drugs which had been as confidently declared to form its active ingredient, and it was the opinion of many that ere long it would be consigned to the tomb

of the Capulets. I find, also, that a charge was made against Mr. Want, by an anonymous correspondent, that he had gained a knowledge of its basis by means somewhat similar to what I have now related, but which he denied, stating that he had obtained the first hint from Alexander of Tralles, who recommended a remedy, "Hermodactylon," for the cure of gout, and with the effects of which the Colchicum Autumnale entirely corresponded, and that this plant had entered into many gout remedies that had become obsolete. All I am now desirous to say on this subject is, that the blue chamber being once penetrated, its mysteries might be readily compared with those which had preceded, but I believe the key was obtained in the manner I have related to the Society.

The present holders of the recipe for the Eau Medicinale, were so ignorant of its powers, as to inform me that two or three drops were a dose. I find that the usual dose was half a bottle, to be repeated, if the effect was not apparent, in four or six hours, but it was not uncommon for parties accustomed to its use, to take the whole two drachms, and repeated cases are on record of its powerful and dangerous effects; even life in some instances fell a sacrifice to its imprudent exhibition; and such was the experience also with the Colchicum Autumnale when first brought into practice, as it was considered to be a specific, and administered accordingly. This is not the place for entering into the therapeutical action of this valuable and potent plant, but its botanical and chemical characters are highly deserving the attention of the members, and, combined with its pharmaceutical preparations, might form matter for most interesting discussion.

There is a galenical compound in one of the French codexes called Eau Colchique D'Husson, prepared as follows:—Dry colchicum, 60; sherry, 125; twenty drops in a glass of *eau sucrée* in gout and rheumatism; and there is a remark that this will be observed to differ from the tincture or anti-gout drops of Want, which has been given as the Eau Medicinale. Mr. Want's first recommendation was four ounces of the fresh root sliced to half a pint of proof spirit.

Before I conclude, I must direct your attention to the observations of Dr. Maclagan, lately published in the *Monthly Journal of Medical Science*, Edinburgh, and from which your own valuable journal of this month has an extract. I observe that Dr. Maclagan states that the flowers of colchicum are supposed to be the part of the plant used in the preparation of the Eau Medicinale.—*Phar. Jour.*

ORIGINAL COMMUNICATIONS.

ON A CASE OF PARAPLEGIA RESISTING OTHER TREATMENT CURED BY ERGOT OF RYE.

By R. D. White, L.R.C.S.I.,
Medical Attendant to the Askeaton Dispensary District.

TO THE EDITOR OF THE MEDICAL PRESS.

Dear Sir,—I enclose you the particulars of a case, for the favourable issue of which I am indebted to information derived from your journal. If you deem it worthy of insertion, I shall be glad to think my giving it further publicity, by the details of this case, may be accepted as some acknowledgment for the service the information has been to me and my patient.

I have not trespassed on your space by a daily report of the progress of the case, but given the substance from my notes, with as much brevity as was consistent with accuracy; nor will I do so by making any lengthened remarks upon it, such cases being unfortunately so common that almost every practical man has met with similar. But I think it worthy of particular notice, the state of the bowels in conjunction with the effect of the ergot upon them, and to suggest that the view some pathologists have taken of a class of cases called "obstruction of the bowels" is correct; which view is that these are cases of paralysis of the muscular fibres of the intestine. For I presume it will be admitted that the ergot of rye acted in this case by stimulating that fibre; which opinion, if established by further employment in similar cases of this agent, will be a very important step in the treatment of these hitherto very trying and generally fatal cases.—I am, dear sir, very faithfully yours,

R. D. White, L.R.C.S.I., &c.

Thomas Reedy, a farmer of small means, aged 50, consulted me early last December, and gave me the following history of his case:—About two months previous, having occasion to be out at night watching cattle, he was much exposed to cold and damp; he frequently sat for some time on wet banks and ditches, by which he thinks he got cold, for he began to feel what he in the Irish language calls a "druroch," which appears to be the sensation of numbness and pricking in the extremities, with which we are familiar as being a premonition of paralysis. This was felt in the lower extremities, and an increasing weakness in his back, loins, and legs, referred especially to his hips. He got worse from day to day (being under no treatment), until he lost entirely the power of progression, or assuming the erect posture; but when sitting down, he could move his legs about on the floor. There was no loss of sensation in any of the parts; his bowels were very obstinate, and never moved without active purgatives; appetite bad; he spent restless nights; little sleep, and that disturbed by troubled dreams; profuse perspirations, and his wife said he occasionally talked silly.

I first treated this case by blisters along the course of the spinal column, particularly the lower portion. I produced mercurial action by means of pil. hydrarg., in combination with sulph. quinæ and ext. tarax., in about a week. This object being accomplished, the pil. hydrarg. was diminished in quantity, and the effect kept up in a moderate degree for another week; occasional purgatives of an active kind were given.

A decided improvement was the result. To follow up the good effect, I established a seton over the sacrum, and continued the tonic treatment, aided by frequent frictions over the affected limbs, with stimulant applications, and the daily use of the flesh-brush.

By the early part of January, the patient could rise off his seat, and walk several steps, but not without the help of two sticks, and then with a very tottering gait. Appetite and sleep not improved.

Here the improvement ceased. I then had recourse to the exhibition of strychnine in pills thrice daily, and quinine in solution twice daily. Another slight improvement was the result, so the treatment was persevered in for about a month, towards the close of which his symptoms again disimproved; his strength began to fail; his appetite (which improved under the quinine, and was met with nutritious diet) gave way; his bowels became so torpid that the most active purgatives were necessary daily, for he complained of great distension, and consequent distress, if the bowels were not acted upon; night sweats became profuse, and weakening, and there was again loss of power. Fearing the discharge from the seton might be too profuse, I allowed it to heal slowly; and observing a muddiness about his intellect, I applied a blister to the nape, which had a good effect. He, however, now kept his bed continually, and became very desponding; which, indeed, did I too, regarding his case as hopeless.

Just at this period (early in February) I had the good fortune to meet with at a neighbouring medical friend's house a copy of the Dublin Medical Press, and among the selections from foreign journals I saw an account of some cases of paralysis treated by M. Gérard of Marseilles (I think) with ergot of rye successfully. Too happy to find anything bearing on the subject, I lost no time in exhibiting to my patient the doses recommended—3ss. ter in die—which I made into an electuary with treacle, stopping all other medicines, and hopefully waited the result.

I was not disappointed. When two ounces had been taken (the quantity first supplied), Reedy's wife came, according to directions to the dispensary, to report progress, and said there was no improvement, *except that the bowels*

had acted naturally for the last few days. I confidently assured her this was an earnest of improvement, and re-supplied the electuary.

On visiting him after this, I found him improved in every respect. The electuary was repeated, with the addition of ʒi. olei ricini, at the man's request, as he said from the time the bowels "came to," he felt himself getting better (this addition was, of course, only to please him). His improvement was now rapid, the power of motion returning to all the parts previously powerless; every unpleasant symptom vanished; so that by the first week in March—a month from the commencement of the exhibition of the ergot of rye—his recovery was complete, being able to walk up to my house from his own, nearly an English mile, *with his stick over his shoulder*, a performance he takes great pleasure in going through occasionally.

He now only complains of not being so strong as he was before his illness, and feeling "a little cowld pain" at times in his hips. I do not, however, anticipate a relapse.

LONDON HOSPITAL REPORTS.

GUY'S.

Puncture of the Bladder by the Rectum.

By Mr. Cock.

As opinions are very far from being agreed upon the propriety of puncturing the bladder through the rectum in cases of complete or partial retention of urine, when no instrument can be passed through the urethra, we are anxious to acquaint the profession with all the operations of this kind which are performed in the hospitals of London, whether the results be successful or otherwise. We must confess a great partiality for this operative measure, notwithstanding the possible accidents to which it can give rise. The latter, by moderate skill and attention, can certainly be avoided; and when puncturing through the rectum is compared with cutting into the perineum, and seeking for the urethra without any sort of guide, it becomes at once evident that the former operation is preferable, not only judging from the records of both, but likewise on purely theoretical grounds.

When it is considered that the urethra, which may have been exposed for months and years to the torture of straining and of the introduction of instruments, is suddenly thrown into a perfectly quiescent state, it may justly be inferred that this canal will, by this cessation of its natural functions, have time to recover itself, and be freed from the unavoidable congested state which difficult micturition and the frequent use of catheters or bougies must evidently produce.

We abstain from saying more just now, as we shall have ample opportunity of soon recurring to the subject. One remark only we shall add, touching the line of practice to be adopted in extravasation of urine, where little or none of that fluid is passing through the urethra. It is evident that when this canal has once been ruptured there is no more fear of retention; the urine finds an exit through the incisions, which are in such cases extensively made about the perineum, scrotum, and even penis, and the urethra is thus thrown into the same quiescent state which puncturing through the rectum generally affords. From these facts it might be gathered that such cases should be treated by the expectant method, the patient being of course kept up by the stimulants he may require. It would therefore be useful, in instances of this kind, to abstain from opening the urethra in the perineum or elsewhere, as that canal might perhaps, after a variable number of days, recover sufficiently, either to expel the urine in a tolerable stream, or allow the passage of an instrument. We now pass to Mr. Cock's case, as noted by Mr. Nason, one of the dressers.

S. L——, aged 43, married, and residing in the Borough, was admitted January 16, 1852, in the evening, under the care of Mr. Cock. The patient was suffering severe pain from retention of urine, and appeared in great distress. He stated that he had been subject to stricture of the urethra for the last ten years, after repeated attacks of gonorrhœa. Four years before admission he had retention for the first time, but was relieved by the catheter, and since that period has been obliged to have an instrument passed occasionally. He has observed blood from the urethra after each operation, owing to the difficulty with which the catheter was passed.

On admission, the bladder appeared very much distended, reaching nearly as high as the umbilicus, and the patient was suffering much. All attempts to pass an instrument into the bladder by the urethra having failed, the man was ordered one grain of opium and one of calomel, to be taken immediately.

On the next day the patient was somewhat relieved; he had perspired profusely during the night, and a small quantity of urine had escaped guttatim by the urethra. The catheter was again tried, but without success. Mr. Cock, therefore, punctured the bladder by the rectum with a trocar and canula, and drew off three pints of ammoniacal urine, much to the relief of the patient. The canula was then secured by the inner blunt-edged tubes being introduced within it, and the whole was left in the bladder.

The man went on well for the first week. The canula remained in the bladder, but the inner tubes were occasionally removed, cleaned, and re-introduced. On the twelfth day, the canula was removed, as he was suffering slightly from the irritation produced by its presence in the bladder. On the thirteenth day, the right testicle became inflamed and swollen, and a small abscess appeared in the perineum. Both these symptoms yielded easily to treatment, and were not at all connected with the urinary canal. Fourteenth day. The patient now passes a minute quantity of water by the urethra, but no instrument can be guided through the seat of stricture. Thirty-fifth day. A No. 1 catheter was introduced into his bladder for the first time since the operation, and was secured, the patient having passed nearly the whole of his urine by the artificial opening in the rectum for five weeks. Forty first day. The urethra is daily gradually dilated, and now a No. 5 elastic catheter can be passed without any difficulty. Since the introduction of a catheter into the bladder, not any of the urine has passed by the bowel. March 1st, being the forty-fourth day after admission, the patient is now well, and able to pass a good-sized stream of urine by the urethra, and the puncture in the rectum has entirely closed.—*Lancet.*

CASES OF SYNOVIAL ARTICULAR INFLAMMATION OF THE KNEE TREATED WITH URATE OF AMMONIA.

By W. E. Horner, M.D.,
Professor of Anatomy in the University of Pennsylvania.

The liniment of ammonia is so well known in the treatment of chronic articular affections, that its character may be considered as settled; but my attention has been only lately called to the still higher powers of urate of ammonia, an article which, though sufficiently offensive to the olfactories, has a strong compensating quality in the efficiency of its action. My first observation in regard to it was the result of having accidentally been called to a poor woman who was in a state of unremitted and excruciating suffering, day and night, but especially during the latter period, from a chronic inflammation of the knee-joint, attended with considerable swelling and tenderness, and some degree of redness. I made to it the ordinary applications of cold fomentations, and evaporating lotions, enjoined rest, attended to her diet and the state of her bowels, and gave opiates at night in the shape of Dover's powder. After ten or twelve days of attendance, in which no progress was made to a cure, I was gratified on a visit to find that the pain had ceased suddenly, and that the preceding night had been spent in great ease. The strong expression of satisfaction on my part, led to a communication from her, with many apologies for herself, that, finding the disease so little abated, she had been tempted to try the remedy of a simple friend, who had been remarkably improved by it in a similar attack. This remedy was a poultice made of

human urine, thickened with potter's clay, and put on as warm as one could bear it; and to be repeated when it got dry. She declared to me that this rather indelicate application had relieved her of all pain in a few hours. The fact of relief was incontestable; the question was in regard to the remedial agency of the article employed, and I therefore determined to make some experiments on the value of ammonia in combination with fine argillacious earth.

Having a similar case shortly afterwards, in the St. Joseph's Hospital, I tried in it a solution of muriate of ammonia formed into a poultice. No very distinct or satisfactory result followed, and it was discontinued. Having the idea still in my mind, and wishing to be satisfied about it, but reluctant to employ the article resorted to by the poor woman, I determined to find my urate of ammonia in some other form of an easy kind, and for that reason adopted the guano, which has so large a proportion of phosphate of lime, urea, and urate of ammonia in it. A female patient, aged 34, Mrs C., from Tamaqua in this State, who had for more than a year laboured under inflammation of the right knee, was put under my charge at the St. Joseph's Hospital, October 8, 1851. She had been well attended to by Dr. Scherner, who had conducted her through the most acute period of her complaint. The joint had suppurated, and she came to town with a small fistulous orifice on the inner side of the knee, through which a probe could be easily passed between the tibia and os femoris. From this there came daily a spoonful or more of matter, when a plug was withdrawn from the orifice. She still suffered great pain at night, the part was tender, and was in continual uneasiness, and she had some slight fever in the afternoon. Here was exactly the case to try the efficacy of urate of ammonia, as naturally formed in animals. I accordingly obtained some guano, and had it made into a hot poultice with clay. The joint was kept enveloped in the poultice with frequent changes for nearly the remainder of the month, at the end of which time a very marked improvement had taken place in the amount of pain, and also in the degree of swelling, and the purulent discharge had almost ceased.

The application produced a very copious vesication of the knee, and it had to be weakened to reduce the caustic qualities. Having conducted this treatment as far as seemed necessary, the skin was permitted to heal. Some little pain recurring afterwards, she was blistered for it; that getting well the emplastrum calefaciens was applied, and the leg was also kept supported by an extending band on the ankle, and a counter-extending one on the thigh, their action being sustained by a splint on the outside of the limb. At the end of six weeks (November 25th), she has left the hospital without pain or uneasiness in the knee. The joint is in a state of false anchylosis, and straight. I have covered the knee with emplastrum adhesivum, and secured it in that position with strong pasteboard splints, moulded to the knee, and have recommended her to keep it so for two or three months, until all danger of secondary suppuration be removed. Probably at the end of this time the judicious use of frictions and of Stromeyer's screw splint may impart some flexion to the limb.

The hospital record sheet shows the following details of dates, which may be inserted in this place:—October 9th. Poultice of guano (urate of ammonia) and potter's clay, equal parts. 10th. Poultice has blistered. It was discontinued, and simple cerate applied. 11th. Patient has less pain; soreness of knee reduced, and not so much swelling. A poultice with one-third of the urate of ammonia and two thirds potter's clay. 13th. Vesication. 14th. Quantity of urate reduced to one-fourth of poultice, treatment continued pretty much in this state to near the end of the month. Vesication by emplast. cantharid. about this time, but omitted on record. 28th. She was permitted to eat as she pleased.

November 5th. Emplastrum calefaciens. 12th. Discontinue emplastrum calefaciens, and re-apply the urate of ammonia as on the 14th of October.

While this case was in progress, another occurred in a boy who had the knee joint opened by a cut of half an inch or so in length. Synovial inflammation followed, with the ordinary symptoms. Its usual acute period was passed through, under the depletory antiphlogistic treatment, and with evaporating lotions to the part. The disposition to fall into the chronic state, attended with tumefaction, was relieved by five days' use of the same argillacious, uro-ammoniacal poultice. The ward sheet exhibits the following entries in regard to this case: Patient, Timothy Roach, aged 19, admitted September 23rd, a day or two after accident; knee painful and stiff, somewhat swollen; rest and fomentations of warm water directed on that day; also loss of ten ounces of blood from arm. 24th. Local bleeding by scarified cupping; fomentations continued.

October 4th. Warm fomentations to this date; in the meantime an evident articular effusion has occurred into the synovial membrane of the knee; a blister plaster, four inches by four, was then applied. 6th. Blister plaster two inches by three. 7th. The patient so much relieved from pain as to be permitted to leave his bed and promenade with a crutch. 9th. Some aching and tumefaction indicated a persistence of articular irritation. The poultice of urate of ammonia (guano) one-fourth, potter's clay three-fourths, was then applied hot, with frequent renewals to the 14th of October, at which time all the symptoms were relieved. The patient was discharged cured the 15th.

The above cases are reported much in outline. I shall continue, as opportunity offers, to test the value of the above remedy, and also compare its results with other remedies. It appears to me to have some special qualities, which are of a highly beneficial kind in the affections alluded to. It is so active a revulsive when applied strong, that I have no doubt of their being many cases of serous inflammation in which it may be usefully resorted to. I would here suggest a trial in puerperal peritonitis and in pleurisy. I see no objection except the odour. The poultice of guano and clay dries very quickly, so that it is better to shield it with oiled silk or India rubber cloth. The clay I look upon as simply a vehicle, but it may also have some physiological action from its physical properties in regard to moisture. The analysis of the best guano by the chemist presents the following constituents, which are mentioned here for facility of reference. The proportions will vary according to their atmospheric exposure and to the degree of adulteration in trade. As it is an expensive article for agricultural purposes, it has become common to reduce its chemical relations by the addition of common earthy substances:—Uric acid, thirty per cent; uric acid with ammonia; carbonate of ammonia; muriate, oxalate, and phosphate of ammonia; free ammonia; phosphate of soda; phosphate of lime; sulphate of potash and soda, and oxalate of lime. It is the large quantity of ammonia in it which makes it so active a stimulant to vegetable growth, and so disagreeable to the smell. It, however, is not so intolerable medically as assafœtida, an article which we have but little hesitation in prescribing.—*Phil. Med. Ex.*

ON THE VARIETIES OF ALVINE DISCHARGES IN CHILDREN.

By Dr. Merei.

The intestinal discharges mentioned by the author are:—

1. The *yellow* discharge. This is the regular kind of stool in infants. It is a mixture of intestinal secretions with bile. As children advance in age, and begin to take substantial food, the colour of their regular discharge becomes more and more of a light brown colour.

2. The *mucous* discharge. White mucous matter, more or less thick or liquid, and mixed with serum, sometimes with a proportion of bile. This discharge is preceded by but moderate pains, and frequently by no pains at all. It denotes a catarrhous, sub inflammatory, or irritable state of the intestines, and is almost always of local, and not of sympathetic, origin; in general it is not dangerous, and at its commencement is easily manageable by opiates, warm poultices, and convenient hygiene. If neglected, it becomes pertinacious and severe, and not seldom connected

with swelling, softening, or granules of the mucous membrane, or ulceration of the follicles. If stripes of blood are mixed with the mucus, and pain be present, it denotes a higher degree of inflammation, in particular of the follicles. The highest development in this direction constitutes enteritis or colitis (dysentery).

Sometimes we find among the mucus, consistent *plastic concretions* of a more or less tubular shape, similar to those of laryngeal croup, but larger in proportion to the volume of the intestines. This is the strongest degree of the catarrhous process, which I might term the *croup of the intestines*. Among the whole number of my little patients, which may be about 30,000, I met with this discharge perhaps only twenty or thirty times. The discharge is effected with very painful efforts at a stool.

3. The *serous*. In general, after more or less severe pains, the discharge takes place with a certain rigidity and noise, after which the pains lessen or subside. It consists of an abundant quantity of serous liquid, dirty-whitish, yellowish, or greenish, as besides mucus, bile is the most common mixture with the serum. The serous diarrhœa is commonly the effect of rheumatism in the peritoneum, in the serous and fibrous membranes, or in the nerves of the intestines. I found in these cases the abdomen very hot. If a great deal of mucus and some blood are mixed with serum, we may suspect parenchymatous enteritis; if the serous membrane alone enters into the state of acute inflammation, frequently transudation takes place on its free surface.

I have seen cases of profuse serous discharge, in a very short time, even in less than twenty-four hours, produce collapse and death, and in some of these instances necroscopy could not discover an adequate alteration either in the mucous or in the serous membrane.

The serous species of discharge is frequently merely a product of sympathetic secretion. I observed it sometimes connected with large transudations in the chest, and with chronic hydrocephalus.

Speaking in general, serous diarrhœa, if even arising from rheumatism, is more difficult to manage than the mucous. Very minute doses of calomel, with Dover's powder and mustard poultices, are frequently beneficial.

Pure serum, like rice-water, is a less favourable quality than the dirty white or yellowish. Dark-brown serum frequently denotes a disorder in the portal system, present in some severe gastric or typhoid fevers, but I have seen a similar quality also in chronic affections of the brain, and very frequently in scrofulo-impetiginous children. This is worthy our attention, in particular if eczema or impetigo has disappeared from the head and face. This brown and fœtid discharge accompanies sometimes the commencement of chronic hydrocephalus. I treated it successfully, in this last case, with high but very diluted doses of iodide of potash.

4. *The green bilious discharge*. If pure bile, then the voided matter is in general not abundant; in young children it is of a more yellowish than green colour. The essential character of bile is, to be *of a greenish colour* (in infants it is voided green) *at the very moment of its evacuation*. This kind of discharge is very frequently present in acute inflammatory and febrile affections; if dependent upon an affection of the brain, then we may find the colour to be rather brown, and the abdomen retracted. If a similar source produces abundant serous bilious discharges, then we find the abdomen much collapsed. But I must observe, acute affections of the brain are almost always connected with constipation, only in some cases of chronic hydrocephalus I met with the mentioned diarrhœa. Bilious discharge, as arising from bilious fever, or from derangement of the liver, is rare in young children. In this case the right hypochondrium will be more or less bloated up. We must be careful not to confound the green bilious discharge with the following:

5. The *discharge, like chopped eggs*, mixed with mucus, some clots of bile, and caseous coagula of indigested milk, or other kind of food, accompanied almost always by gripes and flatulence; its smell is disagreeably acid, and the whole matter, some minutes after being discharged and *exposed to the atmosphere, becomes green*. We know not exactly the chemical change which produces this colouration; it seems to be an oxydation of some of the elements. Then the essential character of this discharge is, that it is yellow at first, and becomes green by exposure to the atmosphere, whilst bile is green at the moment it comes out. I shall call this *the acid saburral discharge*, which is the most obvious before the sixth month of age, in particular if the sucking child takes, besides the milk, some farinaceous food. Practitioners commonly prescribe in this case rhubarb, with magnesia. For my part I prefer, in tender infants, to rely more upon a convenient change in the diet, and, as a remedy, aromatic frictions of the epigastrium, and internally bicarbonate of soda, dissolved in mint water.

6. The *bloody discharge*. Pure red blood is seldom discharged by children; in some rare cases I have seen half or one tablespoonful come out, as the product of active congestion and hæmorrhage. Very frequently, on the contrary, blood is combined with the mucous discharge; and in this case, if it is preceded by pain, without tenderness, it denotes an inflammation in the upper parts of the intestinal tube, at least not near the rectum. Tenesmus signifies that the seat of the inflammation is in the lower parts of the colon, or in the rectum. This form is commonly called *dysentery*, not dangerous, if it is without bilious complication and fever, and if treated in its early stage with Dover's powder, some doses of castor oil, and warm poultices; in a stronger degree, leeches at the anus; but if neglected in the commencement, it becomes dangerous to the life of the child. Professor Rokitansky of Vienna describes most exactly what he calls the "dysenteric process," in three gradual degrees of anatomical change. The highest degree, presenting a dirty red and gray marbled surface, with considerable thickening, granulation, and ulceration, I never saw in the tender age. Young children die before this stage is developed.

Passive hæmorrhage of the intestines very seldom occurs in children. I have seen, however, some cases where, without adequate pain, a considerable quantity of dark thin blood was discharged. Lastly, I have seen a case in a child six years old, where, during the course of a gastro-typhoid fever, more than one pint of carbonized blood was discharged in two days. The case recovered. The boy is affected with an enlarged spleen.

Moderate quantities of red blood, discharged without pain, frequently occur, mixed with mucus, and are, without signification, sometimes even connected with the advance of recovery from gastric affections. This is the same case as with epistaxis.

Golding Bird and Simon state, as the result of chemical analysis, that some dark-green stools of children owe this colour to blood which has suffered a certain chemical change; but those chemical inquiries are not yet arrived at a satisfactory exactness; we do not even know exactly what kind of green discharges were the subject of these inquiries.

7. *Calomel stools*. Green, more or less thick, or mixed with serum, and in this case more abundant, produced by full doses of calomel. Calomel stools resemble bile, and contain much bile, but they contain also some particular chemical elements which we do not exactly know. In many instances it happens that the calomel diarrhœa commences some days or weeks after the use of mercury, and we must be aware of this, and not confound it with the primary bilious discharge. In the former case the region of the liver is in general softer than in the latter. A clever practitioner will never try to stop directly, and with astringents, a green discharge, whatever be its origin and nature.

Calomel stools sometimes contain blood. After what I have seen in dissection, I incline to attribute this circumstance to a sub-inflammatory state, with superficial erosions of the mucous membrane, which sometimes take place in children after the continued use of calomel.—*Prov. Jour.*

REVIEWS AND NOTICES OF BOOKS.

VARICOSE VEINS AND VARICOSE ULCERS. By Thomas W. Nunn, Surgeon to the Western Dispensary, &c. &c. London. 1852. 12mo. pp. 63.

An outline of this essay originally appeared in the pages of the *Medical Times;* "subsequent experience and observation have enabled him (the author states) to enlarge upon the details of the leading questions contained therein, and justify his more formally committing himself to the views then advanced."

Mr. Nunn commences by calling attention to certain points connected with the anatomy and functions of the superficial veins. "Those veins commonly classed as subcutaneous in the limbs, consist in reality (he observes) of two sets. One comprises those which are supplementary to the deeply-seated vessels, and which occupy an important relation to them. The other includes those especially belonging to the integuments; that is to say, to the skin, fat, and cellular tissue."

"The former set, or supplemental veins, are distinguished by the great strength of their walls; they pursue a direct course towards the centre of circulation, lie close upon the aponeurotic investing membrane of the limb, and are bound down, or, as it were, woven on to it by a fibrous expansion of greater or less strength and extent.

The latter, the integumental veins, are remarkable for their thin semi-transparent walls; are of much smaller calibre, but are far more numerous, being spread over the whole surface; have frequent communication with each other, and lie almost immediately beneath the cutis, and therefore on a plane external to the first named set, into which, however, they eventually pour their contents."

The relations of these two sets of veins to one another may be demonstrated (the author observes) by choosing for dissection a limb that is very œdematous; "the integumental veins rise with the skin, and are thus separated from the others which are retained against the fascia lata by the fibrous expansion covering them."

The pathology of varicose veins and the changes in the skin dependent thereon, occupy the next section. "Varicosity consists essentially (the author observes) in an enlargement from a special cause of the veins of a part, not coincident with either a healthy or unhealthy increased arterial supply, the capacity of the veins ceasing to bear the normal ratio to the capacity of the arteries."

Mr. Nunn arranges the different forms of varix under three heads:—

"1. Simple dilatation.

2. Dilatation with attenuation of the walls of the vein.

3. Dilatation accompanied by thickening and hardening of the walls of the vein.

In the first, there is the fact of vessels enlarged and tortuous, but otherwise healthy.

In the second, there is a deficiency of nutrition, or further, the occurrence of absorption.

In the third, there is a complication, from the advent of inflammation, acute or subacute, according to circumstances."

The tortuosity of varicose veins is accounted for as follows:—"Fluids press equally in all directions, and therefore the increase in the length of the veins must progress in a certain ratio to the increase in diameter, proportionate to the difference between the resisting forces offered respectively in each direction. The tortuosities are the natural result of the lengthening. They result from the accommodation of the stretched vessel to a space originally provided for one of a half or a third its length, as the case may be." "When the vein is bound on to the fascia lata by a strong aponeurotic layer, it cannot become tortuous for obvious reasons; and thus tortuosities are only found where this binding down does not obtain."

The changes which take place in the skin, previous to the formation of an ulcer, are next very accurately described. We cannot follow the author through this part, and shall confine ourselves to an extract from the concluding portion of the chapter:—

"The varicose ulcer, viewed as the result of a more intense degree of the inflammatory process already existing in the tissue in which it occurs, may be easily conceived to be originated in a variety of ways. Nevertheless, considerable trouble appears to have been taken to give an accurate account of the precise commencement of the ulcer. Practically, this is a matter of no moment whatever; while, viewed as a question of pathology, it may be said to require a different solution in almost every individual case. A varicose ulcer may follow the giving way of a vein, or even a simple scratch. It sometimes begins as a black spot, sometimes as a whitish patch.

The varicose ulcer is always found below the knee. It is usually irregularly shaped; its edges are thickened, and not of a constant colour; the neighbouring tissues are indurated, leaden to the touch and eye. The granulations vary in appearance; sometimes of bright red, sometimes dull red, or dull red mixed with yellow; the condition of the ulcer in this respect depending on the intensity of the inflammatory process, and upon its complicity with other affections of the general system."

The third section is devoted to the treatment of varicose veins and varicose ulcers. Mr. Nunn is an advocate for the use of the elastic band, with a pad adapted to press upon the vein. "If the walls of the vein be pressed against each other, no blood can pass (the author observes) either in an upward or downward direction, and the vein is as completely closed as though a ligature had been placed around it. By the application of pads, fitted with elastic bands, by which continuous compression may be maintained, all the advantages of what has been called the radical cure may be obtained without any of the danger attendant on that proceeding."

"The pads should be made of soft elastic wool, and the compressing band must be between three and four inches broad. Vulcanized India-rubber, one-twelfth of an inch thick, or a woven texture into which this substance is introduced, forms the best material for the construction of these bands, light buckles and straps being fitted for the purpose of regulating the pressure. According to the nature of the case, the number and size of pads must be determined. One placed just below the knee usually suffices. It is advisable to remove the bands on going to bed, taking care to replace them before the upright posture be reassumed."

We look upon Mr. Nunn's essay as a very useful contribution to the stock of information which we possess upon the subject; and we think it may be consulted with advantage by every one who is called upon to treat those common and often troublesome affections.

ON MALARIOUS POISONS.

The following is an extract from a paper on this subject by Dr. Johnson, read at the monthly meeting of the Literary and Scientific Institution of Kilkenny, March, 1852:—

"Some consider it strange to hear a medical man advocating sanitary improvement. Medical men have always advocated it; and this, I believe, has aroused the suspicions of superficial thinkers as to its expediency. Either, say they, the doctors cannot be sincere, or these doctrines cannot be for our welfare. Arguing on the inherent selfishness of human nature, they adroitly conclude that doctors are no better than themselves; as soon would they expect to hear the doctor tell them to 'throw physic to the dogs,' as hear him advocate the public health. Banish disease, say they, and then 'Othello's occupation's gone.' To such a one my answer simply is—'Mendose colligis;' from false premises you draw a false conclusion. I can show you that sanitary measures are quite consistent with the doctor's interests. This may appear startling, but so it is. He has no right to lay claim to disinterestedness for their advocacy. The diseases most useful to the doctor will never be eradicated by sanitary measures; they are the consequences of your own frailties, your vices, indiscretions, and over-indulgence. Such are gout, dyspepsia, gastritis, scrofula, and a host of others too numerous to mention. It is the fearful epidemic scourges to which every community is subject, and which depend on the development of miasmatic agents, that can alone be arrested by sanitary precautions; but these increase vastly

the risk and labours of the medical officer, with little or no increase to his emolument. They prevail chiefly among the poor. The comparatively rare cases which occur among the wealthy are no offset to the increased labour and vastly increased risk which he incurs. His public duties are enormously increased, but his public salary, which is always fixed at a minimum, never alters: no sliding scale proportions it to his duties. The years 1846 and 1847 can tell a fearful tale of widowed matrons and helpless orphans. It was ascertained by a rigid statistical inquiry, that in Ireland alone in one year five hundred medical practitioners succumbed to miasmatic disease, of whom very nearly two hundred fell nobly at their posts; whilst it was found by another accurate calculation that in one fatal season the mortality in the medical profession was greater in its proportion than the average deaths of military officers killed in action. And recollect that death has little terror for the medical officer compared with the dreadful prospect of leaving a beloved wife and endeared, but helpless progeny, destitute and forlorn—since forlorn they will surely be unless endowed with this world's goods. The medical man generally dies young, and is too often forced by public opinion to marry young, and under circumstances usually esteemed imprudent. Out of 443 medical practitioners who died between 1843 and 1st of January, 1848, 74 died between 26 and 30; 39 between 30 and 35; 73 between 36 and 40; 37 between 40 and 45; 57 between 46 and 50. In 1847 nearly 200 died of the prevailing epidemic. Supposing an average of five children to each family—and this would be a safe calculation—we have in one year 200 widows and 1000 orphans left to buffet the ruthless waves of a cold and selfish world. Is it any wonder now, I ask you, that medical men are among the advocates of sanitary improvement? I have said thus much partly to exonerate my noble profession—partly to disabuse the public mind. For my observations to-night I selected a subject deserving of more attention than it obtains. I should not regret having done so if my imperfect remarks could awake in the public of Kilkenny an interest in sanitary improvement, in which they are lamentably deficient. Were the maxim better realized, 'Salus populi suprema lex,' not only would the rich and poor be benefited, but the doctors themselves would derive a great advantage."

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN: WEDNESDAY, APRIL 14, 1852.

OPERATION OF THE DISPENSARY ACT.

It is not because we are unacquainted with the state of anxiety and suspense which prevails throughout the ranks of our profession in Ireland at the present moment, neither is it because we do not sympathize with our brethren in their difficulties, that our columns just now are sometimes devoid of that energetic tone which the occasion may appear to require. It is because the existing critical state of affairs calls for a very prudent exercise of our editorial functions, and a very careful consideration of the policy which results may suggest. Of the tangible grievances of individuals, there is an abundance demanding special notice; but in dealing with such, a risk of interference with the interests of others is incurred which calls for reserve. In many cases the new Committees of the new Dispensaries are acting unjustly and partially in the selection of Surgeons, but it would prove a very invidious task indeed for us to pronounce upon the claims of conflicting candidates. Within a very short distance of the place from whence we write, a case of great hardship has occurred, and yet we are disabled from contributing to relief from it by such considerations. A practitioner of the greatest respectability, for thirty years attendant to the oldest dispensary in the district, is set aside by the committee, and a gentleman many years his junior, with much weaker legal claims, is put in his place; yet we are disabled from doing more than protesting against such a proceeding. The successful candidate is, we believe, a respectable practitioner, and well qualified to fill such a situation, and we therefore cannot suggest his exclusion; but we must express our regret that the new law admits of such a flagrant abuse of power. That such a misapplication of its provisions never was contemplated by its framers, we are convinced; on the contrary, a power is conferred by it on the Commissioners to prevent any such perversion of its objects; yet we cannot well insist upon the exercise by them of this power, seeing that by so doing we should espouse the cause of one of two contending parties. We are also constrained to observe a prudent reserve respecting the present proceedings of these new committees, lest we should be the means of embroiling candidates with them who are still at their mercy: nothing irritates such people more than the strictures of the press, and, being irritated, nothing restrains them in their anger. In fact, we wait until the system contemplated by the act is fairly in operation, and then we hope to aid in its salutary application. We have said before, that this measure being now an accomplished fact, we are bound to promote its useful application, whatever doubts we may entertain as to the necessity for its enactment, or the means by which it was called into existence. It is vain to deny that much dissatisfaction prevails as to its defects in working properties, and that loud complaints are made against those entrusted with its execution, on account of some of the results of its operation; but it is impossible now to call for its abrogation. It is also obvious that an inclination prevails to attribute the defects in its operation to a want of decision on the part of one more than another of those entrusted with its execution, but this view we cannot take. We hold all the Commissioners equally responsible for its results, not excepting the two who *ex officio* sit on the Board; indeed, we hold the Chief and Under Secretaries for Ireland to be most answerable for consequences, bound as they are to handle the matter as statesmen, and being more tangible in parliament. As to making any one of the Commissioners scape-goat for the rest, we cannot hear of any such thing; nothing could be done more calculated to encourage slovenly or sinister practices. When, therefore, we express an opinion as to the maladministration of the law, it must be clearly understood that we do not lay such a charge at the door of one more than another. The principal causes of complaint appear to be, inadequate salaries, excessive size of districts, and the labour of keeping the books. The two former must be removed when proved by the Inspectors to be well founded; and the latter must be at least diminished by modification. If the low salaries and excessive duty assigned in some unions be continued, it is obvious that the Surgeons so treated cannot continue to hold the situations; indeed we hear already of many resignations, and of many more in contemplation. In this event, persons of an inferior class will perhaps accept the vacant situations, as they did in England under similar circumstances, and thus will our profession be utterly degraded in Ireland. That parsimonious Guardians would prefer "medical officers" of a low grade, there can be no doubt; but that the Commissioners would sanction such policy we cannot believe, and the sooner they say so the better. The hospital and dispensary statutes of Ireland declare that these institutions are to be attended by either Physicians or Surgeons, and any evasion of the law and practice in this respect must be resisted. In Ireland we know nothing of "medical men," "medical

officers," "general practitioners," or any other hybrid; and any attempt to smuggle such into existence will, we hope, meet with the resistance which such a proceeding deserves. Above all things, any attempt to place the holder of a sham diploma on a level with the regular Surgeon cannot be tolerated. We say this much because the Commissioners in England, when baffled in their attempts to compel the Surgeons there to accept a low rate of remuneration, endeavoured to substitute unqualified persons for them. It may be, that in glancing at this possible erroneous exercise of authority, we anticipate what is not in contemplation; but seeing the efforts now making to prop up decaying institutions by the gratuitous issue of sham qualifications, we think it expedient to interpose. Indeed, we deny altogether the right or power of any board, or other authority, to dispense with the regular qualifications provided by royal charters and statutes for establishing the eligibility of Surgeons for public office, on the ground that a clause in an act of parliament gives general powers to make rules or to declare qualifications. When the heads of departments, civil or military, are so empowered, it is obviously to restrain subordinate parties from appointing unqualified persons. They are to enforce laws and establish salutary usages, not to assume the functions of legislators; and any departure from such a rule of practice will be a usurpation of the functions of the Colleges of Surgeons.

THE PHARMACY QUESTION.

We have not for some time been called on to continue our comments on this subject, but the introduction of a bill into parliament affecting it, of which we here give a sketch, makes an allusion necessary. It is not probable that such a measure will pass during this brief session, but sooner or later something of the kind must be adopted. The legitimate practice of pharmacy unconnected with medical practice, abandoned by the apothecaries, has virtually passed into the hands of compounding chemists, and regulations for the control of that body have consequently become necessary. It matters little whether the Apothecaries' Companies have acted wisely or not in deserting the position assigned them; the safety of the public and the interests of Physicians and Surgeons call for a functionary who devotes himself exclusively to practical pharmacy. The London Apothecaries' Company, we perceive, have cast off all connexion with the "art and mystery." They now announce that the recipients of their diplomas "have passed their examinations in the science and practice of medicine," and the "heads" of the Dublin Hall, who profess to be "General Practitioners," are equally determined to manufacture "doctors." and not apothecaries :—

From the discussion in the House of Commons on the second reading of the Pharmacy Bill, it is obvious that the object of the bill is not clearly understood. With a view of removing any ambiguity which may exist in the terms of the bill it may be well to state briefly its intended operation in relation to the several classes of persons to whom it refers—namely, Medical practitioners, exempted from all interference, clause 20. Medical practitioners in business as chemists and druggists before the passing of the act, may at their option continue as before without interference, or if they relinquish the medical profession may be registered as pharmaceutical chemists. Members of the Pharmaceutical Society, original members (including associates), examined members, registered as pharmaceutical chemists, clause 9. Recognized chemists and druggists, not members, registered as pharmaceutical chemists, clause 9, on application and the production of evidence within a year of the passing of the act. Assistants and apprentices, to be registered, clause 10. Recognized chemists and druggists neglecting to register, also persons acting as chemists and druggists, but having no pretensions to a qualification, and not producing the required evidence, not registered, but exempted as persons in business before the act, the *onus probandi* resting on themselves, clause 15, lines 3 and 4. Grocers and small shopkeepers, who sell a few common drugs, not affected by the act, unless they pretend to be chemists and druggists. Future pharmaceutical chemists, examined and registered, clause 13. The public, at liberty to buy medicines where they think proper, but protected from imposition on the part of persons pretending to be what they are not. From this brief analysis of the bill, it will be seen that it is not calculated to injure any class, that it does not create a monopoly or interfere with free trade. Vested interests are protected, qualification is established and recognized, imposition is prevented, and the register forms a line of separation between medical practitioners and chemists on one side, and between chemists and unqualified persons on the other. The idea of Mr. Bouverie, that it is intended to convert chemists into medical practitioners, is proved to be erroneous by the words of the act, and by the explanation of its provisions to which his remarks were intended as a reply. His other inference—namely, that it is intended to raise a large revenue from chemists already in business is equally fallacious, as the act provides that all such persons are to be registered at their option, "without the payment of any fee." They will not be obliged to subscribe to the Pharmaceutical Society. On the contrary, they can only be admitted by election, according to the provisions of the charter. Those who become members will have a voice in the election of officers and the management of the Society, and will pay the subscription in common with other members. All parties, whether members or not, will be left in the undisturbed enjoyment of their existing independence and privileges as fully and amply as if the act had never been passed. The question of money has always been dealt with as a secondary consideration—as a means to obtain an end. Without the sinews of war nothing can be done, and all that is wanted is enough to defray the necessary expenses of maintaining the institution in a creditable and effective manner. It will be for the committee of the House of Commons to decide what provisions are to be made for this purpose, and what limits are to be placed on the powers of the Society. The salutary effect of the act will be gradual. No act of parliament could bring about a sudden revolution in the qualifications of a numerous and heterogenous class of persons. If all the present race of chemists were as highly educated as they ought to be, an act would be unnecessary. Such as they are they have a claim to be taken as the nucleus on which the improvement is to be founded, while at the same time justice requires that all vested interests should be protected. This was the case with the original physicians, the barber surgeons, and the "apothecaries before the act of 1815." Each of these bodies was characterised, in the first instance, by those imperfections which are inseparable from new institutions, but which, by the influence of legislation on the rising members, were gradually removed. The same result may be calculated on in the present instance. As each registered "chemist before the act" dies, or retires from business, his place will be filled by a successor who has passed the examination. Among those who are now preparing themselves for examination, some will, in process of time, become examiners, others will become teachers in the schools of chemistry and pharmacy, which the demand for education will call into existence. The attention of the entire body being directed to the progress of science and the march of education, all will find it their interest to keep pace with the times and to use such means as may be accessible for increasing their knowledge of the business. Thus a general improvement will be the result, and this will be no less creditable to the chemists themselves than beneficial to the public. We have stated that the complete reformation will of necessity be a work of time, probably from ten to twenty years. This, however, is no argument against the bill. An interval must of necessity elapse between the time of sowing the seeds of pharmaceutical education and the maturity of the crop of qualified pharmaceutical chemists. Much advantage will arise from the investigation of the subject before a select committee of the House of Commons. Very little is known in that assembly respecting the constitution and proceedings of the Pharmaceutical Society, and when we consider how liable corporate bodies are to a variety of abuses, and the disposition which too often prevails to take improper advantage of irresponsible powers, it is not surprising that hesitation should be felt in enlarging the powers of an institution

without a due inquiry into its objects, tendency, and all the circumstances connected with it. At the time the Pharmaceutical Society was founded, every precaution was taken to guard against abuses, and to avoid the errors into which other societies had fallen. Being designed as a means of ultimately uniting the entire body of chemists and druggists for the purposes of education, examination, and registration; and being formed not merely for the present time, but for the future promotion and regulation of pharmacy in this country, it was necessary so to frame the constitution, that no mistake could hereafter arise respecting the objects of the Society, and the powers which it was intended to possess. An act of parliament is the ultimatum which has always been in prospect as the only means by which permanence could be given to an organization of chemists and druggists for the regulation of the affairs of that body, and the advancement of the art and science of pharmacy. After eleven years' experience in the practical working of the machinery created for the above purposes on the voluntary principle, a report before the committee, of these proceedings and the result, will furnish tangible data, which did not previously exist, and which could not have been obtained except by actual experiment. The claim for an act of parliament rests therefore, not on hypothesis, but on facts, and whatever may be found defective in the charter can be rectified by the act. Several amendments have been suggested which will be duly considered, and in the investigation of the committee the primary objects of the Society will be kept in view—namely, the benefit to the public by the security which the improved education will afford, and the advantage to the chemists themselves by their union and future recognition as an educated body.—*Ph. Jr.*

ENGLISH NOTIONS ABOUT TRINITY COLLEGE.

Although we do not take exactly the same view of the writer of the following note respecting the cause of the lamentable decay of the Medical School of our elder University, we copy it to prove that we are not singular in our "notions" respecting the matter. The fault of Elizabeth's provision for the education of her Irish subjects is not, however, an over stringent discipline, or a very rigid adherence to the letter of statutes; on the contrary, we believe that the present policy is to "make it easy" for aspirants to medical honours. The degree of A.B. is, we hear, just now to be had on terms somewhat less irksome than the same degree as taken by general students, in case the candidate proposes to addict himself to medical pursuits; so much so, that grave doubts are entertained as to the true academic value of the "doctor's" credentials, as compared with those of other graduates:—

I would beg through the medium of your valuable journal to put the following question:—What has the Dublin University done for medical science, or of what use is it to Irish medical students? I am induced to put this question from observing that on the last great day for conferring degrees (Shrove Tuesday), not a single medical degree was conferred. There were certainly two M.D's put on Bachelors of some ten years' standing; but I say emphatically, that out of a class of medical students in Dublin, to the amount of some 800, not a solitary example of M.B. was to be found. Why is this? I believe the truth is, the course of education in Trinity College is loathsome in their eyes, and perhaps justly so. There is a want of respect, as well as impartiality, on the part of the fellows towards the students; besides, the physical and ethical course is excessively severe—a student is kept two whole years in Locke and logic, along with the other courses, subjects of little importance to students of our profession. You are aware the B.A. must first be obtained. I think the day must come to exclude this law from universities; it only exists in one or two now; and certainly the most eminent medical men in Dublin never even entered T.C.D., the majority of whom are graduates of the Scotch universities, proving that A.B is not essential to eminence, at least in our profession. The Queen's University does not require it, neither does the London University; but, sir, the degree of M B. appears to me a very absurd title altogether. Why not establish at once an M.D., and no more about it? The nonsense of first one, and then another, &c. &c., as in Dublin University, is, that here you must take no less than four degrees to be M.D.—viz., A.B., M.B., A.M., M.D.! with proportional times and payments; three years here, four years there; here a little, there a little. Such is a medical student's prospects in the Dublin University—the Irish national university, that about *ten* years will complete the time for an M.D. It is a matter of deep regret to the students; but what can they do? The charter must be altered, or the by-laws less stringent.—*Letter in Lancet.*

ETIQUETTE OF CONSULTATION.

In our last we gave a correspondence practically illustrating this chapter of medical law, and we here add the comments of a contemporary for the instruction of our readers as to the notions entertained on the subject on the other side of the water. With us we believe such professional coöperative proceedings go on smoothly enough. The hostility of certain pure Physicians to Surgeons is marvellously neutralized by an invitation to a consultation, and those "called in" by the apothecaries know their duty too well to cause any unpleasant difference of opinion. We find a letter from Dr. Ranking on the subject in the last *Lancet*, which we propose to copy in our next:—

The correspondence respecting the etiquette of consultation, published in our last, involves a question of considerable importance to the convenience and efficiency of formal professional intercourse. We must, however, regret that such an angry tone was imparted to a correspondence which, as no ill motive was assigned on either side, might have been carried on upon terms of perfect courtesy. It seemed evident enough that Dr. Ranking had no hostile feeling whatever, nor any motive of a censurable kind, in returning to the chamber of the patient after Mr. Howard had left the house. No imputation of currying favour, or lessening the proper professional consequence of the ordinary medical attendant, can rest on Dr. Ranking. Still we think Mr. Howard was right in maintaining the absolute integrity and sacredness of consultation, and that Dr. Ranking was wrong in the view he took; and we lament that mutual explanations should not have taken place of a satisfactory character between two men of such undoubted honour and integrity. The rule adopted in London at the present time, founded, we believe, upon the invariable practice of Dr. Baillie, is, that the ordinary medical attendant should precede the physician or surgeon called in consultation on entering the sick chamber, and follow them on withdrawing from it. If a third or fourth opinion should be called in, the same rule is observed: the last summoned entering last, and going out first. This form has some obvious conveniences, and prevents even the suspicion or possibility of unfairness towards those who were first in attendance upon the case. So, on the recovery of a patient, when several physicians and surgeons have met, those summoned latest to the case are dismissed first from the attendance, so as to leave the case at the termination in the hands of those first in attendance. We have taken this occasion to advert to these matters, convinced as we are that attendance, even to the minutiæ of etiquette, is the most certain means of preserving those professional confidences and amenities, without which the practice of medicine would be surrounded by difficulties and causes for disagreement.—*Lancet.*

RIGHTS OF NAVY SURGEONS.

The Belfast Medical Society, at their monthly meeting on Monday evening, the 5th inst., appointed a deputation to wait on the different candidates who may come forward to represent the borough of Belfast in parliament, to urge upon them to support the claims of assistant-surgeons in the navy to secure their just rights; in which struggle, all medical men should join.

To Correspondents.—The letter of Mr. Halpin of Cavan arrived too late for notice in this day's publication.

APPOINTMENTS.

Henry Thompson, M.D., of Omagh, has been appointed Visiting Physician to the Omagh District Lunatic Asylum.

Philip N. Walsh, M.D., has been appointed Medical Officer of the Walshtown Dispensary District, in the Middleton Union, county Cork (a district newly formed under the Medical Charities Act).

THE PHARMACEUTICAL JOURNAL, APRIL 1,

CONTAINING THE TRANSACTIONS OF THE PHARMACEUTICAL SOCIETY.

CONTENTS—The Principle of the Pharmacy Bill—Fraud and Quackery—Bicarbonate of Ammonia—Liquid Socotrine Aloes—Miraculous Berry of Western Africa *(with cut)*—Optical Properties of a New Salt of Quinine *(with cuts)*—M. Soleil's Polariscope for Determining the Quantity of Sugar in a Solution *(with cuts)*—The Soda Phosphate of Iron—On Aloine—The Purity of Sulphate of Quinine—Iodide of Starch—Method of Detecting Traces of Phosphoric Acid—Decolorizing Properties of Charcoal, &c.—The Distillation of Cloves—Oil of Cloves—Centrifugal Glass-Blowing Machine—Meat Biscuit—Adulteration of Borax—House of Commons—The Pharmacy Bill, Second Reading—Select Committee on the Bill, &c. &c. Price 1*s.*

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NOTICE is hereby given, that on the 2nd of August, 1852, the Council will proceed to elect a Curator of the Museum from among the Fellows or Licentiates of the College.

Candidates will be required to lodge at the College on or before the 24th of July next, such Preparations, in Human and Comparative Anatomy, made by themselves, as they may consider best calculated to demonstrate their skill and abilities.

Information respecting the emoluments and duties of the office may be obtained by application to the Registrar at the College.

By order of the Council,

H. MAUNSELL, Secretary.

Dublin, April 2, 1852.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

NOTICE is hereby given, that on Tuesday, the 4th of May next, at the hour of Two o'Clock, the President and Council will proceed, according to the provisions of the Supplemental Charter, to elect, from among the Fellows of the College,

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One Examiner in Materia Medica, Chemistry, and Medical Jurisprudence;

One Examiner in Midwifery.

Candidates are requested to lodge their applications at the College on or before Thursday, the 29th of April.

By order of the Council,

H. MAUNSELL, Secretary.

Dublin, April 2, 1852.

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Wednesday, April 14, 1852.

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